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# Intimate Partner Violence among Sexual Minority Women: A Scoping Review

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#### **Abstract**

Intimate partner violence (IPV) is prevalent among sexual minority women (SMW). However, compared to IPV research with heterosexual women and other LGBTQ+ population groups, SMW are understudied. We conducted a scoping review to examine the current state of knowledge about IPV among SMW, and to identify gaps and directions for future research. A search of Medline, Embase, CINAHL, and PsycINFO databases returned 1,807 papers published between January 2000 and December 2021. After independent reviewers screened these papers for relevance, 99 were included in the final review. Papers were included if they used quantitative methods and reported IPV data on adult SMW separately from other groups. Findings confirmed high rates of IPV among SMW and highlighted groups with particular vulnerabilities, including non-monosexual women and SMW of color. Risk factors for IPV in this population include prior trauma and victimization, psychological and emotional concerns, substance use, and minority stressors. Outcomes include poor mental and physical health. Findings related to the effects of minority stressors on IPV and comparisons across sexual minority groups were inconsistent. Future research should focus on IPV perpetration; mechanisms underlying risk for IPV, including structural-level risk factors; and understanding differences among SMW subgroups.

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# Introduction

Rates of intimate partner violence (IPV; physical, sexual, or psychological violence or aggression by a current or former intimate partner) among sexual minority women (SMW; e.g., lesbian, bisexual, queer; women who engage in same-sex sexual behaviors; women who have same-sex attractions) are similar to or greater than those among heterosexual women (Edwards et al., 2015; Kim & Schmuhl, 2019; Walters et al., 2013). Most research on IPV focuses on heterosexual women as victims of IPV; a much smaller body of research focuses on SMW's IPV experiences. Generally, risk factors among sexual minorities appear to be similar to those of heterosexual individuals, such as alcohol misuse (Klostermann, Kelley, Milletich, & Mignone, 2011), power imbalance, dependency, and jealousy (McClennen, 2009). However, SMW's risk of IPV is also likely affected by sexual minority-specific factors such as stigma, discrimination, internalized homophobia (IH), and concealment of sexual identities (Edwards et al., 2015; Longobardi & Badenes-Ribera, 2017; Rohrbaugh, 2006), and may vary by subpopulation.

A report from the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) noted important within-group differences in rates of IPV among SMW, with higher rates of victimization among bisexual women (Walters et al., 2013). Lifetime violence victimization rates among bisexual women ranged from 40% for sexual violence, 55% for physical violence, and 76% for psychological violence (Walters et al., 2013). Recent reviews parsing different types of IPV among lesbian women have also found psychological violence victimization to be the most prevalent type (Badenes-Ribera, Bonilla-Campos, Frias-Navarro, Pons-Salvador, & Monterde, 2016), with a 2015 meta-analysis estimating a 43% lifetime prevalence (Badenes-Ribera, Frias-Navarro, Bonilla-Campos, Pons-Salvador, & Monterde-i-Bort, 2015). Physical and sexual IPV victimization were less common, with lifetime estimates of 18% and 14%, respectively (Badenes-Ribera et al., 2015).

However, methodological limitations in this emerging area of research make it difficult to draw solid conclusions about IPV among SMW (Badenes-Ribera et al., 2016; Badenes-Ribera et al., 2015; Lewis, Milletich, Kelley, & Woody, 2012; Mason et al., 2014; Murray & Mobley, 2009). A common limitation is the infrequent use of probability samples or representative sampling procedures (Badenes-Ribera et al., 2016; Badenes-Ribera et al., 2015; Lewis et al., 2012; Murray & Mobley, 2009). For example, a systematic review of IPV studies conducted among self-identified lesbian women from 1990–2012, found that all included studies used nonprobability samples and that the majority of participants were white and highly educated (Badenes-Ribera et al., 2016). An additional limitation is the wide range of IPV measures used, many of which have not been validated (Badenes-Ribera et al., 2015; Mason et al., 2014). Other important limitations in research on IPV among SMW include inconsistent definitions of sexual minority status, with some researchers combining sexual identity and sexual behavior components of sexual orientation, and others aggregating all SMW, regardless of identity (Bermea, van Eeden-Moorefield, & Khaw, 2018), or combining SMW and sexual minority men (SMM) in analyses. As a result, we know relatively little about some subgroups of SMW, such as bisexual women and women who have sex with women but may not identify as sexual minority (Bermea et al., 2018; Kim & Schmuhl, 2019).

#### **Study Purpose**

No prior reviews on IPV have included a broad range of SMW subgroups. Existing systematic reviews and meta-analyses either focus on sexual minority populations as a whole (Kim & Schmuhl, 2019; Kimmes et al., 2019), or specific subgroups of SMW, such as those who identify as lesbian (Badenes-Ribera et al., 2016; Badenes-Ribera et al., 2015), or bisexual (Bermea et al., 2018). The purpose of this scoping review is to (1) describe the state of knowledge of both IPV victimization and perpetration among SMW using a broad definition of sexual minority status, (2) identify gaps in the research, and (3) help inform targeted prevention strategies. Our review includes studies that reported data on women who identified as lesbian, bisexual, queer, or another sexual minority identity; women who have sex with women (WSW), or women who have sex with both women and men (WSWM); and/or women who report same-sex attraction.

# **Methods**

We used scoping review methodology (Peters et al., 2021) to summarize current research on IPV perpetration and victimization among SMW. A scoping review is a type of systematic review that seeks to present the state of knowledge of a topic, rather than answer a specific question (Chang, 2018; Tricco et al., 2018). A scoping review may serve a number of functions, including summarizing existing research, clarifying definitions, revealing key concepts, and identifying knowledge gaps and directions for future research (Peters et al., 2021). Rather than focus on a narrower research question, we sought to synthesize what is known regarding the topic of IPV among SMW, with a major aim of guiding future and more targeted research in this area. We adhered to the Joanna Briggs Institute (JBI) guidelines for scoping reviews (Peters et al., 2021), pre-registered our protocol on Open Science Framework (https://osf.io/), and reported our results in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018).

#### **Inclusion Criteria**

We included quantitative or mixed methods studies that were published in peer-reviewed journals between January 2000 and December 2021. We selected studies that reported IPV-related data for adult SMW (ages 18 and older, cisgender or transgender). To be included, studies needed to report data for SMW separately from other groups. Studies that used only qualitative methods and those published in a language other than English were excluded.

#### Search Strategy

Working with a library informationist we systematically searched four databases to identify relevant studies published between 2000 and 2021: (1) Medline (PubMed); (2) Embase; (3) CINAHL and (4) PsycINFO (Ovid). The year 2000 was selected as a start date for the review because it was one year after the 1999 landmark Institute of Medicine report calling for expanded research on lesbian health (Solarz, 1999). Search terms, developed in collaboration with all authors, are included in Appendix A. In addition to the electronic search, we ensured literature saturation by reviewing the reference lists of each included article for additional studies that met the inclusion criteria.

## **Data Extraction**

We used Covidence, a web-based software that facilitates the review process in systematic and scoping reviews, to conduct title and abstract screening, full-text review, and data extraction. Two independent reviewers completed the title and abstract screening, and met to reconcile any discrepancies. A total of 99 articles were included (see Figure 1). Data on study design and parameters, sample characteristics (including size, geographic location, and key demographic variables), sampling and recruitment methods, and major variables and outcomes were then extracted by five of the authors (see Table 1). Two of the authors independently reviewed the extraction table for accuracy and consistency.

# Results

Of the 99 papers included, 48 reported prevalence data of IPV among SMW, 36 examined correlates of IPV among SMW, and 15 examined associations between IPV and health and social outcomes in this population. The majority of studies used validated measures or adaptations of validated measures, such as the Conflict Tactics Scale (CTS) (Straus, 1979), the Multidimensional Measure of Emotional Abuse (Murphy & Hoover, 1999), or the Psychological Maltreatment of Women Inventory (Tolman, 1999) to measure IPV; four studies used law enforcement records, and 30 studies used investigator-developed measures of IPV or did not specify how IPV was measured. Additional key characteristics of the included studies are reported in Table 1. In the following section, results are organized under the following major headings with relevant sub-headings: prevalence of IPV among SMW; correlates of IPV; and physical and mental health, health care, and social outcomes.

#### Prevalence of IPV among SMW

Findings from studies using large U.S. probability samples suggest that bisexual women are significantly more likely than both heterosexual or lesbian women to report physical, sexual, and/or psychological IPV victimization (Chen, Walters, Gilbert, & Patel, 2020; Conron, Mimiaga, & Landers, 2010; Coston, 2017; Goldberg & Meyer, 2013; Messinger, 2011; Schwab-Reese, Currie, Mishra, & Peek-Asa, 2021). "Mostly heterosexual" women were also at higher risk, with another study using a large probability sample finding that they had 55% and 59% higher odds of experiencing physical and sexual IPV, respectively, compared to exclusively heterosexual women (Swiatlo, Kahn, & Halpern, 2020). In a secondary analysis of U.S. National Intimate Partner and Sexual Violence Survey (NISVS) data, Daigle and Hawk (2021) found that LGB women were more likely than heterosexual women to experience psychological and physical aggression, coercive control and entrapment, revictimization, and polyvictimization. Only one study using a national probability sample failed to find a statistically significant difference in the prevalence of IPV between SMW and heterosexual women (Moracco, Runyan, Bowling, & Earp, 2007); however, this study combined lesbian and bisexual women in all analyses and asked about physical partner assault only among married or cohabiting women, thereby excluding women who were not living with their partners, or experienced other forms of IPV.

Additional research with smaller or nonprobability samples generally also have found a higher prevalence of IPV among SMW. In a study of IPV among sexual and gender

minorities that used electronic medical record data from primary care clinics (N=7,572) in Boston, MA, researchers found that bisexual women had almost four times higher odds of reporting physical or sexual victimization, and over 2 times higher odds of psychological IPV victimization as heterosexual women (Valentine et al., 2017). Two studies of women veterans (N=6287; N=411) found that those who identified as lesbian, bisexual, or queer (combined for analysis) had significantly higher odds than did their heterosexual counterparts of (1) past-year emotional, physical, and sexual IPV victimization (Dardis, Shipherd, & Iverson, 2017; Kimerling et al., 2016), and (2) of lifetime physical and sexual IPV victimization (Dardis et al., 2017). Two additional studies using large community-based convenience samples of SMW (N=1,274; N=6,030) found higher lifetime prevalence (Balsam, Rothblum, & Beauchaine, 2005) and higher past-six month prevalence (Edwards et al., 2015) of physical IPV victimization among SMW than among heterosexual women.

Studies of IPV using behavioral indicators of sexual minority status (e.g., women who have sex with women [WSW], sex with men [WSM], or sex with both men and women [WSWM]) report findings similar to those using identity indicators (Alexander, Volpe, Abboud, & Campbell, 2016; Dyar, Feinstein, Zimmerman, & Newcomb, 2020; Heintz & Melendez, 2006; McCauley et al., 2015). In a study of 3,455 family planning clinic clients in Western Pennsylvania, McCauley et al. (2015) found that WSWM had three times the odds of reporting lifetime IPV as WSM. Further, in a community-based sample of 149 low-income young Black women, Alexander et al. (2016) found that compared to WSM, WSWM were significantly more likely to report lifetime physical IPV and certain types of sexual IPV. Among participants assigned female at birth (AFAB; N=368), Dyar et al. (2020) found that participants who reported both male and female partners in their lifetime were more likely to report having experienced IPV in their current relationships, compared to those with only male or only female partners.

#### IPV among SMW compared to other sexual and gender minority (SGM) groups.

Thirteen studies compared the IPV prevalence among SMW and other SGM groups; findings from these studies are largely inconsistent. Three studies using convenience samples of sexual minority individuals found no significant gender differences in IPV victimization (Gabbay & Lafontaine, 2017; Owen & Burke, 2004), or IPV perpetration (Craft, Serovich, McKenry, & Ji-Young, 2008; Gabbay & Lafontaine, 2017). However, several convenience sample studies from Southeast Texas (Turell, 2000), the Southwestern U.S. (Castro, Nobles, & Zavala, 2020), Chicago, IL (Reuter, Newcomb, Whitton, & Mustanski, 2017; Whitton, Newcomb, Messinger, Byck, & Mustanski, 2019), Hawaii (Wong, La, Lee, & Raidoo, 2020), and the U.S. as a whole (Gaman, McAfee, Homel, & Jacob, 2017; Jacobson, Daire, & Abel, 2015), found higher rates of physical IPV victimization (Gaman et al., 2017; Reuter et al., 2017; Turell, 2000; Whitton, Newcomb, et al., 2019), physical IPV perpetration (Castro et al., 2020), psychological IPV victimization (Jacobson et al., 2015; Turell, 2000), and sexual IPV victimization (Wong et al., 2020) among SMW compared to SMM. Researchers using a representative sample of college students from 120 schools across the U.S. found that differences in rates of sexual IPV were smaller between sexual minority and heterosexual women than between sexual minority

and heterosexual men (Whitfield, Coulter, Langenderfer-Magruder, & Jacobson, 2021). In addition, in two studies using online convenience samples, researchers found that bisexual men had higher overall scores on the Composite Abuse Scale than bisexual women (Turell, Brown, & Herrmann, 2018), and were more likely to report cyber sexual IPV than lesbian and bisexual women (Trujillo, Cantu, & Charak, 2020). Finally, using National Violent Death Reporting System data (N=6,348) Velopulos, Carmichael, Zakrison, and Crandall (2019) found that bidirectional violence was more commonly reported among female and male same-sex couples than among different-sex couples.

**IPV** among **SMW** of color.—Few studies examined IPV prevalence among SMW by race/ethnicity. In a cross-sectional study of a community sample of SMW (N=608), Steele, Everett, and Hughes (2020) found that Black and Latina SMW reported higher rates of IPV than White SMW. In addition, in a sample of students from the National College Health Assessment (N=9,435), Pittman and colleagues found that SMW of color were at higher risk of physical IPV than White heterosexual women, White SMW, and heterosexual women of color (Pittman, Riedy Rush, Hurley, & Minges, 2020). In a community-based sample of 488 AFAB sexual minority individuals (including SMW and some non-binary sexual minority individuals), Latinx and Black participants reported two times higher rates of IPV victimization as White participants, and 4.5 to six times higher rates of perpetration as White participants (Whitton, Dyar, Mustanski, & Newcomb, 2019). In another study using a community-based sample of AFAB sexual minority individuals (N=308), researchers found that Black and Latinx participants were more likely to experience multiple types of IPV compared to White participants, and these differences were indirectly associated with higher economic stress, racial/ethnic discrimination, and childhood violence exposures (Whitton, Lawlace, Dyar, & Newcomb, 2021).

Studies of IPV among SMW outside the U.S.—Twelve studies of IPV were conducted outside the US. The methods and foci of these studies were diverse, although most examined prevalence. In a study of self-identified lesbian women in China (N=225), 60% reported bidirectional psychological aggression, and 19% reported more than one type of bidirectional violence (Lin, Hu, Wang, & Xue, 2020). Two studies used data from the Australian Longitudinal Study on Women's Health (ALSWH). The first found that 27% of SMW, compared to 13% of heterosexual women, reported having ever been in a violent relationship with a partner/spouse (R. Brown, McNair, Szalacha, Livingston, & Hughes, 2015), and another found that "mainly heterosexual," bisexual, and lesbian women had two to three times the odds of having been in a violent relationship as heterosexual women (Szalacha, Hughes, McNair, & Loxton, 2017). Four studies characterized IPV experiences of SMW in relation to SMM, with inconsistent findings. In convenience sample studies conducted in Kenya (Harper et al., 2021) and Hong Kong (Mak, Chong, & Kwong, 2010), researchers found higher rates of IPV among SMW than SMM, and that SMW were significantly more likely than SMM to question their partner's sexual orientation as an IPV tactic. However, in a convenience sample of Australian sexual minority individuals (N=287), SMM were more likely to report psychological aggression than SMW (Ireland, Birch, Kolstee, & Ritchie, 2017). Further, in a nationally representative sample from the General Social Survey of Canada, researchers found no significant differences in the proportion of

SMW and SMM who reported IPV; however, SMW survivors of IPV reported a significantly higher number of incidents of violence, with bisexual women reporting the highest number (Barrett & St. Pierre, 2013). Finally, researchers in Italy examined the sequelae of emotional abuse among a convenience sample of lesbian women (N=165) and found that most (78%) who reported abuse did not break up with their partners and that frequency of abuse was inversely correlated with likelihood of breaking up (Battista et al., 2021).

IPV among SMW with unique vulnerabilities.—A few studies examined the prevalence of IPV by sexual identity in vulnerable groups of women, such as sex workers, those living with HIV or at high risk for HIV, and those experiencing homelessness or living with substance use disorders. Two studies found no sexual identity differences in rates of IPV, including in a community sample of women with substance use disorders in Tucson, AZ (Stevens, Korchmaros, & Miller, 2010), and among women experiencing homelessness in San Francisco (Flentje, Leon, Carrico, Zheng, & Dilley, 2016). Further, among women living with HIV or at high risk for HIV in four major U.S. cities, Pyra et al. (2014) found that the difference in psychological IPV victimization between bisexual and heterosexual women was fully mediated by high-risk sex and substance use. Among female sex workers in Baltimore, Maryland (N=247), SMW reported greater odds of physical IPV than heterosexual women (Glick et al., 2020), but these differences were no longer statistically significant when the data were analyzed by sexual behavior rather than sexual identity.

#### Correlates of IPV

Demographic factors.—Differences in rates of IPV among SMW may be explained in part by demographic factors. Hirschel and McCormack (2021) analyzed more than 2.5 million cases of IPV reported to law enforcement in the U.S. and found that female-female couples involved in these incidents were significantly younger than male-male and male-female couples. Steele et al (2020) and others (Barrientos et al., 2018, Descamps, 2000) found that SMW who report IPV tend to have lower income and educational levels. However, Coston (2017) found an association between experiencing violence and greater social power (an aggregate measure of age, race/ethnicity, education, income, immigration status, and indigeneity) among bisexual women. In addition, a Canadian study using police reports found a higher prevalence of IPV among same-sex female couples in rural compared to urban areas (Whitehead, Dawson, & Hotton, 2020), whereas an American study found the opposite (Blosnich & Bossarte, 2009). Differences in how socioeconomic status is operationalized, recruitment and data collection methods, and sample characteristics likely contribute to such discrepancies.

**Prior trauma.**—Three studies examined adverse childhood experiences as a correlate or predictor of IPV experiences and/or outcomes. In a sample of 457 AFAB sexual minority young adults, Messinger, Dyar, Birmingham, Newcomb, and Whitton (2019) found that both IPV perpetration and victimization were significantly associated with childhood victimization exposure. Having witnessed parental IPV had a particularly strong relationship with IPV in adulthood. Rausch (2016a) found a significant association between reporting physical abuse in childhood and reporting IPV in adulthood (including physical,

sexual, and emotional abuse) in a sample of 87 lesbian- and queer-identified women. In other analyses by Rausch (2016b) with the same sample, childhood emotional abuse and a combined measure of childhood emotional, physical and sexual abuse were each significantly associated with the perception that the queer community is not accepting of individuals who seek help for IPV.

**Substance use.**—Findings related to the links between substance use and IPV were mixed. Seven studies examined substance use as a correlate of IPV victimization and/or perpetration. Of the three studies examining correlates of victimization, one study using a nationally representative sample (N=34,653) (Hughes, McCabe, Wilsnack, West, & Boyd, 2010) and one study using a convenience sample of LGB adults (N=1,048) (Bimbi, Palmadessa, & Parsons, 2007) found a significant relationship between IPV victimization (including physical and non-physical victimization) and substance use. Two studies using convenience samples of 2,200 and 414 sexual minority adults, respectively, examined bidirectional partner violence and found significant associations with alcohol use and misuse (Kelly, Izienicki, Bimbi, & Parsons, 2011; Lewis et al., 2015). Overall, SMW who engaged in mutual partner violence were more likely to report using alcohol and having sought help for substance abuse than those who did not report mutual partner violence. In contrast, Eaton et al. (2008) found differences in drug abuse, but not alcohol use, based on IPV history in a convenience sample of 226 SMW from Atlanta, Georgia. Two studies examined IPV as a mediator or covariate in the association between substance use and study outcomes. One study found that discrepant drinking between female partners was associated with poorer relationship adjustment when controlling for psychological and physical aggression in a convenience sample of 819 SMW (Kelley, Lewis, & Mason, 2015). The other study used data from 2,653 primary care patients in Boston, MA. Researchers in this study found that IPV did not significantly mediate the effect of sexual orientation on substance abuse for SMW, but it did for SMM (Reisner, Falb, Wagenen, Grasso, & Bradford, 2013).

Interpersonal factors and psychological factors.—Six studies identified interpersonal and psychological factors associated with the IPV among SMW. Factors linked to victimization and perpetration include factors such as relationship fusion (Miller, Greene, Causby, & White, 2001), lower self-esteem (Miller et al., 2001), higher levels of independence (Miller et al., 2001), hostility, aggression, and anger (Lewis, Mason, Winstead, & Kelley, 2017; Pepper & Sand, 2015), instability and negative worldview (Pepper & Sand, 2015), and alcohol use (Lewis et al., 2017). Using longitudinal latent class analysis of 433 AFAB SGM individuals, Swann, Dyar, Newcomb, and Whitton (2020) found that, over time, participants were more likely to transition to a "less severe" IPV class except when they maintained the same romantic partner across waves. The authors suggest that these findings point to IPV as being relationship-specific in this population. In addition, social factors such as gender-based stigma (Scheer, Pachankis, & Bränström, 2020) and high prevalence of victimization in one's social support networks (Jones & Raghavan, 2012) have been linked to a higher likelihood of worrying that one might experience IPV, or actually experiencing sexual victimization from a partner.

**Minority stress.**—Seven studies examined IPV within the context of minority stress, a theoretical model that describes how stigma, prejudice, and discrimination create a hostile social environment that leads to higher prevalence of poor mental health among sexual minorities (Meyer, 2003). The minority stressors examined in these studies included internalized homophobia or heterosexism (IH; 6 studies), discrimination (4 studies), sexual orientation disclosure (3 studies), and stigma consciousness (1 study). All seven studies used convenience samples. Ayhan Balik and Bilgin (2019) found that IH was associated with sexual, but not physical or psychological violence victimization and perpetration among lesbian women in Turkey (N=149), whereas other studies found that IH was associated with physical and/or sexual victimization and perpetration in a U.S. sample of mostly SMW (N=272) (Balsam & Szymanski, 2005), and with psychological IPV perpetration in a sample of lesbian and bisexual woman from Turkey and Denmark (N=449) (Ummak, Toplu-Demirta, & Jessen, 2021). In another U.S. sample of SMW and SMM (N=565), Carvalho, Lewis, Derlega, Winstead, and Viggiano (2011) found no association between IH and lifetime same-sex IPV victimization or perpetration among SMW; however IPV was measured using only two questions. Two studies of SMW in the U.S. found that relationship quality and satisfaction mediated the relationship between IH and IPV (Balsam & Szymanski, 2005; Lewis, Milletich, Derlega, & Padilla, 2014). Further, data from the National Longitudinal Study of Adolescent Health suggest that IPV victimization is strongly associated with decreased relationship satisfaction, irrespective of sexual orientation (Ackerman & Field, 2011).

In a study of the association between discrimination and IPV in a large sample of lesbian women (N=1051), Lewis et al. (2017) found that discrimination and IH were associated with anger, which in turn, was associated with physical IPV perpetration via pathways of alcohol use, relationship dissatisfaction, and psychological aggression. Similarly, Sutter et al. (2019) found that SMW (N=150) who reported the most severe psychological, physical and sexual violence victimization and perpetration also reported the highest levels of experiencing heterosexism, operationalized as harassment, rejection, and/or discrimination. In contrast, two studies found no association between discrimination and past year psychological, sexual, or physical violence perpetration, although they did find an association between discrimination and past year psychological victimization (Ayhan Balik & Bilgin, 2019), and lifetime physical and sexual victimization and perpetration (Balsam & Szymanski, 2005).

Regarding sexual orientation disclosure ("outness") and IPV, one study found a positive association between outness and victimization and between outness and perpetration of past year psychological, sexual, and physical violence (Ayhan Balik & Bilgin, 2019). Another study found a positive association between outness and lifetime same-sex IPV victimization of any type (Carvalho et al., 2011). In contrast, Balsam and Szymanski (2005) found no association between outness and past year psychological aggression or physical/sexual IPV victimization or perpetration. Finally, stigma consciousness was positively associated with both lifetime same-sex IPV victimization and perpetration of any type in the one study that examined this stressor (Carvalho et al., 2011).

**Correlates of IPV Perpetration.**—Despite some research demonstrating higher rates of IPV perpetration among some groups of SMW compared to heterosexual women (Graham,

Jensen, Givens, Bowen, & Rizo, 2019; Holmes, Johnson, Zlotnick, Sullivan, & Johnson, 2020; Swiatlo et al., 2020), the bulk of studies identified for this review focused on victimization. Several studies found that SMW who perpetrate IPV report mental health and substance use problems, which may stem from, lead to, or compound risks for perpetration (Fortunata & Kohn, 2003; Holmes et al., 2020; Poorman & Seelau, 2001).

As has been observed in the general population, SMW may be more likely to perpetrate violence if they themselves have a history of experiencing violence. In a convenience sample study of lesbian women from San Francisco, CA (N=92), Fortunata and Kohn (2003) found that childhood physical and sexual abuse were more common among perpetrators than non-perpetrators. In addition, IPV victimization is associated with perpetration. For example, in a convenience sample study of SMW and heterosexual women (N=398), Holmes and colleagues (2020) found that only 0.3% to 9.8% (depending on IPV type) of participants reported perpetrating IPV but not experiencing it. Although demographic characteristics and sexual identity and mental health factors (e.g. PTSD and problematic alcohol use) had significant associations with IPV perpetration, they were no longer statistically significant after accounting for IPV victimization. However, other studies have found that alcohol and other drug use are important correlates of IPV perpetration among SMW (Baker, Pearcey, & Dabbs, 2002; Fortunata & Kohn, 2003; Lewis, Winstead, Braitman, & Hitson, 2018).

Perpetration of IPV may also be associated with poor mental health. Fortunata and Kohn (2003) found that aggressive, antisocial, borderline, paranoid personality traits, and delusional clinical symptoms are more commonly reported by lesbian perpetrators than non-perpetrators. In addition, in a convenience sample study of 105 lesbian women from New York City, Telesco (2003) found that jealousy significantly predicted overall IPV and psychological abuse. However, in a study of gay men and lesbian women (N=77), non-perpetrating lesbian partners had higher psychological symptom scores than perpetrating lesbian partners, and were also heavier drinkers (McKenry, Serovich, Mason, & Mosack, 2006). Finally, there may be differences in methods of homicide used by lesbian perpetrators compared to other groups of perpetrators. Using data from the Federal Bureau of Investigation Supplementary Homicide Reports, Mize and Shackelford (2008) found lesbian women were more likely than heterosexual women to kill their partners in more violent ways (defined as beating or stabbing), although rates of partner homicide were lower among lesbian couples than among gay male or heterosexual couples.

Recent research has sought to clarify the mechanisms underlying IPV perpetration among SMW. Factors within the individual, the relationship, and the environment may interact to increase risk of perpetration. For example, in a convenience sample of women reporting past year same-sex relationships (N=209), relationship fusion (or enmeshment) and identifying as heterosexual (despite being in a same-sex relationship) individually predicted IPV perpetration; fusion was also a significant mediator in the association between IH and IPV perpetration (Milletich, Gumienny, Kelley, & D'Lima, 2014). Similarly, in a convenience sample of lesbian and mostly lesbian women (N=342), Mason and colleagues (2016) found that negative affect and intrusiveness mediated the associations between minority stress and physical IPV perpetration. Further, negative affect, intrusiveness, and hazardous alcohol use each mediated the associations between general life stress and physical IPV perpetration.

# Physical and Mental Health, Health Care, and Social Outcomes

Physical and mental health.—Studies included in this review provide evidence that IPV impacts the physical and mental health of SMW. Four studies examined the associations between IPV and physical health (Lehavot, Walters, & Simoni, 2009; McCauley et al., 2015; Muzny, Pérez, Eaton, & Agénor, 2018; Oginni, Jern, Rahman, & Rijsdijk, 2021). Another three examined healthcare utilization and costs (Coston, 2020; McNair et al., 2018; Valentine et al., 2015). Seven studies tested associations between IPV and mental health (Charak, Villarreal, Schmitz, Hirai, & Ford, 2019; Coston, 2019; Descamps, Rothblum, Bradford, & Ryan, 2000; Hellemans, Loeys, Buysse, Dewaele, & De Smet, 2015; Lehavot et al., 2009; Longares, Escartín, & Rodríguez-Carballeira, 2016; Muzny et al., 2018). Together, these studies suggest that IPV among SMW is associated with poorer self-rated physical health (Lehavot et al., 2009) and specifically, poorer sexual health (McCauley et al., 2015; Muzny et al., 2018; Oginni et al., 2021). In addition, IPV is associated with multiple negative mental health outcomes, including stress, depression and anxiety, alcohol abuse, emotion regulation difficulties, and IH among SMW (Descamps, 2000; Longares et al., 2016; Charak et al., 2019). Importantly, having a disability may exacerbate the mental health impacts of IPV. Using data from the National Intimate Partner and Sexual Violence Survey (N=2,657), Coston (2019) found that bisexual women with disabilities who reported IPV were almost twice as likely as those without disabilities to report negative mental health outcomes (74.1% vs 41.8%) and four times as likely to rate their mental health as fair or poor (52.6% vs 15.5%).

Health care and social service utilization impacts of IPV.—Overall, experiencing IPV appears to increase health care utilization and costs for SMW. In a study of lesbian and bisexual women visiting an LGBT health center in Massachusetts (N=341), the presence of multiple psychosocial problems, including IPV, had an additive effect on medical costs and on medical and mental health care utilization (Valentine et al., 2015) In addition, financial concerns related to cost of health care may be compounded by the negative impact of IPV on employment (Wathen, Macgregor, Tanaka, & Macquarrie, 2018). Despite the burdens of increased health care needs and costs, the majority of SMW experiencing IPV do appear to seek help. In a convenience sample of same sex-attracted Australian women (N=521), 66% of participants who experienced past-year IPV received mental health or alcohol treatment (McNair et al., 2018). However, as a group, they may still underutilize resources. In a convenience sample of 354 LGBTQ young adults, Scheer and Baams (2021) found that young cisgender SMW were less likely than gender minority young adults to seek housing and supportive services in response to experiencing IPV. Further, different sub-groups of SMW report different levels of health care needs. Using a nationally representative dataset, Coston (2020) found that bisexual and heterosexual women reported similar levels of post-IPV health care needs when data were analyzed by sexual identity; however, when data were analyzed by sexual behavior, WSWM were significantly more likely than WSM to report these needs.

# **Discussion**

Findings of this review provide additional evidence that SMW are more likely than heterosexual women to report IPV. Studies using large probability samples suggest that bisexual women are more likely to report physical, sexual, and/or psychological IPV victimization than other groups of women, but findings are more mixed in studies that use non-probability samples. The most common correlates of experiencing IPV among SMW are low socioeconomic status, substance use, prior trauma, and minority stressors. Correlates of IPV perpetration include prior trauma, IPV victimization, substance use, and poor mental health. Unsurprisingly, we found evidence that reporting IPV is associated with a range of negative physical and mental health outcomes among SMW.

Although existing research highlights the disproportionate impact of IPV on the health of sexual minority individuals, relatively few studies focus on SMW specifically. Many articles found in our search were not included because they failed to report results for SMW separately from heterosexual women or from SMM. Further, many of the included articles presented only descriptive statistics for SMW separately from other groups. Considering findings of studies that reported results specifically for SMW, it is clear that the contexts, correlates, and outcomes of IPV differ by sexual identity subgroup and that more attention should be given to lesser studied SMW, such as bisexual and queer women. Given the great diversity of SMW, an intersectional approach that considers the combined impacts of multiple sources of oppression such as racism, heterosexism, homophobia and biphobia is important (Bowleg, 2008, 2021; Crenshaw, 1991). For example, lack of differences by sexual identity in the prevalence of IPV in high-risk groups (such as women experiencing homelessness and women living with HIV) may be a function of multiple marginalization of those groups and structural stigma that limits their opportunities and heightens stress.

An interesting question arising from this review is whether sexual identity or sexual behavior is a stronger predictor of IPV. Findings from the few studies using only behavioral measures of sexual orientation suggest that WSWM report higher rates of IPV than WSM. Even fewer studies used both behavioral and identity measures of sexual orientation and these studies produced conflicting findings. For example, Dyar and colleagues (2020) found that sexual behavior, but not sexual identity or attraction, was significantly associated with IPV victimization in a sample of sexual minority individuals AFAB. However, Coston (2017) found that women who identified as bisexual were more likely to report IPV victimization than lesbian or heterosexual women with histories of both male and female partners. More research that analyzes outcomes by both sexual behavior and identity is needed to better understand which is the strongest correlate.

Findings from this review also highlight common limitations of existing research on IPV among SMW. For example, many studies combined subgroups of SMW in analysis, which may mask differences in the prevalence, correlates, and outcomes of IPV. There was also wide variation in the way that sexual minority subgroups were defined (e.g. lesbian and bisexual women; lesbian, bisexual, and queer women; WSW and WSWM; women in same-sex relationships; sexual minority individuals AFAB; etc.), making comparisons across studies difficult. Clear and consistent definitions and categorizations of sexual

minority groups are needed to enable valid comparisons. In addition, many of the studies included in this review were limited by inconsistent and incomplete measures of IPV (e.g. measuring only physical IPV), small samples, convenience sampling methods, and homogenous samples; in particular, the great majority of study samples were predominantly White. It is important to note that there are unique challenges in studying IPV among SMW, such as differing perceptions and myths about women's ability to be aggressive towards other women, and fear of further stigmatization of sexual minority populations (Lewis et al., 2012). Finally, the present scoping review is not without limitation in its synthesis of 21 years of literature on IPV among SMW. Specifically, this review did not undertake a quality assessment of the included studies, as this is not typically included in a scoping review (Tricco et al., 2016). In addition, we excluded studies not published in English and grey literature, potentially excluding data from non-English speaking and/or community-based settings. Our rationale for excluding studies published prior to the year 2000 is that there have been major advances in both SGM health research and our understanding of IPV over the last two decades; however, we may have missed relevant studies published earlier.

# Implications for Future Research, Practice, and Policy

IPV perpetration among SMW is an important area of research. A considerable portion of research on IPV among SMW—and in the general population—focuses on predictors and correlates of IPV victimization, outcomes associated with IPV victimization, and how to assist survivors. However, given emerging findings that IPV perpetration is prevalent among SMW, it is imperative to better understand mechanisms underlying IPV among SMW, that is, why SMW may be aggressive with their partners. Such information is essential in breaking cycles of violence and preventing its negative outcomes.

More research is also needed to better understand bidirectionality of IPV among SMW. A recent systematic review (including SMW and SMM) found that a little more than half of violent same-gender or sexual minority relationships are bidirectional (Messinger, 2018), which is similar to rates among heterosexual couples (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012). Although bidirectionality may be prevalent, undermining the traditional narrative of unidirectional IPV, it is important to note that IPV among sexual minority couples tends to be stereotyped as bidirectional and less severe than that among heterosexual couples (Blasko, Winek, & Bieschke, 2007; M. J. Brown & Groscup, 2009). Thus, it is possible that bidirectionality may be overestimated among SMW. Further, few studies that examine bidirectionality consider important factors such as motives for perpetration of violent behaviors, which consequently equates violence intended to protect oneself versus harming another, and other factors in the relationship context (Messinger, 2018). IPV perpetration and bidirectionality are often overlooked in research, policy, and practice, and a better understanding of their complexities is needed to support the development of effective interventions for SMW perpetrators of IPV. Such interventions are necessary to help survivors of IPV heal and to prevent further violence.

Finally, future research on IPV among SMW should consider structural-level and policy-related factors, such as whether state-level non-discrimination policies affects risk of IPV among sexual minority couples. Further, clinicians and social service professionals should

pay particular attention to sexual minority-specific stressors when assessing indicators of IPV among SMW given emerging (though mixed) evidence that minority stressors may increase risk for IPV perpetration and victimization in SMW's relationships. Gaining a deeper understanding of the unique correlates and risk factors of IPV among SMW will assist health care providers, public health program planners, and policy makers in developing and providing culturally appropriate clinical care, community programming, and policies to prevent IPV in this population.

# **Supplementary Material**

Refer to Web version on PubMed Central for supplementary material.

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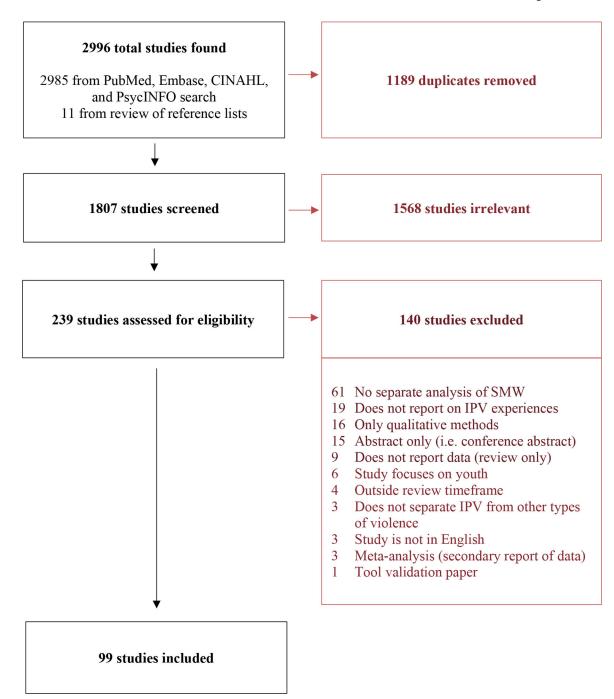
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**Figure 1.** PRISMA Flow Diagram

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# Table 1.

Table of papers reviewed with key study characteristics.

Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
Ackerman & Field (2011). The gender asymmetric effect of intimate partner violence on relationship satisfaction.	Cross-sectional secondary data analysis (National Longitudinal Study of Adolescent Health); computer assisted self-administered survey	N = 12,549; U.S. (national); 2.57% women in same sex relationship	Probability sampling; recruited from representative schools in 7th-12th grade	Physical; victimization; 2 items from CTS	Outcome: relationship satisfaction; Independent variables: physical IPV victimization, injury
Alexander et al. (2016). Reproductive coercion, sexual risk behaviours and mental health symptoms among young low-income behaviourally bisexual women	Cross-sectional secondary data analysis (Young Women's Healthy Relationship Study); self-administered computer survey	N = 129; location not specified; 28% WSWM, 72% WSM	Convenience sampling of clients from six community-based organizations	Sexual (reproductive coercion), physical; victimization; 10 item measure by Miller et al., 2011	Outcomes: reproductive coercion, physical sexual violence, sexual risk, PTSD, depression; Independent variable: sexual orientation (behavior)
Ayhan Balik & Bilgin (2021). Experiences of minority stress and intimate partner violence among homosexual women in Turkey.	Cross-sectional primary analysis; interviewer- administered survey	N = 149; Turkey; 100% lesbian women	Convenience sampling from Turkish LGBT organizations	Psychological, physical, sexual; perpetration, victimization; Turkish CTS-2	Outcomes: IPV perpetration and victimization; Independent variables: minority stress indicators
Baker et al. (2002). Testosterone, alcohol, and civil and rough conflict resolution strategies in lesbian couples.	Cross-sectional primary analysis; self-report questionnaire and saliva sample	N = 54; location not specified; 100% lesbian	Convenience sampling at a gay pride celebration	Psychological, physical, sexual; perpetration; CTS	Outcomes: civil and rough conflict resolution strategies; Independent variables: testosterone, alcohol consumption
Balsam et al. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings.	Cross-sectional primary analysis; self- administered mail survey	N = 1,274; U.S.; 10% bisexual women, 27% lesbian women	Convenience sampling using advertisements to LGB organizations	Psychological, physical, sexual; victimization; PMWI-SF, physical subscales of CTS-2	Outcomes: IPV victimization, childhood psychological, physical, and sexual abuse, adult sexual assault; Independent variables: Sexual identity
Balsam & Szymanski (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress.	Cross-sectional primary analysis; self- administered online and paper survey	N = 272; U.S. and Canada; 77% lesbian/gay, 18% bisexual, 0.4% heterosexual, 4% other	Convenience sampling from pride events in Vermont and Georgia and SMW listservs	Psychological, physical, sexual; perpetration, victimization; modified CTS-2 and 4 additional investigator-developed questions	Outcomes: Recent and lifetime IPV victimization and perpetration; Independent variables: outness, internalized homophobia, discrimination, sexual identity, butch/femme identity; Mediators: relationship quality
Barrett & St. Pierre (2013). Intimate partner violence reported by lesbian-, gay-, and bisexual-identified individuals living in Canada	Cross-sectional secondary data analysis (General Social Survey of Canada); phone interviews using CATI	N = 372; Canada; 100% lesbian, gay, or bisexual	Random digit dialing	Psychological, physical, sexual; victimization; modified CTS, Johnson & Sacco, 1995	Outcome: IPV victimization: Independent variables: sexual identity, gender, relationship status, education, physical/mental "limitations"
Barrientos et al. (2018). Sociodemographic characteristics of gay and lesbian victims of intimate	Cross-sectional primary data analysis; self- administered online survey	N = 640; Spain, Mexico, Venezuela, Chile; 45.2% lesbian	Convenience sampling using social media and through LGBQ organizations	Psychological; victimization; self-designation as a victim; EAPA-P	Outcomes: psychological IPV victimization; Independent variables: demographic variables, suicide ideation, alcohol and drug use

Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
partner psychological abuse in Spain and Latin America					
Battista et al. (2021). Emotional abuse among lesbian Italian women: Relationship consequences, helpseeking and disclosure behaviors.	Cross-sectional primary analysis; self- administered online survey	N = 165; Italy; 100% lesbian women	Convenience sampling from LGBT+ social media groups and organizations	Psychological; victimization; MMEA	Outcomes: psychometric validation of Italian MMEA, dissolution due to IPV, IPV disclosure; <i>Independent variables</i> : frequency of abuse
Bimbi et al. (2007). Substance use and domestic violence among urban gays, lesbians and bisexuals.	Cross-sectional primary analysis; self- administered survey	N = 1048; U.S. (New York metropolitan area); 37.7% bisexual, lesbian, or queer women	Convenience sampling using a street-intercept survey method with data collected at two large LGB events	Physical and non- physical (psychological); victimization; measure by Greenwood et al., 2002	Outcome: substance use; Independent variables: physical and non-physical IPV victimization
Blosnich & Bossarte (2009). Comparisons of intimate partner violence among partners in same-sex and opposite-sex relationships in the United States.	Cross-sectional secondary analysis (2005–2007 Behavioral Risk Factor Surveillance System); phone interviews	N = 7998; U.S. (national); 1.1% female victims of female perpetrators	Random digit dialing	Psychological, physical, sexual; victimization; optional IPV module from BRFSS	Outcomes: prevalence of IPV, poor mental health, self-perceived health, low satisfaction with life; Independent variables: sexual orientation, gender
Brown et al. (2015). Cancer risk factors, diagnosis and sexual identity in the Australian Longitudinal Study of Women's Health.	Longitudinal secondary analysis (Australian Longitudinal Study of Women's Health); self- administered mailed survey	N = 10,451; Australia; 2% SMW	Probability sampling	Physical; victimization; measure not specified	Outcomes: cancer diagnosis, screening, and treatment, behavioral cancer risk factors, physical and mental heath, experiences of violence (including physical IPV); Independent variable: sexual identity
Carvalho et al. (2011). Internalized sexual minority stressors and samesex intimate partner violence.	Cross-sectional secondary analysis; selfadministered online survey	N = 565; U.S.; 46% lesbian women	Convenience sampling from gay and lesbian newspapers, list serves, festivals, bookstores, and other organizations	Unspecified type of IPV; victimization, perpetration; 2 items assessing self-designation as victim and as perpetrator	Outcomes: lifetime IPV perpetration and victimization; Independent variables: outness, internalized homophobia, stigma consciousness
Castro et al. (2020). Assessing intimate partner violence in a control balance theory framework.	Cross-sectional primary analysis; self- administered online survey	N = 435; Southwest U.S.; 6.7% LGBT women	Convenience sampling from undergraduates in introductory psychology course	Physical; victimization and perpetration; 9 items from CTS	Outcome: physical IPV; Independent variables: control imbalance (between partners), self control
Charak et al. (2019). Patterns of childhood maltreament and intimate partner violence, emotion dysregulation, and mental health symptoms among lesbian, gay, and bisexual emerging adults	Cross-sectional primary analysis; self- administered online survey	N = 288; U.S.; 16% lesbian, 41.3% bisexual women	Convenience sampling using Amazon Turk	Physical, psychological, sexual coercion, cybervictimization; victimization; CTS-2 and Cyberaggession in Relationships Scale (CARS)	Outcomes: latent classes of IPV, cybervictimization, and childhood trauma; Independent variables: emotion dysregulation, depressive symptoms, anxiety symptoms, alcohol use
Chen et al. (2020). Sexual violence, stalking, and intimate partner violence by sexual orientation, United States.	Cross-sectional secondary analysis (NISVS); intervieweradministered phone survey	N = 32,512; U.S. (national); 1.3% bisexual women, 0.9% lesbian women	Random digit dialing	Physical, sexual; victimization; researcher- developed questions	Outcomes: sexual violence, stalking, physical violence, IPV-related impacts; Independent variable: sexual orientation
Conron et al. (2010). A population-based study of sexual orientation	Cross-sectional secondary analysis (Massachusetts	N = 67,359; U.S. (Massachusetts); 0.1%	Random digit dialing	Physical; victimization; 1 item listing physical IPV behaviors (ever been	Outcomes: self-rated health, mental health, BMI, cardiovascular disease

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Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
identity and gender differences in adult health.	Behavioral Risk Factor Surveillance System); interviewer-administered telephone survey	lesbian; 0.01% bisexual women		hit, slapped, pushed, kicked, physically hurt, or threatened)	risk factors, lifetime physical IPV; Independent variable: sexual identity
Coston (2017). Power and inequality: Intimate partner violence against bisexual and non-monosexual women in the United States.	Cross-sectional secondary analysis (NISVS); intervieweradministered phone survey	N = 2,657; U.S. (national); 0.08% lesbian women, 18.7% bisexual women	Random digit dialing	Physical, sexual, psychological, control, stalking; victimization; NISVS IPV measures	Outcomes: prevalence of IPV; Independent variables: sexual identity, having a male partner, aggregate social power/inequality
Coston (2019). Disability, sexual orientation, and the mental health outcomes of intimate partner violence: A comparative study of women in the U.S.	Cross-sectional secondary analysis (NISVS); intervieweradministered phone survey	N = 3,542; U.S. (national); 4.2% bisexual women	Random digit dialing	Physical, sexual, psychological, control, stalking; victimization; NISVS IPV measures	Outcomes: post-IPV mental health outcomes (difficulty sleeping, missing school or work, PTSD symptoms, self-reported wellbeing); Independent variables: disability and sexual orientation
Coston (2020). Patterns of post- traumatic health care service need and access among bisexual and non- monosexual women in the U.S.	Cross-sectional secondary analysis (NISVS); intervieweradministered phone survey	N not reported; U.S. (national); 5.1% bisexual-identified / 16.1% behaviorally bisexual women	Random digit dialing	Physical, sexual, psychological, control, stalking; victimization; NISVS IPV measures	Outcomes: healthcare-seeking behaviors; Independent variables; bisexual identification, social inequality, age
Craft et al. (2008). Stress, attachment style, and partner violence among same-sex couples.	Cross-sectional primary analysis; interviewer- administered in-person survey	N = 87; Midwestern U.S.; 47% Iesbian women	Convenience sampling: referrals from mental health and community centers; advertisements from lesbian/gay newspapers	Psychological, physical, sexual; perpetration; CTS-2	Outcomes: IPV perpetration; Independent variable: perceived stress; Mediator: attachment style
Daigle & Hawk (2021) Sexual orientation, revictimization, and polyvictimization.	Cross-sectional secondary analysis (NISVS); intervieweradministered phone survey	N = 232,458,335; U.S. (national); among women 93.4% heterosexual, 6.6% LGB	Random digit dialing	Psychological, coercive control and entrapment, physical; victimization; NISVS IPV measures	Outcomes: IPV victimization, general sexual violence, polyvictimization; Independent variable: sexual identity
Dardis et al. (2017). Intimate partner violence among women veterans by sexual orientation.	Cross-sectional secondary analysis (Women Veterans and IPV-related Care Survey); self-administered online survey	N = 411; U.S.; 4.4% lesbian, 3.9% bisexual women, 1.2% not sure, 1% other	Survey panel recruited using probability sampling	Physical, sexual, psychological, stalking; victimization; HARK tool, modified stalking items from NVAW survey	Outcomes: IPV victimization, IPV-related PTSD; Independent variable: sexual orientation
Descamps et al. (2000). Mental health impact of child sexual abuse, rape, intimate partner violence, and hate crimes in the National Lesbian Health Care Survey.	Cross-sectional secondary analysis (National Lesbian Health Care Survey); selfadministered paper survey	N = 1,925; U.S. (national); 100% lesbian	Regional multi-stage distribution	Physical, sexual; victimization; measure not specified	Outcomes: daily stress, anxiety, depression, drug and alcohol abuse; Independent variables: CSA, rape, IPV victimization, hate crimes
Dyar et al. (2020). Dimensions of sexual orientation and rates of intimate partner violence among	Cross-sectional primary analysis; interviewer- administered survey	N = 368; Chicago, IL, U.S.; 24.7% lesbian/gay, 39.7% bisexual, 10.3% queer, 18.2% pansexual, 7.1% other	Convenience sampling from SGM organizations, health fairs, SGM high	Psychological, physical, sexual; victimization; CTS-2	Outcomes: IPV victimization; Independent variables: sexual identity, attraction, and behavior; Mediators: perceived partner jealousy

Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
young sexual minority individuals assigned female at birth			school and college groups, social media advertisements		
Eaton et al. (2008). Examining factors co-existing with interpersonal violence in lesbian relationships.	Cross-sectional primary analysis; interviewer- administered in-person survey	N = 226; Atlanta, GA, U.S.; 100% women who had a same-sex partner in last 5 years	Convenience sampling from Atlanta Gay Pride Festival (June 2005)	Physical, psychological; victimization; measure from Burke et al., 2002	Outcomes: substance use and HVUSTI risk behaviors, reporting IPV, attitudes toward IPV, relationship power dynamics; Independent variable: IPV history
Edwards et al. (2015). Physical daing violence, sexual violence, and unwanted pursuit victimization: A comparison of incidence rates among sexual-minority and heterosexual college students.	Cross-sectional primary analysis; self- administered online survey	N = 6,030; New England, U.S.; 14.4% behaviorally sexual minority women	Convenience sampling from 8 universities	Physical; victimization; 16 item Safe Dates Physical Violence Victimization Scale	Outcomes: physical IPV victimization, sexual assault victimization, unwanted pursuit victimization; Independent variable: sexual orientation (behavior)
Flentje et al. (2016). Mental and physical health among homeless sexual and gender minorities in a major urban U.S. city.	Cross-sectional secondary analysis (San Francisco 2015 Homeless Survey); interviewer-administered survey	N = 1,027; San Francisco, CA, U.S.; 5.5% lesbian women, 6.4% bisexual women, 2.0% queer or other	Systematic sampling; homeless survey collectors gave the survey to every third eligible person encountered	Unspecified type of IPV (single item assessing general IPV); victimization; 1 item assessing self-designation as victim	Outcomes: chronic health problems, mental health problems, drug'alcohol abuse, IPV: Independent variable: sexual orientation
Fortunata & Kohn (2003). Demographic, psychosocial, and personality characteristics of Iesbian batterens.	Cross-sectional primary analysis; selfadministered mail-in survey	N = 92; San Francisco, CA, U.S.; 100% lesbian women	Convenience sampling through advertisements in gay/lesbian organizations	Physical, psychological; perpetration; 1 item assessing self-designation as perpetrator	Outcomes: IPV perpetration; Independent variable: childhood physical and sexual abuse, alcohol/drug use problems, psychopathology
Gabbay & Lafontaine (2017). Understanding the relationship between attachment, caregiving, and same sex intimate partner violence.	Cross-sectional primary analysis; selfadministered online survey	N = 310; Canada and U.S.; 31.0% lesbian women, 18.1% bisexual women, 16.5% other	Convenience sampling through advertisements and recruitment at community events	Physical, psychological, sexual; victimization, perpetration; CTS-2	Outcomes: IPV perpetration and victimization; Independent variables: attachment style, caregiving dimensions
Gaman et al. (2017). Understanding patterns of intimate partner abuse in male-male, male-female, and female-female couples.	Cross-sectional primary analysis; selfadministered online survey	N = 214; U.S.; 8.4% female-female couples	Convenience sampling through social media advertisements	Physical, psychological, sexual; victimization; HITS questionnaire, modified Renzetti questionnaire	Outcomes: demographics, clinical characteristics (type of abuse); Independent variables: gender pairings of pattners
Glick et al. (2020). Structural vulnerabilities and HIV risk among sexual minority female sex workers (SM-FSW) by identity and behavior in Baltimore, MD.	Cross-sectional secondary analysis (SAPPHIRE Study); interview-administered CAPI survey	N = 247; Baltimore, MD, U.S.; 25.5% sexual minority- identified women	Targeted time-location sampling from locations selected through mapping of arrest data	Physical, sexual; victimization; CTS-2	Outcomes: homelessness, arrest, childhood abuse, IPV, HIV, substance use, sex work characteristics; Independent variables: sexual orientation by identity and behavior
Goldberg & Meyer (2013). Sexual orientation disparities in history of intimate partner violence: Results from the California Health Interview Survey.	Cross-sectional secondary analysis (California Health Interview Survey); interviewer-administered telephone CAPI survey	N = 30,373; California, U.S.; 0.9% lesbian women, 0.8% bisexual women, 0.3% WSW	Random digit dialing	Physical, sexual; victimization; measure not specified	Outcomes: IPV victimization; Independent variables: sexual orientation
Graham et al. (2019). Intimate partner violence among same-sex couples in college: A propensity score analysis.	Cross-sectional secondary analysis (International Dating	N = 4.081; U.S.; 1.5% women in same-sex relationships	Convenience sampling from universities	Physical, psychological, sexual; perpetration, victimization; 10 binary	Outcomes: IPV victimization, injury, any type of violence; Independent

Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
	Violence Survey); interviewer-administered survey			variables created from CTS-2	variables: mixed- or same-sex relationship
Harper et al. (2021) Mental health challenges and needs among sexual and gender minority people in western Kenya.	Cross-sectional primary analysis; self- administered paper or online survey	N = 527; Kenya; 24.9% cisgender SMW	Convenience sampling from community venues	Specific types of IPV not reported; victimization; investigator-developed instrument	Outcomes: psychological distress, PTSD, alcohol and substance use, IPV, SGM-based violence; Independent variables: sexual and gender identity
Heintz & Melendez (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals.	Cross-sectional primary analysis; survey administer by counselor	N = 58; New York, NY, U.S.; 19% lesbian-identified WSW	Convenience sampling from community-based organization	Sexual; victimization; measure not specified	Outcomes: sexual IPV victimization, safer sex frequency, condom use, safer sex negotiation; Independent variables: sexual orientation
Hellemans et al. (2015). Intimate partner violence victimization among non-heterosexuals: Prevalence and associations with mental and sexual well-being.	Cross-sectional primary analysis; self- administered CAPI survey and online survey	Sample 1 N = 1,690, sample 2 N = 2,401; Handers, Belgium; 5% nonheterosexual women in sample 1, 36% in sample 2	Probability sampling used for sample 1; convenience sampling from social media, advertisements, and LGB parties used for sample 2	Physical, psychological; victimization; CTS	Outcomes: physical and psychological IPV, mental health; Independent variables: sexual orientation, gender
Hirschel & McCormack (2021) Samesex couples and the police: A 10-year study of arrest and dual arrest rates in responding to incidents of intimate partner violence.	Secondary analysis of National Incident Based Reporting System (NIBRS) from 2000– 2009	N = 2,625,753; U.S.; 2.1% female couples	N/A	Physical, intimidation; perpetration, victimization; IPV categories defined by the Uniform Crime Report (aggravated assault, simple assault, intimidation)	Outcomes: Arrest or no arrest, dual arrest or single arrest; Independent variables: sex of couple, most serious offense, location of incident, racial dyad, primary aggressor law, warrantless arrest law
Holmes et al. (2020). The association between demographic, mental health, and intimate partner violence victimization variables and undergraduate women's intimate partner violence perpetration	Cross-sectional primary analysis; self- administered online survey	N = 398; Midwestern U.S.; 18.6% women with at least some degree of same-sex attraction	Convenience sampling from undergraduate psychology courses	Physical, sexual, psychological, stalking, cyberstalking; perpetration, victimization; SVAWS, PMWI-SF, Stalking Behavior Checklist, modified Electronic Intrusion Scale	Outcomes: IPV perpetration; Independent variables: demographic variables, mental health, IPV victimization
Hughes et al. (2010). Victimization and substance use disorders in a national sample of heterosexual and sexual minority women and men.	Cross-sectional secondary analysis (National Epidemiologic Survey on Alcohol and Related Conditions); structured diagnostic inperson interviews	N = 34,653; U.S. (national); 0.4% lesbian women, 0.5% bisexual women, 0.3% women who are not sure about sexual identity	Probability sampling	Physical; victimization; 1 item measuring IPV behaviors (ever physically attacked or badly beaten up)	Outcomes: substance use disorder; Independent variables: sexual identity, victimization (including IPV); Moderators: sexual identity and victimization interactions
Ireland et al. (2017). Partner abuse and its association with emotional distress: A study exploring LGBTI relationships.	Cross-sectional primary analysis; self- administered online survey	N = 287; Australia; 84.9% lesbian, gay, or homosexual, 9% bisexual, 6.1% other (full sample)	Convenience sampling through LGBTI communities	Psychological; perpetration, victimization; Multidimensional Measure of Emotional Abuse	Outcomes: emotional distress, anxiety, depression, support seeking; Independent variables: psychological IPV victimization; Moderators: resilience traits, relationship satisfaction

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Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
Jacobson et al. (2015). Intimate partner violence: Implications for counseling self-identified LGBTQ college students engaged in same-sex relationships.	Cross-sectional secondary analysis; selfadministered online survey	N = 278: U.S.; 55.4% LGBTQ-identified women	Convenience sampling through LGBTQ student organizations from 40 universities across U.S.	Physical, sexual, psychological; victimization; Victimization in Dating Relationships Scale, modified Safe Dates	Outcomes: IPV victimization, attitudinal acceptance of IPV; Independent variable: gender
Jones & Raghavan (2012). Sexual orientation, social support networks, and dating violence in an ethnically diverse group of college students.	Cross-sectional primary analysis; self report	N = 114; Northeast U.S.; 23.7% LGB women	Convenience sampling from undergraduate courses	Physical, sexual, psychological; perpetration, victimization; CTS-2	Outcomes: dating IPV perpetration and victimization, composition of social support network, social network dating violence; Independent variables: gender, sexual orientation
Kelley et al. (2015). Discrepant alcohol use, intimate partner violence, and relationship adjustment among lesbian women and their same-sex intimate partners.	Cross-sectional primary analysis; selfadministered online survey	N = 819; U.S.; 71.1% only lesbian, 2.6.7% mostly lesbian, 2.2% other, 0.5% prefer not to answer	Convenience sampling from online market research panels	Physical, psychological; victimization; CTS-2, PMWT	Outcome: relationship satisfaction; Independent variables: IPV victimization, relationship length, drinking, alcohol quantity discrepancy (between self and partner)
Kelly et al. (2011). The intersection of mutual partner violence and substance use among urban gays, lesbians, and bisexuals.	Cross-sectional primary analysis; selfadministered in-person paper survey	N = 2,200; New York and Los Angeles, U.S.; 19% lesbian or bisexual women	Convenience sampling using street intercept at four large GLB community events	Physical, nonphysical; perpetration, victimization; measure adapted from Greenwood et al., 2002	Outcomes: substance use and substance abuse treatment; Independent variables: IPV perpetration or victimization
Kimerling et al. (2016). Prevalence of intimate partner violence among women veterans who utilize Veterans Health Administration primary care.	Retrospective cohort study, secondary analysis (Women's Overall Mental Health Assessment of Needs); interviewer-administered telephone survey	N = 6,287; U.S.; 7% Iesbian or bisexual women	Probability sampling	Physical, sexual, psychological; victimization; HARK tool	Outcome: past year IPV; Independent variables: demographics, sexual identity, military characteristics, primary care characteristics
Lehavot et al. (2009), Abuse, mastery, and health among lesbian, bisexual, and two-spirit American Indian and Alaska Native women.	Cross-sectional primary analysis; interviewer- administered survey	N = 152; U.S.; 38% lesbian, 45% bisexual women, 17% two-spirit	Random digit dialing	Physical; victimization; Index of Spouse Abuse	Outcomes: mental health, physical health; Independent variables: IPV, physical assault, sexual assault, child sexual contact, childhood trauma; Mediator: mastery (sense of control)
Lewis et al. (2014). Sexual minority stressors and psychological aggression in lesbian women's intimate relationships	Cross-sectional secondary analysis; selfadministered online survey	N = 220; East, Midwest, South, and West U.S.; 100% lesbian women	Convenience sampling online using a large market research firm	Psychological; perpetration, victimization; CTS-2 physical subscale	Outcome: composite measure of psychological IPV perpetration and victimization: Independent variables: internalized homophobia, social constraints, Mediators: rumination, relationship satisfaction
Lewis et al. (2015). Emotional distress, alcohol use, and bidirectional partner violence among lesbian women.	Cross-sectional primary analysis; selfadministered online survey	N = 414; U.S.; 74.9% only lesbian, 23.4% mostly lesbian, 1.7% other	Convenience sampling using online market research panels	Physical; bi-directional (perpetration and victimization); CTS-2 physical subscale	Outcome: bidirectional IPV; Independent variables: emotional distress (negative affect, rumination, and depressive symptoms)
Lewis et al. (2017). Empirical investigation of a model of sexual minority specific and general risk factors for intimate partner violence among lesbian women.	Cross-sectional primary analysis; self- administered online survey	N = 1051; U.S.; 100% lesbian women	Convenience sampling using online market research panels	Physical, psychological; perpetration, victimization; PMWI, CTS-2 physical subscale	Outcomes: IPV victimization and perpetration; Independent variables: sexual minority stressors (discrimination, internalized homophobia); Mediators: perpetrator

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Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
					anger, alcohol use and problems, relationship satisfaction
Lewis et al. (2018). Discrepant drinking and partner violence perpetration over time in lesbians' relationships.	Longitudinal primary analysis; self- administered online survey	N = 1052; U.S.; 100% lesbian women	Convenience sampling using online market research panels	Physical, psychological; perpetration; PMWI, CTS-2 physical subscale	Outcomes: physical and psychological IPV perpetration; Independent variables: discrepant drinking
Lin et al. (2020). Female same-sex bidirectional intimate partner violence in China.	Cross-sectional primary analysis; selfadministered online survey	N = 225; China; 100% lesbian women	Convenience sampling using online advertisements via social media	Physical, sexual, psychological; perpetration, victimization; 15-item Chinese CTS-2	Outcome: bidirectional IPV; Independent variables: IPV justification, endorsement of heterosexual norms, demographics
Longares et al. (2016). Collective self-esteem and depressive symptomatology in lesbians and gay men	Cross-sectional primary analysis; self- administered online survey	N = 357; Spain; 42% Iesbian women	Convenience sampling	Psychological; victimization; Escala de Abuso Psicológico Aplicado en la Pareja	Outcome: depressive symptoms; Independent variables: self-esteem, self-stigma; Mediator: self-stigma; Moderator: psychological IPV victimization
Mak et al. (2010). Prevalence of samesex intimate partner violence in Hong Kong.	Cross-sectional primary analysis; self- administered online survey	N = 339; Hong Kong; 64.3% sexual minority women	Convenience sampling from LGB-friendly organizations and online platforms	Physical, sexual, psychological; perpetration, victimization; CTS-2	Outcomes: IPV victimization and perpetration; Independent variable: sexual orientation
Mason et al. (2016). Minority stress and intimate partner violence perpetration among lesbians	Cross-sectional primary analysis; self- administered online survey	N = 342; U.S.; 83.3% only lesbian, 16.7% mostly lesbian	Convenience sampling through social media and LGBT organizations	Physical; perpetration; CTS-2 physical subscale	Outcome: physical IPV perpetration; Independent variables: discrimination, minority stress, general life stress
McCauley et al. (2015). Sexual and reproductive health indicators and intimate partner violence victimization among female family planning clinic patients who have sex with women and men.	Cross-sectional secondary analysis; interviewer-administered in-person survey	N = 3,455; Westem PA, U.S.; 9.6% WSWM	Convenience sampling from clinic patients	Physical, sexual; victimization; 3 items from CTS-2, Sexual Experiences Survey	Outcomes: sexual risk behavior, reproductive coercion, STI diagnosis, pregnancy, reasons for seeking care; Independent variables: sexual orientation, IPV
McKenry et al. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective	Cross-sectional primary analysis; interviewer- administered in-person survey	N = 77; Midwestern U.S.; 48.1% lesbian women	Convenience sampling using clinic and community center referrals, gay/lesbian newspaper ads	Physical; perpetration; CTS-2	Outcome: physical IPV perpetration; Independent variables: individual, family of origin, and intimate relationship characteristics
McNair et al. (2018). Health service use by same-sex attracted Australian women for alcohol and mental health issues: A cross-sectional study.	Cross-sectional primary analysis; self- administered online survey	N = 521; Australia; 57.0% lesbian, 17.1% bisexual, 18.0% queer/pansexual, 6.9% other	Convenience sampling using social media, community listings	Physical, sexual, psychological; victimization; 3 items assessing self-designation as victim	Outcomes: treatment utilization for mental health and alcohol use; Independent variables: IPV, sexual identity, social support, LGBT community connectedness, having a general practitioner (GP), disclosed sexuality to GP, discrimination within health services, income, service need
Messinger (2011). Invisible victims: Same-sex IPV in the national violence against women survey.	Cross-sectional secondary analysis (NISVS); interviewer-	N = 14,182; U.S; 1% sexual minority women	Random digit dialing	Physical, sexual, psychological, control; victimization; NVAWS	Outcome: IPV victimization; Independent variables: sex, sexual orientation

Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
	administered phone survey				
Messinger et al. (2019). Sexual and gender minority intimate partner violence and childhood violence exposure.	Cross-sectional primary analysis; computer- assisted self report survey	N = 457; IL, U.S.; 24.1% lesbian, 37.6% bisexual, 12.3% queer, 17.9% pansexual, 8.1% other sexual identity	Convenience sampling from SGM organizations. health fairs, SGM high school and college groups, social media advertisements	Physical, sexual, psychological; perpetration, victimization; one 1-item measure for each IPV type	Outcomes: IPV victimization and perpetration; Independent variable: childhood victimization exposure
Miller et al. (2001). Domestic violence in lesbian relationships.	Cross-sectional primary analysis; self- administered paper survey	N = 284; Southeast U.S.; 100% lesbian women	Convenience sampling from a women's music festival	Physical; perpetration, victimization; CTS	Outcomes: IPV victimization and perpetration; Independent variables: fusion, independence, control, selfesteem
Milletich et al. (2014). Predictors of women's same-sex partner violence perpetration.	Cross-sectional primary analysis; self- administered online survey	N = 209; U.S.; 55.5% lesbian, 30.6% bisexual, 13.9% heterosexual or straight (100% had past-year relationships with women)	Convenience sampling from LGB and women's issues listservs, websites, and organizations across two universities	Physical, psychological; perpetration, victimization; CTS-2 physical subscale, MMEA for psychological IPV	Outcome: IPV perpetration; Independent variables: sexual identity, internalized homophobia, dominance/accommodation, fusion, history of parent-child aggression and IPV; Mediators: fusion
Mize & Shackelford (2008). Intimate partner homicide methods in heterosexual, gay, and lesbian relationships.	Cross-sectional secondary analysis (FBI Supplementary Homicide Reports); national crime records	N = 51,007; U.S. (national); 0.3% women with same-sex partners	N/A	Physical (homicide); perpetration; national crime records	Outcome: homicide brutality; Independent variables: sexual orientation, gender
Moracco et al. (2007). Women's experiences with violence: A national study.	Cross-sectional primary analysis; interviewer- administered CATI telephone survey	N = 1,800; U.S.; 2.3% Iesbian/bisexual women	Random digit dialing	Physical; victimization; researcher-developed questions	Outcomes: IPV victimization, being followed, physical assault, sexual assault, Independent variables: demographics, sexual orientation, married/cohabitation status, receipt of public assistance
Muzny et al. (2018). Psychosocial stressors and sexual health among southern African American women who have sex with women.	Cross-sectional secondary analysis (Women's Sexual health Project); intervieweradministered in-person survey	N = 165; Birmingham, AL, U.S.; 100% WSW	Convenience sampling from clinic patients	Physical, sexual; victimization; 1 item assessing self-designation as victim (combined physical and sexual IPV)	Outcomes: alcohol/drug use during sexual encounters, STI history and STI current diagnosis, sex in exchange for money/drugs; Independent variables: depressive symptoms, IPV, incarceration
Oginni et al. (2021). Do psychosocial factors mediate sexual minorities' risky sexual behaviour? A twin study.	Longitudinal secondary analysis (U.K. Twins Early Development study); self-administered mailed or online survey	N = 9697; U.K.; 48.9% exclusively heterosexual female, 9.2% mostly heterosexual female, 1.6% bisexual female, 1.3% mostly gay/lesbian female, 1.3% exclusively gay/lesbian female	Contacted twins and parents in U.K. national registry of twins set up by Office for National Statistics	Psychological, physical; victimization; 6 items adapted from CDC questions	Outcome: risky sexual behavior (number of lifetime sexual partners); Independent variable: sexual orientation; Mediators: psychosocial adversities, substance use problems
Owen & Burke (2004). An exploration of prevalence of domestic violence in same-sex relationships.	Cross-sectional primary analysis; self-	N = 66; Virginia, U.S.; 50% SMW	Convenience sampling from a mail marketing company	Physical, sexual, psychological; victimization; researcher-developed	Outcome: IPV victimization; Independent variables: sex, sexual orientation

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Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
	administered mailed survey			questions adapted from Burke, 1998	
Pepper & Sand (2015). Internalized homophobia and intimate partner violence in young adult women's same-sex relationships.	Cross-sectional primary analysis; selfadministered mailed survey	N = 40; location unspecified; 72.5% lesbian, 12.5% bisexual, 10% did not self- identify, 2.5% queer	Convenience sampling from LGBTQ college and university groups	Physical, sexual, psychological; perpetration, victimization; CTS-2	Outcomes: internalized homophobia, psychological maladjustment; Independent variables: IPV perpetration and victimization
Pittman et al. (2020). Double jeopardy: Intimate partner violence vulnerability among emerging adult women through lenses of race and sexual orientation.	Cross-sectional secondary analysis (National College Health Assessment); selfadministered paper or electronic survey	N = 9,435; U.S. (national); 5.1% bisexual, 1.1% lesbian, 7.1% asexual, 1.5% pansexual, 1.5% questioning, 0.4% other	Unspecified sampling/ recruitment method; colleges administered survey to their students	Physical, sexual, psychological; victimization; researcher-developed questions	Outcome: IPV victimization; Independent variables: sexual orientation, race/ethnicity
Poorman & Seelau (2001). Lesbians who abuse their partners: Using the FIRO-B to assess interpersonal characteristics.	Cross-sectional primary analysis; self-report	N = 15; U.S.; 100% lesbian	Convenience sampling from therapy group participants	Unspecified type of IPV; perpertation, victimization; no measure used (participants referred from therapy group)	Outcomes: personality/interpersonal traits measured by FIRO-B measure, Independent variable: group membership (abusive lesbian vs. normative sample)
Pyra et al. (2014). Sexual minority status and violence among HIV infected and at-risk women.	Longitudinal secondary analysis (Women Interagency HIV Study); interviewer-administered in-person survey, specimen collection, physical exams	N = 1,743; NYC, Chicago, DC, and San Francisco, U.S.; 7.8% bisexual women, 4.7% lesbian	Convenience sampling from clinical research sites	Psychological; victimization; researcher-developed questions	Outcomes: psychological IPA, general sexual violence, general physical violence; Independent variables: sexual identity, sexual behavior; Mediators: substance abuse, high risk sex
Rausch (2016). Systemic acceptance of same-sex relationships and the impact on intimate partner violence among cisgender identified lesbian and queer individuals.	Cross-sectional primary analysis; self- administered survey	N = 87; U.S. and Canada; 100% lesbian or queer	Unspecified sampling/ recruitment method	Physical, sexual, psychological; victimization; Abusive Behavior Inventory	Outcomes: perceived level of acceptance of same-sex partnership from family, school, media, lesbian and queer community; Independent variables: childhood abuse, adult IPV victimization
Rausch (2016). Adverse childhood experiences and intimate partner violence in lesbian and queer relationships.	Cross-sectional primary analysis; self- administered survey	N = 87; U.S. and Canada; 100% lesbian or queer	Unspecified sampling/ recruitment method	Physical, sexual, psychological: victimization; Abusive Behavior Inventory	Outcome: coping: Independent variables: adult IPV victimization, adverse childhood experiences
Reisner et al. (2013). Sexual orientation disparities in substance misuse: The role of childhood abuse and intimate partner violence among patients in care at an urban community health center.	Cross-sectional secondary analysis; self-administered paper survey	N = 2,653; Boston, MA, U.S.; 8.9% lesbian; 2.6% bisexual women, 2.4% other non-heterosexual women	Convenience sampling from clinics	Physical, sexual; victimization; 1 binary item combining physical and sexual abuse	Ourcomes: lifetime substance abuse, childhood abuse, IPV victimization; Independent variables: sexual orientation, childhood abuse, IPV victimization; Mediators: childhood abuse, IPV victimization
Reuter et al. (2017). Intimate partner violence victimization in LGBT young adults: Demographic differences and associations with health behaviors.	Longitudinal primary analysis; self-report	N = 172; Chicago, IL, U.S.; 29.4% Iesbian, 32.9% bisexual, 7.7% questioning/ unsure/ other (across all genders)	Convenience sampling from LGBT community centers, neighborhoods, and organizations	Physical, sexual, psychological; victimization; I item each for physical abuse and forced sex, 3 items for psychological abuse	Outcomes: depression and anxiety scores, substance use, sexual risk-taking behaviors; Independent variables: IPV victimization, race/ethnicity, gender

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Scheer et al. (2020). Gender-based secondary analysis violence across 28 countries  Violence across 28 countries  Violence Against violence across 28 countries  Scheer & Baams (2021). Help-seeking patterns among LGBTQ young adults among sexual minority and patterns of victimization of violence victimization and polyvictimization experiences among sexual minority and among sexual minority and secondonic status on intimate partner violence among sexual adolescents and young perceived femininity, masculinity, race/ethnicity, and socioeconomic status on intimate partner violence among sexual and lesbian women.  Stevens et al. (2010). A comparison of victimization and perpetration of victimization and perpetration of victimization among sexual and lesbian women.  Stevens et al. (2019). Patterns of administered telephone survey abusing heterosexual and lesbian women.  Stevens et al. (2019). Patterns of administered survey administered survey and socioeconomic survey analysis; interviewerabusing pattner violence among drug administered survey and perpetration among sexual miniority women: A latent class analysis; mode of administerion of among female assigned at birth sexual and gender minority youth	N = 42,000; 28 European Union member states; 1.7% sexual minority women			
g Cross-sectional primary analysis; self- administered online survey Longitudinal secondary analysis (National Longitudinal Study of Adolescent to Adult Health); interviewer- administered survey analysis; interviewer- administered telephone survey Cross-sectional primary analysis; interviewer- administered survey analysis; interviewer- administered survey analysis; self- administered online survey Longitudinal primary e administered online survey analysis; mode of administration not specified		Random probability sampling	Physical, sexual; victimization; Violence Against Women Survey	Outcomes. lifetime substance abuse, childhood abuse, IPV: Independent variables: sexual orientation, childhood abuse, IPV; Mediators: childhood abuse, IPV
Longitudinal secondary analysis (National Longitudinal Study of Adolescent to Adult Health); interviewer- administered survey analysis; interviewer- administered telephone survey  Cross-sectional primary analysis; interviewer- administered survey analysis; interviewer- administered online survey  Cross-sectional primary analysis; self- administered online survey  Longitudinal primary e analysis; mode of administration not specified	N = 354; U.S.; 50.8% sexual minority cisgender women	Convenience sampling from LGBTQ- and IPV-related online groups, listservs, and forums	Psychological, physical, identity; victimization; PMWI, CTS-2 physical subscale, Identity Abuse Scale	Outcome: IPV-related help-seeking; Independent variable: gender identity
Cross-sectional primary analysis; interviewer- administered telephone survey on Cross-sectional primary of analysis; interviewer- drug administered survey  Cross-sectional primary analysis; self- administered online survey  L Longitudinal primary lence analysis; mode of administration not syncified	ry N = 9,828; U.S.; 50.0% female; among total sample, 85.5% 100% heterosexual, 9.7% mostly heterosexual, 1.5% bisexual, 0.8% mostly homosexual, 1.3% 100% homosexual	Probability sampling	Physical, threats; victimization; researcher- developed instrument	Outcomes: child maltreatment, general criminal assault, IPV, sexual assault, polyvictimization; Independent variables: sexual orientation
on Cross-sectional primary of analysis; interviewer- drug administered survey administered survey Cross-sectional administered online survey  Longitudinal primary lence analysis; mode of administration not specified	ury N = 608; Chicago, IL, U.S.; 57.1% exclusively lesbian; e 16.1% mostly lesbian, 25.8% bisexual	Convenience sampling using a broad range of recruitment methods	Physical, sexual, psychological; victimization; modified CTS, 1 threat of outing item	Outcome: IPV victimization: Independent variables: perceived femininity and masculinity, race/ ethnicity, SES
Cross-sectional nization primary analysis; self- administered online survey nal Longitudinal primary iolence analysis; mode of sexual administration not specified	ury N = 434; Tucson, AZ, U.S.; 5.5% lesbian	Targeted recruitment (street outreach) and snowball sampling	Physical, sexual, psychological; perpetration, victimization; Partner Abuse Scale	Outcomes: IPV perpetration and victimization; Independent variable: sexual orientation
Longitudinal primary analysis; mode of administration not specified	N = 150; location not specified; 38.7% lesbian, 32.7% bisexual women, 28.6% queer or other women	Convenience sampling from LGBTQ organizations	Physical, sexual, psychological; perpetration, victimization; CTS-2	Outcome: IPV class (severity/type of IPV from latent class analysis); Independent variable: heterosexism
	N = 433; U.S.; 38.1% bisexual, 21.5% lesbian, 17.3% pansexual, 11.8% queer, 3.7% questioning, 3.0% gay, 1.8% asexual, 1.4% straight, 1.4% other	Convenience sampling from SGM organizations, health fairs, SGM high school and college groups, social media advertisements	Physical, sexual, psychological; perpetration, victimization; SGM-CTS2, SGM-Specific IPV Tactics Scale, Cyber Abuse Scale, Coercive Control Scale	Outcome: IPV class (no or low IPV, psychological IPV only, high IPV); Independent variable: longitudinal study wave (time)
Swiatlo et al. (2020). Intimate partner violence perpetration and secondary analysis victimization among young adult (National Longitudinal sexual minorities.  10 Adolescent to Adolescent to Adolescent to Adult Health, Wave 4 only); interviewer-administered survey	N = 13,653; U.S. (national); 8.4% mostly heterosexual women, 1.2% bisexual women, 0.9% homosexual e women	Probability sampling	Physical, sexual, threats; perpetration, victimization; researcher- developed questions	Outcomes: IPV perpetration and victimization; Independent variable: sexual orientation

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Study	Study design and data	Sample	Sampling and	IPV types and measures	Variables
Szalacha et al. (2017). Mental health, sexual identity, and interpersonal violence: Findings from the Australian Longitudinal Women's Health Study.	Cross-sectional secondary analysis secondary analysis Sudy on Women's Health, Mave 3); self-administered mailed survey	N = 8,850; Australia; 6.4% mainly heterosexual women, 1.1% bisexual women, 1.1% mainly or exclusively lesbian	Random sampling within age groups from database of Medicare Australia	Unspecified type of IPV (single item assessing general IPV); victimization; I item selfdesignation as having been in a violent relationship	Outcomes: interpersonal violence, mental health outcomes, life satisfaction, Independent variable: sexual identity
Telesco (2003). Sex role identity and jealousy as correlates of abusive behavior in lesbian relationships.	Cross-sectional primary analysis; self- administered survey	N = 105; New York, NY, U.S.; 100% lesbian women	Convenience sampling from NYC LGBT Community Center	Physical, psychological; perpetration; Abusive Behavior Inventory	Outcome: IPV perpetration; Independent variables: dependency, jealousy, power imbalance, masculinity, and femininity
Trujillo et al. (2020). Unique and cumulative effects of intimate partner cybervictimization types on alcohol use in lesbian, gay, and bisexual emerging adults.	Cross-sectional primary analysis; selfadministered online survey	N = 277; U.S.; 17% lesbian, 43% bisexual women	Convenience sampling; recruitment via Amazon's Mechanical Turk internet marketplace	Psychological, sexual, stalking, cyber IPV; victimization; Cyberaggression in Relationships Scale	Outcome: alcohol use; Independent variables: cyber IPV
Turell (2000). A descriptive analysis of same-sex relationship violence for a diverse sample.	Cross-sectional primary analysis; self- administered mail survey	N = 499; Southeast U.S.; 39% lesbian, 11% gay women	Convenience sampling using membership lists of local LGBTQ organizations	Physical, psychological, sexual; victimization; researcher-developed questions	Outcome: IPV victimization; Independent variables: gender, sexual identity
Turell et al. (2018). Disproportionately high: An exploration of intimate partner violence prevalence rates for bisexual people.	Cross-sectional primary analysis; self- administered online survey	N = 439; U.S.; 47% bisexual women	Convenience sampling: recruitment via Facebook and Amazon 's Mechanical Turk internet marketplace	Physical, psychological, sexual; perpetration, victimization; Composite Abuse Scale, Abusive Behavior Inventory	Outcome: lifetime IPV, Independent variables: gender, race, having children, connectedness to bisexual community, age, bi-negativity, perceived/real infidelity
Ummak et al. (2021). Untangling the relationship between internalized heterosexism and psychological intimate partner violence perpetration	Cross-sectional primary analysis; self- administered online survey	N = 449; Denmark and Turkey; 54.3% lesbian women, 45.7% bisexual women	Convenience sample from LGBTQ+ organizations	Psychological; perpetration; MMEA	Outcome: psychological IPV perpetration; Independent variables: internalized heterosexism, sexual orientation, country; Moderators: sexual onientation, country
Valentine et al. (2015). The predictive syndemic effect of multiple psychosocial problems on health care costs and utilization among sexual minority women.	Longitudinal secondary analysis; self- administered paper survey and community health center records	N = 341; MA, U.S.; 76.5% lesbian, 23.5% bisexual women	Clinic patients receiving medical or mental health care at a community health center over a 12-month period from 2001–2002	Physical, sexual; victimization; 1 item listing physical and sexual IPV behaviors	Outcomes: Medical and mental health care costs, medical and mental health care utilization; Independent variables, childhood sexual abuse, IPV, problematic substance use, mental health distress
Valentine et al. (2017). Disparities in exposure to intimate partner violence among transgender/gender nonconforming and sexual minority primary care patients.	Cross-sectional secondary analysis; electronic medical records	N = 7,572; MA, U.S; 5.3% lesbian, 2.4% bisexual women, 3.4% 'something else/don't know"	All clinic patients receiving routine primary care in 2014	Physical, psychological, sexual; victimization; Abuse Assessment Screen, researcher-developed questions for psychological IPV	Outcome: Past-year IPV; Independent variables: sexual identity, gender identity
Velopulos et al. (2019). Comparison of male and female victims of intimate partner homicide and bidirectionality	Cross-sectional secondary analysis; national surveillance data (National Violent Death	N = 6,348; U.S.; 0.7% women in same-sex pairings	Retrospective review of government records from 2003 to 2015	Physical (homicide); perpetration, victimization; government records (death	Outcomes: Victim and perpetrator characteristics, bidirectionality, circumstances of the homicide; Independent variables: Gender of

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Study	Study design and data source	Sample	Sampling and recruitment methods	IPV types and measures	Variables
	Reporting System); government records			certificates, coroner records, law enforcement reports)	perpetrator and victim, same- vs. different-sex relationship, race, mental illness diagnosis, history of abuse, other crime, preceding argument, etc.
Wathen et al. (2018). The impact of intimate partner violence on the health and work of gender and sexual minorities in Canada.	Cross-sectional primary analysis; self- administered online survey	N = 7,918; Canada; 2.9% SMW	Convenience sampling using membership lists of labor organizations	Unspecified type of IPV; victimization; 3 items assessing self-designation as victim	Outcomes: lifetime IPV, IPV-related work impacts, physical and mental health, quality of life; Independent variables: gender, sexual identity
Whitehead et al. (2020). Same-sex intimate partner violence in Canada: Prevalence, characteristics, and types of incidents reported to police services.	Cross-sectional secondary analysis (Statistics Canada Uniform Crime Reporting Surveys); police reports	N = 346,565; Canada; 2% female victim and female accused	N/A	Physical, psychological, sexual; perpetration, victimization; police reports	Outcomes: IPV prevalence, incident variables (i.e. violation type, victim injury, weapon, etc.); Independent variables: N/A (descriptive only)
Whitfield et al. (2021) Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students. The intersection of gender, race, and sexual orientation.	Cross-sectional secondary analysis (National College Health Assessment—II (NCHA—II) from 2011–2013); paper or web-based selfadministered surveys	N = 88,975; U.S.; among cisgender women 91.8% heterosexual, 1.7% lesbian, 4.5% bisexual, 2.1% unsure.	120 higher education institutions opted into NCHA-II; students were randomly sampled or all students were included in the sample	Psychological, physical, sexual; victimization; researcher-developed instrument	Outcome: past-year IPV victimization; Independent variables: sexual identity, gender, race/ethnicity
Whitton et al. (2019). Intimate partner violence experiences of sexual and gender minority adolescents and young adults assigned female at birth.	Cross-sectional primary analysis; interviewer- administered	N = 488; Chicago, IL, U.S.; 23.6% lesbian, 37.1% bisexual, 13.1% queer, 16.8% pansexual, 4.3% questioning, 2.5% asexual, 1.4% other	Convenience sampling from SGM organizations, health fairs, SGM high school and college groups, social media advertisements	Physical, psychological, sexual; perpetration, victimization; SGM-CTS2, Coercive Control Scale, SGM-Specific IPV Tactics Scale, Cyber Abuse Scale	Outcomes: IPV perpetration and victimization; Independent variables: demographics
Whitton et al. (2019). A longitudinal study of IPV victimization among sexual minority youth.	Longitudinal primary analysis; interviewer- administered in-person survey	N = 248; Chicago, IL, U.S.; 34.0% gay male, 27.9% lesbian, 28.7% bisexual, 9.4% questioning (full sample)	Convenience sampling	Physical, sexual; victimization; HIV-Risk Assessment for Sexual Partnerships	Outcome: IPV victimization; Independent variables: demographics, psychological distress, social support
Whitton et al. (2021). Exploring mechanisms of racial disparities in intimate partner violence among sexual and gender minorities assigned female at birth.	Cross-sectional primary analysis; intervieweradministered survey	N = 308; U.S.; 27.6% gay/lesbian, 55.5% bisexual/ pansexual, 16.9% other AFAB	Convenience sampling from SGM organizations, health fairs, SGM high school and college groups, social media advertisements	Psychological, physical, sexual; perpetration, victimization; SGM-CTS2	Outcomes: IPV perpetration and victimization; Independent variable: race/ethnicity: Mediators: childhood experiences of violence, discrimination, structural inequalities, sexual minority stressors
Wong et al. (2020). The Aloha Study: Intimate partner violence in Hawai'i's lesbian, gay, bisexual, and transgender community	Cross-sectional primary analysis; selfadministered paper or online survey	N = 477, Hawai'i, U.S.; 54.9% gay, 36.1% lesbian, 16.6% bisexual/pansexual/ queer/other (full sample)	Convenience sampling from social media and LGBT-friendly venues	Physical, sexual; victimization; researcher- developed questions	Outcomes: IPV victimization, help-seeking; Independen variables; gender, sexual orientation, race/ethnicity

IPV measure names are abbreviated as follows: CTS—Conflict Tactics Scale; CTS-2—Revised Conflict Tactics Scale; PMWI-SF—Psychological Maltreatment of Women Inventory, Short Form; NISVS—National Intimate Partner and Sexual Violence Survey; HARK tool—Humiliate/Afraid/Rape/Kick; HITS questionnaire—pHysical abuse, Insult, Threaten, Scream; SVAWS—Severity of Violence Against

Women Scale; EAPA-P—Escala de Abuso Psicológico Aplicado en la Pareja (Scale of Psychological Abuse in Couples); NVAWS—National Violence Against Women Survey; MMEA—Multidimensional Measure of Emotional Abuse

#### Table 2.

# Critical findings

SMW are at increased risk for experiencing IPV compared to heterosexual women. Women who identify as bisexual or as "mostly heterosexual", WSWM, and SMW of color have increased vulnerabilities for IPV.

- Risk factors for IPV victimization among SMW include low socioeconomic status, prior trauma, interpersonal and psychological factors
  (i.e. relationship fusion, low self esteem, alcohol use, etc.), and minority stress, though findings are inconsistent. IPV perpetration among
  SMW is associated with prior victimization, alcohol use problems, and poor mental health.
- SMW experience a wide range of negative mental outcomes, including stress, depression and anxiety, alcohol and substance use, and
  emotion regulation difficulties. They also experience poorer physical and sexual health associated with IPV.

#### Table 3.

## Implications for future research, practice, and policy

There is a dearth of research on IPV perpetration and bidirectionality among SMW. These areas should be prioritized for future research
considering their prevalence and importance to preventing further violence.

- Future research on IPV among SMW should consider structural-level factors and mechanisms involved in IPV and its predictors and outcomes. Further, it is necessary to address discrepancies in how minority stressors impact SMW's IPV.
- Existing research in this area is limited by methodological issues, including combining subgroups of SMW in analyses, inconsistency and incomplete measures of IPV, small and homogenous convenience samples, and cross-sectional designs.
- Clinicians should be aware of the higher prevalence of IPV among SMW, as well as the role of minority stressors, socioeconomic status, prior trauma, relationship factors, mental health, and substance use in IPV.
- · Policy makers should acknowledge the high prevalence of IPV among SMW, as it is typically underestimated among service providers.