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Intimate Partner Violence Perpetration and Victimization Among YMSM: The P18 Cohort Study

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Abstract

Research indicates that experiences of intimate partner violence (IPV) are common among young gay, bisexual, and other young men who have sex with men (YMSM). Yet, there is little understanding of the individual, mental health, and psychosocial variables associated with IPV in this population. The aim of this study is to assess the prevalence and correlates of IPV among a new generation of racially/ethnically diverse YMSM. Baseline data from a longitudinal cohort study of YMSM ($N = 598$) from New York City informed lifetime experiences of IPV victimization, perpetration, and mutual IPV (those reporting both victimization and perpetration). Multivariate logistic regression models were constructed to examine associations between IPV and individual, mental health, and psychosocial factors. Among YMSM, 39% reported IPV victimization, 31% reported perpetration, and 25% reported mutual IPV. Victimization and perpetration were highly correlated. Childhood mistreatment was related to all three IPV outcomes. With regard to psychosocial states, impulsivity was the only variable strongly related to all three IPV outcomes. PTSD was significantly related to IPV victimization but not IPV perpetration. In addition, personal gay-related stigma was associated with IPV victimization, whereas public gay-related stigma was associated with IPV perpetration. Findings extend previous research by identifying psychosocial and mental health variables associated with IPV, while controlling for childhood mistreatment. We recommend more systematic screening for IPV in healthcare settings that serve YMSM (e.g., HIV testing sites). Moreover, we suggest that IPV may be part of a larger syndemic disproportionately burdening YMSM.

Keywords

Intimate partner violence (IPV); emerging adulthood; young men who have sex with men (YMSM); childhood mistreatment; gay and bisexual men

Prior research indicates that experiences of intimate partner violence (IPV) are common in LGBT communities and, specifically, among young gay, bisexual, and other young men who have sex with men (YMSM) (Finneran & Stephenson, 2013; Freedner, Yang, & Austin, 2002; Halpern, Young, Waller, Martin, & Kupper, 2004). However, prevalence rates of IPV among YMSM vary significantly from one study to another. The most recent data indicate that IPV prevalence rates range from about 8% to 41% in samples of YMSM (Halpern et al., 2004; Stephenson, Khosropour, & Sullivan, 2010; Wong, Weiss, Ayala, & Kipke, 2010).

However, it is difficult to accurately assess the prevalence of IPV among YMSM because of methodological inconsistencies. First, definitions of IPV vary considerably across studies. For example, some studies only include items related to physical victimization, thereby failing to capture experiences of verbal, emotional, and sexual IPV. Second, many studies only assess victimization and do not include measures regarding perpetration. Additionally, national health surveys on IPV do not disaggregate their findings about IPV prevalence by sexual orientation, making it difficult to determine the prevalence of IPV among YMSM

using nationally representative data (Centers for Disease Control and Prevention, 2012; Evans, Lawler, & Sass, 2014; Ford, Hilton, Slavin, & Holt, 2012; Murray & Mobley, 2009).

In addition to YMSM being underrepresented in the extant IPV literature, there are two other important gaps. First, because this literature has been largely descriptive in nature, there is little understanding of the individual, mental health, or psychosocial factors associated with IPV in this population. The variable most frequently investigated in relation to IPV, childhood mistreatment, is at the individual level. Studies examining childhood mistreatment suggest that victims are significantly more likely to experience IPV later in life (Fang & Corso, 2007; Lewis & Fremouw, 2001; Linder & Collins, 2005; Olsen, Parra, & Bennett, 2010). Although none of the studies examine the relationship between childhood mistreatment and same-sex IPV, most studies examining opposite-sex IPV indicate that the association was stronger for males than females. Further, psychosocial factors and mental health states have rarely been examined in relation to IPV in this population, despite research demonstrating their relation to IPV in other populations (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Mair, Cunradi, & Todd, 2012; Mustanski, Garofalo, Herrick, & Donenberg, 2007; Olsen et al., 2010), including loneliness (Rokach, 2007) and impulsivity (Randle & Graham, 2011). Internalized sexual minority stressors, such as gay-related stigma-consciousness, are associated with IPV victimization and perpetration in a sample of gay men and lesbian women (Carvalho et al., 2011). Finally, a recent meta-analysis indicates that posttraumatic stress and depressive symptoms are significantly associated with IPV in men (Randle & Graham, 2011). Thus, though research highlights the importance of individual, psychosocial, and mental health experiences in relation to IPV, no study to date has examined the associations of these experiences to IPV in YMSM.

Second, most studies of same-sex IPV focus only on victimization and have not included questions about perpetration. This is problematic as findings demonstrate that IPV victimization and perpetration are highly associated (Lewis & Fremouw, 2001). Indeed, mutual IPV (i.e., those reporting both victimization and perpetration) appears to be common among YMSM, particularly those residing in urban contexts, highlighting the importance of examining the association between IPV perpetration and victimization (Finneran & Stephenson, 2013).

The present study examines individual, psychosocial, and mental health variables for their association with IPV victimization and perpetration among a large urban sample of 18 and 19 year old YMSM. Our primary research aims are: 1) to identify the prevalence of IPV victimization, perpetration, and mutual IPV, 2) to assess the extent to which IPV perpetration and victimization are correlated, 3) to identify individual, psychosocial, and mental health factors associated with IPV victimization, perpetration, and mutual IPV. This is a particularly important research endeavor, given the paucity of research using community-based sampling methodologies that increase the probability of racial, ethnic, and socioeconomic diversity.

Methods

A full description of the objectives, design, and methods of the Project 18 study has been published previously (Halkitis et al., 2013). Briefly, these analyses use baseline data from a larger cohort study of an ethnically/racially diverse sample of YMSM. A total of 2,068 people were screened and were eligible if they: were aged 18 or 19, born biologically male, reported at least one sex act with a man in the last six months (i.e., any physical contact that could lead to orgasm, but not including cyber or phone sex), and reported a HIV negative or unknown status. In total, $n = 600$ participants were eligible for the current study and were enrolled upon providing written informed consent. Participants completed an audio computer-assisted self-interviewing (ACASI) survey and received an oral HIV antibody test with pre- and post-test counseling. Additionally, participants who had never had a male partner, lover, or boyfriend were excluded from this analysis; thus the analytic sample is $n = 528$. The New York University Institutional Review Board approved the study protocol, and the study holds a federal certificate of confidentiality.

The majority of participants are non-White (71.2%), with about 40% identifying as Hispanic/Latino, 16% as Black non-Hispanic, and 15% as Asian, mixed, or other race/ethnicity. Perceived familial socioeconomic status was roughly evenly distributed across lower (34.1%), middle (36.6%), and upper (29.4%) SES. The majority of participants had a high school diploma (85%), were born in the United States (88%), and were HIV negative (98.9%) at the time of the baseline assessment. Finally, more than two-thirds of participants identified as exclusively (42.6%) or predominantly (29.0%) homosexual, while less than 2% identified as predominately or exclusively heterosexual (see Table 1).

Measures

Individual characteristics.—Participants self-reported information on racial/ethnic identity, perceived familial socioeconomic status, education, place of birth, and sexual orientation.

Childhood mistreatment was measured using the six items pertaining to experiences of childhood mistreatment from the Mistreatment by Adults Scale from the National Longitudinal Study of Adolescent Health (Add Health) Wave III questionnaire (Harris & Udry, 2001). These items assess the frequency of parental neglect and emotional, physical, and sexual abuse occurring before the sixth grade (e.g., “How often had your parents or other adult care-givers slapped, hit, or kicked you?”). Due to inconsistent metrics for each item, the six items were recoded into six dichotomous items (i.e., no mistreatment reported or some mistreatment reported). A composite variable called Childhood Mistreatment was created by summing across the six dichotomous items, with a score ranging from 0–6.

Impulsivity was measured using Dickman’s Dysfunctional Impulsivity Scale (Cronbach’s $\alpha = 0.86$; Dickman, 1990), which consisted of 12 true/false items (e.g., “I will often say whatever comes into my head without thinking first”). A total Impulsivity score was calculated by summing across items, and evidenced high internal consistency in the current study (Cronbach’s $\alpha = .77$).

Psychosocial experiences.—Loneliness was measured with the abridged version of the UCLA Loneliness Scale (Cronbach's $\alpha = 0.75$; Russell, Peplau, & Cutrona, 1980). Participants answered four items on a 4-point Likert scale from “never” to “often” (e.g., “People are around me but not with me”), with higher numbers suggesting greater perceived loneliness. Loneliness demonstrated adequate internal consistency in the current study (Cronbach's $\alpha = .67$).

Gay-related stigma was measured using Wright's 10-item modified version of Berger's Revised HIV Stigma Scale (Wright, Naar-King, Lam, Templin, & Frey, 2007) and assessed stigma from sexual orientation, using questions from the 3-item personalized stigma (e.g., “I have been hurt by how people reacted to learning I'm gay”; Cronbach's $\alpha = .75$) and 2-item public attitudes subscales (e.g., “Most people think that a person who is gay is disgusting”; Cronbach's $\alpha = .72$). Answer choices were on a 4-point Likert scale from “strongly agree” to “strongly disagree”. Scores were totaled for each scale separately, with higher scores indicating greater gay-related personal and public stigma. Both subscales demonstrated high internal consistency in the current study (Cronbach's α 's = .80 and .79, respectively).

Mental health states.—Symptoms of post-traumatic stress disorder (PTSD) were measured using the Trauma Awareness and Treatment Center (TATC) Post-traumatic Stress Questionnaire, which consists of 10 items regarding the last week (Cronbach's $\alpha = 0.88$; TATC, 2014). Answer choices were on a 5-point Likert scale from “1- not at all” to “5 - extremely;” values were summed to create a PTSD composite variable.

Depression was measured using the Beck Depression Inventory (BDI) ($\alpha = 0.86$), which consists of 21 statements with answer choices ranging from 0–3, with higher numbers reflecting greater levels of depressive symptoms experienced in the last two weeks (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Depression and PTSD demonstrated high internal consistency in the current study (Cronbach's α 's = .89 and .88, respectively).

Intimate partner violence.—Lifetime experiences of intimate partner violence was assessed using three yes/no questions that asked about victimization and three yes/no questions that asked about perpetration (Feldman, Diaz, Ream, & El-Bassel, 2008):

1. Have you ever been insulted or verbally abused by a lover or boyfriend?
2. Have you ever been hit, kicked, or slapped by a lover or boyfriend?
3. Have you ever been sexually abused or raped by a lover or boyfriend?
4. Have you ever insulted or verbally abused a lover or boyfriend?
5. Have you ever hit, kicked, or slapped a lover or boyfriend?
6. Have you ever sexually abused or raped a lover or boyfriend?

The three victimization and three perpetration questions were collapsed to create two dichotomous composite variables assessing IPV victimization and IPV perpetration, respectively. A third dichotomous composite variable was created to characterize participants who experienced any victimization *and* any perpetration, called mutual IPV. This approach of grouping participants (i.e., instead of summing across the 3 IPV items)

has been used in previous research (Carvalho et al., 2011), and is justified because we were interested in a broad classification of the IPV variables, given the dearth of research in this area.

Statistical Analyses

First, exploratory data analyses were conducted to examine all independent and dependent variables of interest. During this step, skew and kurtosis indicators suggested that the PTSD variable was somewhat skewed ($skew = 1.59$). However, normalizing this variable using a Blom transformation did not alter results of logistic regression analyses; thus, we retained this variable on its original scale (Tabachnick & Fidell, 2006). Next, bivariable associations were examined to determine independent associations between IPV and covariates of interest. Finally, to evaluate factors associated with IPV victimization and perpetration, three distinct 4-step binary logistic regression analyses were conducted, with IPV victimization, IPV perpetration, and mutual IPV regressed onto all explanatory variables. The variables were organized into four blocks. The most exogenous factor (childhood mistreatment) was entered in the first block, the more endogenous variables were entered into the subsequent blocks. As such, childhood mistreatment was entered into the first block, psychosocial experiences (loneliness, impulsivity, personal, and public gay-related stigma) into the second and third blocks, and mental health states (PTSD and depression) into the fourth block. Adjusted models were compared using the Wald statistic and $-2 \log$ likelihood ($-2LL$). Additionally, 8 cases were excluded from binary logistic regression analyses due to incomplete data, resulting in a final analytic sample of $n = 520$.

Results

Means and Intercorrelations

Descriptive and demographic statistics for the analytic sample are reported in Table 1, and associations between our explanatory variables (childhood mistreatment, impulsivity, loneliness, personal gay-related stigma, public gay-related stigma, PTSD, and depression) and our three dependent variables (IPV victimization, IPV perpetration, and mutual IPV) are reported in Table 2. At the bivariate level, all explanatory variables were positively associated with all three dependent variables ($p < .05$).

Intimate Partner Violence Prevalence

In this sample, 39.2% of YMSM reported IPV victimization, 30.5% reported IPV perpetration, and 25.4% reported mutual IPV. IPV victimization and perpetration were found to be significantly associated ($r_s = .60, p < .01$) with each other.

Intimate Partner Violence Victimization

Results of logistic regression analyses examining IPV victimization are reported in column (a) of Table 3. The final model, which included individual, psychosocial, and mental health factors, demonstrated the best model fit, as suggested by a decrease in $-2LL$, and explained 12% of the variance in IPV victimization. Therefore, results suggest that impulsivity, personal gay-related stigma, and PTSD explain a significant amount of variance in IPV victimization, while controlling for the variance attributed to childhood mistreatment.

Intimate Partner Violence Perpetration

Results of logistic regression analyses examining IPV perpetration are reported in column (b) of Table 3. Results suggest that impulsivity and public gay-related stigma explain a significant amount of variance in IPV perpetration, controlling for the variance attributed to childhood mistreatment. The final model demonstrates the best fit, as suggested by a decrease in $-2LL$, and explained 13% of the variance in IPV perpetration. It is noteworthy that neither personal gay-related stigma nor mental health indicators were significantly associated with IPV perpetration.

Mutual Intimate Partner Violence

Results of logistic regression analyses examining mutual IPV, an index characterizing participants reporting both victimization and perpetration experiences, are reported in column (c) of Table 3. The final model represents the best fit, as evidenced by a decrease in the $-2LL$, and explains 12% of the variance in mutual IPV. These results indicate that only impulsivity explains a significant amount of variance in mutual IPV, while controlling for variance attributed to childhood mistreatment.

In sum, logistic regression results suggest that the best fitting models across all three dependent variables include childhood mistreatment. However, important differences in factors associated with IPV victimization, perpetration, and mutual IPV emerged. Namely, controlling for variance explained by childhood mistreatment, impulsivity was the only factor robustly related to all three IPV outcomes. PTSD was significantly related to IPV victimization but not IPV perpetration. In addition, though personal gay-related stigma was associated with IPV victimization, public gay-related stigma was associated with IPV perpetration.

Discussion

The prevalence of IPV victimization, perpetration, and mutual IPV in this sample is 39.2%, 30.5%, and 25.4%, respectively. These estimates are notably higher, regarding both victimization and perpetration, than most from national studies involving less diverse or older MSM (Carvalho et al., 2011; Halpern et al., 2009; Mustanski et al., 2007). These estimates may more accurately reflect prevalence rates in community-based populations, given that our recruitment methods allowed us to include participants with diverse educational, SES, racial/ethnic, and sexual orientation backgrounds.

Findings extend the current literature in two additional ways. First, we assessed IPV victimization, perpetration, and mutual IPV, whereas most other studies have not (Finnernan & Stephenson, 2013). This is an important undertaking, as studies on IPV in opposite-sex couples clearly recommend the need to examine IPV-related experiences beyond victimization because victimization and perpetration often co-occur (Archer, 2000). In relation to our second research aim, we find that approximately one in four individuals reported both IPV victimization and perpetration in their lifetime, indicating a significant overlap in these experiences. This is important because victim and perpetrator statuses were once thought to be unique profiles. Our findings suggest that a person can be a

victim of IPV in one relationship, a perpetrator in another, or both with the same partner. Understanding these often-overlapping roles is crucial to ending the cycle of violence in same-sex relationships.

Second, this study moves beyond a descriptive analysis of IPV and examines the contributions of individual, psychosocial, and mental health factors. As noted in prior studies, these findings also indicate that childhood mistreatment is strongly associated with IPV perpetration and victimization and thus remains a chief risk factor for IPV. Yet, our analysis extends the current literature by assessing the effect of other psychosocial and mental health variables, controlling for the influence of childhood mistreatment.

Specifically, impulsivity was robustly associated with all three IPV outcomes. This finding suggests that impulse management may be a vital component of clinical treatment plans for victims or perpetrators of IPV. In addition, our findings identify key differences among the profiles of victims, perpetrators, and victim-perpetrators of IPV. Namely, victims, but not perpetrators, report higher levels of PTSD and are more likely to experience personal gay-related stigma. This is consistent with previous studies suggesting that posttraumatic stress and internalized gay-related stigma are significantly associated with IPV victimization in men in same- and opposite-sex relationships (Carvalho et al., 2011; Randle & Graham, 2011). In addition, though PTSD is only related to IPV victimization, these experiences may be mutually reinforcing (i.e., individuals who experience IPV victimization may be more likely to experience PTSD as a result of their victimization experiences) (Randle & Graham, 2011). Furthermore, perpetration is associated with impulsivity and experiences of public gay-related stigma, but no other mental health experiences, suggesting that perpetration may relate to internalized public attitudes of discrimination against same-sex relationships (Mair et al., 2012).

Limitations

Although our sample is a large, diverse group of urban 18–19 year old YMSM, our findings may not be generalizable to other populations of MSM, particularly those who are older or residing in non-urban contexts. Despite the limited age variability participants, examination of IPV in 18 to 19 year old YMSM is warranted because this age period is associated with important transitions into emerging adulthood (Arnett, 2000), and past literature suggests that this developmental time period is particularly important with respect to IPV and concomitant risks (Breiding, Black, & Ryan, 2008; Strauss & Ramirez, 2004).

Second, the data analyzed was collected via self-report and may not be as accurate as other, more observable phenomena. However, a high degree of fidelity was maintained throughout data collection and, given the high rates of prevalence for all three IPV outcomes reported, we have little reason to believe that social desirability altered the data.

Third, the measure used to assess IPV was comprised of six yes-no questions regarding verbal, emotional, physical, and sexual IPV victimization and perpetration. Given the general lack of consensus regarding the definition of IPV, the broadness of the measure used allowed us to capture the variable of interest in an inclusive way, incorporating the various dimensions of IPV. However, the measure did not include questions regarding the number

of partners they experienced IPV with, the frequency or severity of these experiences, or, for those who reported both victimization and perpetration, whether those experiences were with the same partner. Similarly, our measure of IPV did not assess participants' subjective perceptions of whether or not they considered themselves perpetrators or victims. This subjective labeling may be an important dimension not captured in the current study.

Finally, this study is cross-sectional. Thus, variance in the individual, psychosocial, and mental health variables included in our models may have developed after experiences of IPV occurred. As such, no causal inferences can be made from these analyses. Rather, this study contributes important findings regarding the associations between IPV and relevant factors in a relatively understudied population.

Implications

These findings may have several implications for IPV prevention and intervention. First, given the associations between experiences of IPV and symptoms of mental health problems, it would be helpful to develop better screening tools for IPV, and ones that are designed for YMSM (Todahl & Walters, 2011). Also, it may be important for frontline service providers to be better trained to identify IPV. Primary points of access for YMSM (e.g., LGBT organizations, HIV/STI testing sites, etc.) can be integral in identifying and appropriately referring those impacted by IPV (Koziol-McLain, Giddings, Rameka, & Fyfe, 2008). Moreover, mental health providers may want to attend to experiences of impulsivity, gay-related stigma, and PTSD, in their work with victims and perpetrators of IPV.

Additionally, in accordance with syndemic theory (Halkitis et al., 2013; Halkitis, Wolitski, & Millett, 2013; Singer, 1994; Stall, Friedman, & Catania, 2008), experiences of IPV may be related to a constellation of other health problems, including sexual risk behaviors and substance use. As such, experiences of IPV may increase the likelihood that YMSM, who already bear a disproportionate burden of the HIV epidemic, become infected with HIV. Therefore, IPV prevention, screening, and intervention should be part of a larger, more holistic approach to health promotion in sexual minority men. Moreover, it is important for future research to examine how IPV relates to other risk factors underscored by syndemic theory, namely substance use and sexual risk taking.

Conclusion

The widespread prevalence of IPV victimization, perpetration, and mutual IPV in a new generation of sexual minority men is cause for concern. This study corroborates previous research illustrating the considerable influence of childhood mistreatment on experiences of IPV later in life. These findings also extend the extant literature by identifying additional correlates of IPV among YMSM. As such, IPV prevention and intervention efforts may be improved by targeting individual factors (e.g., impulsivity), psychosocial experiences (e.g., gay-related stigma), and mental health states (e.g., PTSD).

Looking forward, we recommend the development and standardization of more sophisticated measures of IPV. These measures should be adapted for vulnerable populations, such as

YMSM. Further, longitudinal studies can help determine causal linkages to help understand what factors promote or inhibit the developmental trajectory of IPV over time.

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Table 1.

Sample sociodemographic characteristics of young men who have sex with men aged 18–19 years who have had a male partner in their lifetime: New York City, 2009–2011.

Characteristic	Total (n = 528) No. (%)
Race/ethnicity	
Hispanic/Latino	213 (40.3)
White non-Hispanic	152 (28.8)
Black non-Hispanic	86 (16.3)
Asian/mixed/other race	77 (14.6)
Perceived familial socioeconomic status	
Lower	180 (34.1)
Middle	193 (36.6)
Upper	155 (29.4)
Highest level of education	
Junior high school diploma	74 (14.0)
High school diploma/GED	449 (85.0)
Born in the US	
No	61 (11.6)
Yes	467 (88.4)
Sexual orientation	
Exclusively homosexual	225 (42.6)
Predominantly homosexual, only incidentally heterosexual	153 (29.0)
Predominantly homosexual, but more than incidentally heterosexual	71 (13.4)
Equally heterosexual and homosexual	61 (11.6)
Predominantly heterosexual, but more than incidentally homosexual	11 (2.1)
Exclusively heterosexual	0 (0.0)
HIV status	
Negative	522 (98.9)
Positive	6 (1.1)

Table 2. Bivariate correlations among key study variables in young men who have sex with men aged 18–19 years who have had a male partner in their lifetime: New York City, 2009–2011.

	Victimization	Perpetration	Mutual IPV	Mistreatment by adults	Impulsivity	Loneliness	GRS: personal	GRS: public	Depression
IPV Perpetration	.60**								
Mutual IPV	.73**	.88**							
Mistreatment by adults	.21**	.25**	.22**						
Impulsivity	.20**	.23**	.22**	.19**					
Loneliness	.16**	.12**	.14**	.20**	.23**				
GRS: personal	.17**	.12**	.14**	.16**	.04	.13**			
GRS: public	.09*	.19**	.15**	.26**	.06	.20**	.27**		
Depression	.23**	.24**	.24**	.32**	.32**	.48**	.18**	.17**	
PTSD	.27**	.25**	.27**	.32**	.32**	.44**	.22**	.25**	.66**

Note:

* $p < 0.05$;

** $p < 0.01$.

TABLE 3. Logistic Regression of Intimate Partner Violence on Individual, Psychosocial, and Mental Health Factors in Young Men Who Have Sex with Men Aged 18–19 Years Who Have Had a Male Partner in Their Lifetime: New York City, 2009–2011

Variable	IPV Victimization (n = 520)					IPV Perpetration (n = 520)					Mutual IPV (n = 520)					
	-2LL	Step χ^2	R ²	Wald	-2LL	Step χ^2	R ²	Wald	-2LL	Step χ^2	R ²	Wald	-2LL	Step χ^2	R ²	Wald
Block 1	675.12	23.16**	.04	614.71	27.41**	.05	566.92	24.41**	.05	23.60**						
Mistreatment by adults				21.98**				26.08**								
Block 2	656.25	18.87**	.08	592.97	21.56**	.09	545.36	21.56**	.09	13.06**						
Mistreatment by adults				12.35**				15.39**								
Impulsivity				9.08**				17.42**								14.79**
Loneliness				6.14*				1.25								3.32
Block 3	646.13	10.13**	.10	578.56	14.41**	.12	535.22	10.14**	.10	8.21**						
Mistreatment by adults				9.37**				9.10**								
Impulsivity				9.42**				18.74**								15.53**
Loneliness				4.60*				.24								1.74
GRS: personal				9.28**				1.44								3.88*
GRS: public				0.01				9.38**								3.08
Block 4	633.45	12.68**	.12	571.51	7.05*	.13	526.39	8.83*	.12	5.31*						
Mistreatment by adults				5.72*				6.21*								
Impulsivity				4.73*				12.72**								9.72**
Loneliness				0.34				.50								.00
GRS: personal				6.72*				.76								2.58
GRS: public				0.43				7.03**								1.58
PTSD				6.39*				1.82								3.13
Depression				0.53				1.43								1.11

Note: n = 520. IPV = intimate partner violence; GRS = Gay-Related Stigma; PTSD = Post-traumatic Stress Disorder. IPV perpetration, IPV victimization, and Mutual IPV are categorical variables (0 = no, 1 = yes) that were assessed with the Intimate Partner Violence Scale (Feldman, 2007). -2LL = -2 log likelihood; decreases from the previous model represent improvement in model fit. Chi-square is an

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estimate of the increment in variance explained provided by the particular step of the model (inclusion of new block to the model). Wald is a test of the variable's independent contribution to the postdiction of IPV, after holding other explanatory variables constant.

* $p < .05$.

** $p < .01$.