



2019

Intimate Partner Violence in the LGBTQ Community

Nomeil H. Boston

Follow this and additional works at: <https://digitalcommons.georgiasouthern.edu/honors-theses>

Recommended Citation

Boston, Nomeil H., "Intimate Partner Violence in the LGBTQ Community" (2019). *University Honors Program Theses*. 419.
<https://digitalcommons.georgiasouthern.edu/honors-theses/419>

This thesis (open access) is brought to you for free and open access by Digital Commons@Georgia Southern. It has been accepted for inclusion in University Honors Program Theses by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.

Intimate Partner Violence in the LGBTQ Community

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in

Department of Criminal Justice and Criminology

By

Nomeil Boston

Under the mentorship of Dr. Laura E. Agnich

ABSTRACT

Using prior research, I aim to address how intimate partner violence affects the LGBTQ communities and relationships. I also aim to identify barriers and what can be done to provide a better source of support. Using data collected from a survey administered at a large southeast university located in a rural area in 2014 with a sample size of 786 students, I examine sexual orientation, gender identity demographics, psychological concerns, prior victimization, alcohol, and drug use and compare LGBTQ to heterosexual respondents.

Thesis Mentor: _____

Dr. Laura E. Agnich

Honors Director: _____

Dr. Steven Engel

April 2019

Department of Criminal Justice and Criminology

University Honors Program

Georgia Southern University

Acknowledgements

I would like to gratefully thank Dr. Laura Agnich and Dr. Laurie Gould for providing helpful feedback, useful discussions, and encouragement throughout this entire process. I would like to thank the Criminal Justice and Criminology Department and the Honors Program for this amazing opportunity.

Intimate partner violence is a serious problem that affects people of all backgrounds regardless of race, gender, social class, or sexual orientation. According to the Centers for Disease Control and Prevention (2018:1), intimate partner violence (IPV) is defined as “physical, sexual or psychological harm by current or former partner or spouse.” When someone hears intimate partner violence they do not usually think of lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) couples due to the heteronormative nature of society. The world views heterosexuality as the norm and it’s the preferred sexual orientation in our society. Indeed, most of the existing research has focused on heterosexual couples, which is problematic given that IPV is prevalent within the LGBTQ community. Given the paucity of research in this area, the current study will examine the health concerns and barriers to receiving help placed on those in the LGBTQ community experiencing IPV.

Literature Review

Health Concerns

Individuals experiencing IPV are at high-risk for physical and psychological health damages, including HIV/STDs, Post-Traumatic Stress Disorder, stress and other complex traumas. Research has been conducted to explain why and how these health concerns manifest for those experiencing IPV. Melendez and Heintz (2006) examined HIV/STD risk among LGBTQ individuals who have experienced intimate partner violence. The researchers surveyed a total of 58 individuals who identified as being lesbian, gay, bisexual or transgender who were questioned about their partner and relationship including any current and past abuse. The results made it clear that these members of the LGBTQ community were at greater risk for HIV and sexually

transmitted infections (STIs). The results revealed that almost one-half of all the participants were forced to have sex with an abusive partner (Melendez & Heintz, 2006). Results also revealed that safe sex was often declined in attempt to avoid problems with their significant other (Melendez & Heintz, 2006). Furthermore, some participants reported experiencing abuse because of them asking for safer sex, placing them at a greater risk for HIV/STI because they are afraid to protect themselves from their abusive partner. Health-care professionals should be more cautious and understanding when dealing with a LGBTQ patient who maybe experiencing IPV. Having understanding helps health-care professionals provide victims with a safe environment and information about available assistance.

Buller, Devries, Howard, & Bacchus (2014) examined health risks among men who have sex with men (MSM). Their research included 13,797 participants from 13 electronic databases. They found that MSM who have been exposed to IPV have higher rates of depression symptoms. Buller et al. (2014) also found that unprotected sex is high among MSM, which also correlates with a higher risk of contracting HIV. HIV risks are greater within this population because MSM are afraid of what their partner may do or say if they know their HIV results.

HIV and STIs are not the only health concerns for those with abusive partners; they also endure a great amount of stress. In same-sex relationships along with being abused, they also deal with homophobia, discrimination, stigma, and victimization (Ristock, 2005). Carvalho et al. (2011) explored the stress faced by minorities in abusive same sex relationships. Carvalho et al. (2011) surveyed a total of 581 gay men and lesbians and found higher levels of stigma consciousness among victims and perpetrators. They found that discrimination based on sexual orientation is also linked to IPV. Understanding the hardships faced by many in the LGBTQ community essential

to reducing IPV and increasing help for victims. Edwards and Sylaska (2013), also studied minority stress among LGBTQ individuals, focusing on college youth. Their research consisted of 391 college students who were involved in same-sex relationships. Their results showed that sexual, physical, and psychological violence were all related to one another. The overwhelming majority (73%) of participants reported being harmed because of their sexual orientation (Edwards & Sylaska, 2013). Findings also revealed that, internalized homo-negativity was the stress variable that was closely linked to same-sex partner violence. However, to fully determine factors there must be more research done to examine and have a better understanding of minority stressors that affect the LGBTQ community.

Barriers to receiving assistance

Clearly IPV in LGBTQ relationships does not receive the same level of attention or support compared to heterosexual couples, despite similar rates of victimization between groups. According to Ristock (2005), IPV in the LGBTQ community occurs at the same rate or even higher than heterosexual relationship violence. Many studies have examined the barriers they face while dealing with IPV and why they are less likely to reach out for help and receive it. Research shows that homophobia, biphobia, transphobia, and heterosexism make it more difficult to address and fix the problem of IPV in the LGBTQ community. Duke and Davidson (2009), discussed how abusers use outing as a tool to manipulate the victim. Specifically, the abuser may threaten to reveal that the victim is closeted gay. These barriers only prevent the LGBTQ community from speaking up about IPV. IPV in the LGBTQ community is viewed differently from heterosexual couples because being a part of that community is not the norm. In our society anyone who is deemed different can be subject to hate and discrimination. Many

people in the LGBTQ community are discriminated against, making it difficult to receive the support they need.

Ristock (2005) examined current research on IPV in the LGBTQ community and discussed several barriers to support services. Ristock (2005:5) stated that the LGBTQ community is reluctant to report abuse because "they do not want to be seen as betraying the LGBTQ community and/or they may be concerned with homophobic and/or transphobic responses." Because same-sex couples are viewed as unusual in today's society, many do not report the abuse because they feel as if it will only hurt the community. It is also difficult for victims to know who accepts them and genuinely wants to help. Ristock (2005) also notes that they fear the abuse will prove that same-sex relationships are unhealthy, which serves to prevent victims telling friends and family.

Pattavina et al. (2007) compared police response to IPV incidents for heterosexual and same-sex couples. This is another barrier the LGBTQ community faces along with the previous barriers. Their data was collected from the National Incident-Based Reporting System database and included 19 states and 176,488 incidents. The results showed that incidents involving same-sex couples and heterosexual couples were equally likely to result in arrest. One variable that plays a role in these results is the number of heterosexual couples and same-sex couples. Fewer than 1% of the sample were same-sex couples. Even though this data shows the most accurate results, the LGBTQ community is sometimes skeptical about reporting their incidents to the police.

The LGBTQ community receives little to no support when dealing with intimate partner violence. Healthcare professionals can include resources and pamphlets on IPV, as well as provide patients information about HIV/STD risks. Ristock (2005) suggested

that we must be willing to listen to the concerns and experiences of the LGBTQ community. In order to understand, we must know. Ristock (2005) also suggested that service providers create a safe environment for all who experience discrimination.

More research must be done to better understand issues faced by the LGBTQ community and the barriers they endure in order to receive help. There will always be people who have issues with same-sex couples but the LGBTQ community should not have to continue to be scared to speak up about violence. With the help of the police, community, service providers, and health care providers, the LGBTQ community will be able to overcome and reduce intimate partner violence.

Psychological consequences

Psychological consequences of IPV can include from anxiety disorders, depression, sleep deprivation, bipolar related disorders, and trauma related stress disorders. "Many LGBT individuals experience high levels of anxiety about being rejected by friends and family members before disclosure, and for many rejections is what they experience once they do disclose identifying as LGBT" (Stevens, 2012:30). Research has shown that prejudice and discrimination can be linked to various forms of mental health. LGBTQ individuals face several forms of prejudice and discrimination. They experience homophobia, outing, and harassment which can take place anywhere.

Schumacher, Bishop, and Copezza (2014), examined how prejudice and discrimination can affect the mental health status of an LGBTQ individual. Schumacher et al. (2014:125) stated, "Events of discrimination, prejudice, and stigmatization, have long been empirically linked to many mental health consequences and disparities." Their research supports the assumption that LGBTQ individuals who have experienced discrimination suffer from mental health symptoms. One mental health disorder they

discuss is mood disorders. It's reported that LGBTQ individuals are two times more likely to suffer from mood and anxiety disorders compared to heterosexual individuals.

(Schumacher et al, 2014:127) *Substance Abuse*

According to Stevens (2012), substance abuse is a major problem in the United States. Recent research has shown an increase in the use of drugs and alcohol in the past years. Substance abuse is also another major problem prevalent in the LGBTQ community. Chaney & Brubaker (2012), examined substance abuse present in the LGBTQ community and found that addiction is not properly treated. In particular they note, "substance abuse and addictive disorders are typically not talked about within the LGBTQ communities, and there is little discussion about LGBTQ issues among addiction providers and researchers" (Chaney & Brubaker: 234). These authors suggest that more research be done to better understand the motivation behind the substance abuse and addiction.

Prior research indicates that drug and alcohol use is higher among the LGBTQ community compared to heterosexual individuals. Stevens (2012), examined current research about alcohol and drug use among lesbian, bisexual, and transgender (LBT) individuals. The author also examined possible causes for higher rates of substance abuse within the LBT community. Stevens (2012) found that LBT women are more likely to report dealing with substance abuse than heterosexual women. Research also shows that LBT women deal with substance abuse at a higher rate than heterosexual women. Harassment and IPV could be one cause of substance abuse. Stevens (2012) found that IPV and individuals who abuse alcohol and drugs had a positive relationship. Stevens (2012) has also found that rejection from family and peers is associated with higher use of alcohol and drugs. This shows that family and friends can have a huge impact on an individual's life and decisions.

Methods

Data and Sample

The data used is derived from a survey administered at a large southeast university in 2014 to a sample of 786 undergraduates. To assure representativeness, courses were stratified by class size and randomly selected from a sampling frame of all spring 2014 classes excluding online and graduate courses. Professors were asked if their class could participate in the survey. In the case that a professor refused, another class was randomly selected.

The participants in selected courses were asked to fill out a 13-page pen and paper survey that assessed their IPV experiences as well as demographic characteristics, emotional and physical health, alcohol and drug use, and prior victimization. The survey questioned participants about both adolescence and college experiences.

Dependent Variables

The dependent variables in this study are prior victimization, emotional and physical health, and drug and alcohol use. The questions related to victimization history and health include: (1) When you were in middle school, or high school, were you ever forced by your boyfriend or girlfriend to do sexual things that you didn't want to do, (2) When you were in middle school or high school, did your boyfriend or girlfriend ever insist on having sex when you didn't want to, (3) when you were in middle school or high school, did you ever feel ashamed of humiliated by, embarrassed, or afraid something your significant other or did to you that you didn't

want anyone else to know about it. These three questions were coded as 0 = *no* and 1 = *yes*. Participants were also asked, “Have you ever experienced any of the following as a result of violent or emotional victimization? Check all that apply.” The respondents could choose from the following items: (1) insomnia, (2) depression, (3) anxiety, (4) afraid to leave the house, (5) withdraw from personal relationships, and/or (6) avoid social situations. Each response option was coded 1 = *yes* and 0 = *no* to indicate whether the respondent experienced that physical or emotional response to victimization.

Alcohol and drug use were examined using the following question, “Do you use recreational drugs?” This question was coded as 0 = *no* and 1 = *yes*. The respondents were also asked “Approximately how many alcoholic beverages do you consume per week?” The question was coded as 0 = None, 1 = 1-5, 2 = 6-10, 3 = 11-15, 4 = 16-20, 5 = more than 20 per week.

Independent Variables(s)

This study will examine whether each measure of victimization history, emotional and physical responses to victimization, and drug and alcohol use vary by participants’ sexual orientation and gender identity. Therefore, sexual orientation and gender identity are the independent variables of this study. Participants were coded as LGBTQ or heterosexual and cisgender based on combining two dichotomous items. First, respondents were asked to report their sexual orientation, coded dichotomously so that 1=*lesbian, gay, bisexual, or other*, and 0=*heterosexual*. Then, respondents were asked to report their sex, with the option to select transgender, coded 1=*yes*, 0=*no*. The combination of these items created the LGBTQ measure used as the independent variable. A score of 1 indicates the respondent identified as having

a lesbian, gay, bisexual, or other sexual orientation, and/or identified as transgender, and a score of 0 indicates the respondent identified as heterosexual and cisgender (i.e. non-transgender).

Hypotheses

Based on the literature review, I hypothesize that a higher number of LGBTQ individuals will report experiencing negative physical and emotional responses to IPV compared to heterosexual and cisgender respondents. Melendez and Heintz (2006), researched displayed the physical and emotional health risks the LGBTQ community has faced. They are at a higher risk of HIV/STIs and psychological disorders. I also hypothesize that the LGB community will have a higher percentage of drug and alcohol use compared to heterosexual individuals. I also hypothesize that the LGB will report prior victimization at a higher rate than heterosexual individuals.

There are many barriers the LGBTQ community face in general. On a daily basis, they may experience discrimination, rejection, bullying, and homophobia (Ristock, 2005). Therefore, the LGBTQ community may be scared to speak up or seek help about the violence they're facing and may know less about potential avenues for help and support than heterosexual and cisgender respondents.

Analytic Strategy

The data was analyzed using SPSS software. Univariate methods are used for my descriptive statistics in this study. The univariate method of analysis used for my variables are mean and percentages. To examine the relationship between the dependent variables and LGBTQ status cross tabs with chi-square test were used. The chi-square test is used to discover if there is a statistically significant difference

between the health concerns, barriers, physical and emotional responses to IPV and LGBTQ identity in the sample studied.

Table 1: Characteristics of Sample

	N	%
Gender		
Male	359	45.7
Female	400	50.9
Transgender	2	.3
Other	1	.1
Total	762	96.9
LGB		
No	697	93.3
Yes	50	6.7
Total	747	95.0
Drug use		
No	615	78.2
Yes	150	19.1
Total	765	97.3
Alcohol Consumption (Per week)		
None	259	33
1-5	313	39.8
6-10	92	11.7
11-15	43	5.5
16-20	34	4.3
More	22	2.8
Total	763	97.1
Psychological Concerns		
Insomnia	76	9.7
Depression	162	20.6
Anxiety	31	16.7

Fear of leaving the house	28	3.6
Withdrawal from personal relationships	123	15.6
Avoidance of social situations	109	13.9
Other	16	2.0
<hr/>		
Prior Victimization		
No	646	82.2
Yes	138	17.6
Total	784	99.7
<hr/>		

Table 2. Descriptive Statistics by Sexual Orientation

	LGB		Heterosexual		Chi Square Test <i>p-value*</i>
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Drug Use					.009**
No	32	5.3	567	95.0	
Yes	17	12	129	17.3	
Alcohol Consumption					.353
None	12	4.7	239	95.2	
1-5	24	8.0	280	92.1	
6-10	8	8.8	82	91.1	
11-15	3	7.5	37	92.5	
16-20	0	0	33	100	
More	1	4.5	21	95.4	
Psychological Concerns					
Insomnia	10	13.16	66	86.84	.026*
Depression	19	39.58	29	60.42	.006**
Anxiety	12	25	36	75	.242
Fear of leaving house	8	16.67	40	83.33	.000***
Withdrawal from personal relationships	15	31.25	33	68.75	.015*
Avoidance of social situations	14	29.17	34	70.83	.011*
Prior Victimization					.033*
No	118	16.98	577	83.02	
Yes	15	30	35	70	

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Results

Table 1 displays the sexual orientation of the sample. In the sample, 6.7% expressed their sexual orientation as LGB, while 93.3% identified as heterosexual. The percentage of individuals who have experience using alcohol and recreational drugs is also displayed in table 1. Approximately 19% reported using recreational drugs while roughly 64.1% reported consuming alcohol. Psychological concerns and prior victimization is also displayed in table 1. Around 82% self-reported psychological issues including insomnia, depression, anxiety, fear, withdrawal, and avoidance, and approximately 18% of the sample reported prior victimization beginning early on in middle school and/or high school.

Table 2 displays results from a cross tabulation with chi-square test for statistical significance comparing heterosexual and LGB individuals. 12% of LGBT individuals reported using recreational drugs, while 17% of heterosexual individuals reported using recreational drugs. 92% of heterosexual individuals reported consuming alcohol at least one alcoholic beverage a week while 8% of LGBT reported consuming alcohol. There was no statistically significant difference between the use of alcohol in LGBT and heterosexual individuals. For psychological concerns, 13.16% of the respondents experiencing insomnia, almost 40% who experienced depression, and 25% of those who reported anxiety were LGB. In addition, 16.67% of those who reported fear of leaving the house, 31.35% who experienced withdrawal from personal relationships, and 29.17% who reported avoidance of social situations were LGBT. The differences LGBT and heterosexual respondents were all statistically significant except anxiety. With regard to prior victimization, only 17% of the sample who reported no prior victimization identified as LGBT compared to 83%

of the heterosexual respondents. 30% of the respondents who reported experiencing prior victimization were LGBT ($p < .033$).

Discussion

This current study examines and compares IPV in LGBT and heterosexual college students. The study's primary focus was alcohol and drug use, psychological issues and prior victimization. I found that although more heterosexual students reported using more drugs and alcohol, the results for LGBT was still statistically high for the sample of LGBT students. Compared to heterosexual students, LGBT students self-reported more psychological issues. For the sample that reported being LGBT, the percentage was statistically significant for all issues except anxiety.

LGBT are an at-risk group because of the negative connotation attached to their community. From prior research we've learned that homophobia, discrimination, and rejection are just three of many barriers the LGBT community face. Prior research has shown that LGBT individuals consume more alcohol and drugs, have more psychological issues and have a higher rate of prior victimization. Shorey, Stuart, Brem, & Parrott (2018), examined and found that IPV and alcohol use is as high in LGBT communities as it is in heterosexual communities. Even though IPV is not discussed as much in the LGBT community, it's prevalent in their community. Members of the LGBT community are exposed to a variety of stressors that can play a major role on their mental state. Miller and Irvin (2017), LGBT victims were more likely diagnosed with depression and anxiety than their heterosexual counterparts.

Based on my findings the LGBT community are at a higher risk for psychological issues. More resources should be brought forth that are specifically available to the LGBT community. There are many shelters but LGBT individuals are

afraid to seek help because of discrimination, rejection, and bullying. There needs to be places that addresses the LGBT community individual needs. All responses concerning psychology issues were statistically significant except anxiety. The differences in the use of recreational drugs were statistically significant as well. Alcohol and drug awareness should be a topic discussed with anyone experiencing IPV.

Limitations

This study contained many limitations. There were a limited number of LGB students who participated in the study. Future research should focus on sampling groups of sexual minorities and trying to gain larger samples of LGB students so they can be represented well in the study. Another limitation of my sample was that many questions were left unanswered. So, there wasn't a significant total all around. Finally, the location and setting of the sample. The focus of the sample was at a university in rural southeast United States, which limits the generalizability of the results. Future researchers should continue looking into the topic. They should also include qualitative studies involving in-depth interviews with LGBTQ individuals to better understand the relationship between victimization and its effects on mental health, physical health, and drug and alcohol use.

Conclusion

More research must be done about IPV and how it affects the LGBT community. There are very limited number of studies regarding this particular topic. There is also little research done that addresses transgender. Further research must be done to effectively address the issues concerning LGBT and IPV. This study along

with prior research contributes to the literature by examining alcohol and drug use, psychological issues and prior victimization. It's important for physicians, college professors, and university officials to be educated on the barriers and issues faced by the LGBT community. In order to help the LGBT community successfully, one must understand the things they go through and the steps it took for them to get this far.

References

Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: a systematic review and meta-analysis. *PLoS medicine*, 11(3), e1001609.

Chaney, M. P., & Brubaker, M. D. (2012). Addiction in LGBTQ communities: Influences, treatment, and prevention. *Journal of LGBT Issues in Counseling*, 6(4), 234-236.

Duke, A., & Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 795-816.

Edwards, K.M., Sylaska K.M. (2013). The Perpetration of Intimate Partner Violence among LGBTQ College Youth: The Role of Minority Stress. *Journal of Youth & Adolescence*, 42, 1721-1731

Melendez, R.M. & Heintz, A.J. (2006). Intimate partner violence and HIV/STD risk among Lesbian, Gay, Bisexual, and Transgender individuals. *Journal of Interpersonal Violence*, 22, 193-208.

Miller, B., & Irvin, J. (2017). Invisible scars: comparing the mental health of LGB and heterosexual intimate partner violence survivors. *Journal of homosexuality*, 64(9), 1180-1195.

Pattavina, A., Hirschel, D., Buzawa, E., Faggiani, D., & Bentley, H. (2007). A comparison of the police response to heterosexual versus same-sex intimate partner violence. *Violence Against Women*, 13(4), 374-394.

Ristock, J. (2005). Relationship violence in Lesbian/Gay/Bisexual/Transgender/Queer/[LGBTQ] communities: Moving beyond a gender-based framework. *Violence Against Women Online Resources*

Schumacher, E. C., Bishop, C. N., & Capezza, N. M. (2014). Prejudice, discrimination and mental health status within the lesbian, gay and bisexual community. *Psychology of Prejudice: New Research*, 121-134.

Shorey, R. C., Stuart, G. L., Brem, M. J., & Parrott, D. J. (2018). Advancing an Integrated Theory of Sexual Minority Alcohol-Related Intimate Partner Violence Perpetration. *Journal of Family Violence*, 1-8.

Stevens, S. (2012). Meeting the substance abuse treatment needs of lesbian, bisexual and transgender women: implications from research to practice. *Substance abuse and rehabilitation*, 3(Suppl 1), 27.