

# Reconceptualization of the Similarities and Differences in Risk Factors of Same-Sex and Different-Sex IPV: An Integrative Literature Review

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## ABSTRACT

Researches on intimate partner violence (IPV) mostly focus on heterosexual relationships. Whereas, it is undeniable that conflicts also occur in same-sex relationships and have a relatively high prevalence. Same-sex IPV (SS IPV) may have certain characteristics that are unique or different from different-sex IPV. These differences can produce new frameworks and perspectives in the discussion of IPV. In this article, integrative literature review is used as a research method to analyze the literatures on risk factors of SS IPV and different-sex IPV and offer new insights related to IPV and its intervention. Two models about similarities and differences between risk factors of IPV in heterosexual and homosexual relations are described and evaluated. According to Model 1, the same factors increase the likelihood of IPV both in heterosexual and homosexual relationships. However, there may be some parts of those factors that differ. According to Model 2, different risk factors underlie IPV in heterosexual and homosexual relationships. From the results of the conducted critical analysis, it is concluded that Model 1 better explains the dynamics in the risk factors of SS IPV and different-sex IPV. Nonetheless, Model 2 cannot be disregarded completely because it is also supported by certain evidence. In other words, the factors that can cause IPV in homosexual relationships are largely the same as those of the heterosexual but the existing differences also need attention. Implications for appropriate assessment and intervention are discussed.

**Keywords:** *IPV risk factors, same-sex intimate partner violence, different-sex intimate partner violence, violence, intimate partner violence*

## 1. INTRODUCTION

Intimate partner violence (IPV) is a term that includes domestic violence and violence in dating. The type of violence committed can be physical, psychological, verbal, sexual, or a combination of them. IPV is often discussed with regard to sex differences between perpetrators and victims and their dynamics in the events that occur. In other words, IPV is associated with gender-based violence, namely violence which reasons are based on a particular gender or gender identity. For example, most cases of domestic and dating violence reported in the mass media are different-sex IPV where the perpetrator is male while the victim is female. In fact, the law governing the elimination of domestic violence in Indonesia (Law No. 23 of 2004) defines domestic violence as any act that results in misery or suffering of someone, *especially* women. Research on psychological violence was also dominated by men as perpetrators and women as victims [1].

On the other hand, IPV research and review in same-sex relationships are fewer, especially in countries where the

level of acceptance of LGB groups (lesbian, gay, bisexual) is relatively low and same-sex marriage is not legalized (like Indonesia). Whereas, it cannot be denied that violence also occurs in same-sex relationships and has a relatively high prevalence. Research conducted by Carvalho, Lewis, Derlega, Winstead, and Viggiano [2] on 581 gays and lesbians in America found that around 25% of them experienced same-sex victimization and nearly 10% admitted that they were perpetrators. Interestingly, almost all participants who became perpetrators have also been victims. Using more representative data, namely from the section "Violence and threats of violence against women and men" in the National Violence Against Women Survey or NVAWS, Messinger [3] compared IPV in LGB and heterosexuals. All types of IPV (verbal, controlling, physical, and sexual) are about 2 times more common among gays, lesbians, and bisexuals than heterosexuals. When gender variables are controlled, it is found that having an LGB identity does indeed increase the risk of victimization. It was also found that heterosexual men were the least likely to experience

sexual IPV, followed by LGB men, heterosexual women, and LGB women. However, the data are available only for couples who are cohabiting or married. Similar results were found from The National Intimate Partner and Sexual Violence Survey (NISVS) in 2010 [4]: in the categories of rape, physical violence, and stalking, the lifetime prevalence for lesbians was 43.8 %, bisexual women 61.1%, heterosexual women 35%, gay 26%, bisexual men 37.3%, and heterosexual men 29%. In the psychological aggression category, the lifetime prevalence for lesbians was 63%, bisexual women 76.2%, heterosexual women 47.5%, gay 59.6%, bisexual men 53%, and heterosexual men 49.3%. From these data it can be seen that in general the prevalence rate of IPV is generally higher for gay, lesbian, and bisexual individuals than heterosexuals. Research on 4081 American students also showed that individuals in same-sex relationships were more likely to have and/or experience IPV that results in physical injury, even after the influence of several confounding variables were controlled [5].

In Asia, there is a study conducted by Li and Zheng [6] in China which showed that out of 272 male participants who were having or had same-sex relationships in the past, 47% had been involved in IPV. Most of them have played a role as victim as well as perpetrator. Psychological aggression is the most common form of the violence, followed by sexual coercion and physical violence. Around 65.1% of participants also reported involvement in various forms of cold violence. Similar study also conducted in China by Ibragimov et al. [7] using three different methods to obtain samples showed that 32.7% of 1335 participants were involved in 1-2 forms of IPV and 13.6% were involved in more than 2 forms.

All of the data above shows that the phenomenon of IPV in same-sex relations deserves special attention, even though LGB group can be classified as minorities when compared to heterosexual group. This same-sex IPV phenomenon may have certain characteristics that are unique or different from different-sex IPV. Differences and similarities between the two can produce a new framework and perspective for understanding IPV. Those are important considerations when designing and implementing appropriate interventions.

## 2. METHOD

In this article, the authors use the integrative literature review as a research method to analyze the literature on risk factors of same-sex intimate partner violence (SS IPV) and different-sex IPV and offer new insights related to IPV and its interventions in this regard. This is in accordance with the understanding of integrative literature review as a form of research that examines, criticizes, and synthesizes representative literature on a topic in an integrated manner so that a new framework and perspective on the topic is produced [8]. Keywords used in the article search include same-sex intimate partner violence, same-sex violence, same-sex intimate partner

violence risk factors, risk factors intimate partner violence, and intimate partner violence. The author used the campus (Universitas Indonesia) search engine that gives access to e-Resources such as SAGE Publications, ProQuest, EBSCOhost, and SpringerLink, in addition to Google Scholar searches. No specific date range was specified, but none of the articles was published before 2002. In total, 19 representative articles were found.

Two models regarding the similarities and differences in risk factors that can cause IPV in heterosexual and homosexual relationships are proposed. The extent to which the accumulated evidence from existing studies supporting each model will be discussed. Next, the author will draw conclusions and discuss the implications for further research, assessment, and intervention on IPV in gays, lesbians, and bisexuals as a minority group.

## 3. RESULTS

### 3.1. Model 1

Based on the first model, there are same risk factors that cause IPV in heterosexual or homosexual relationships. However, in some factors there may be certain aspects that are different.

#### *Conflict and Anger Management*

Chong, Mak, and Kwong's [9] research in Hong Kong identified poor ability in conflict and anger management as a risk factor for physical and psychological violence in same-sex relationships. Likewise, if there are frequent disputes in the opposite-sex relationships then the possibility of violence will also increase. However, what makes the difference is that homosexual couples can experience conflicts related to their LGB identity, for example families or neighborhoods that do not welcome this identity and anxiety in displaying affection in public spaces. On the other hand, heterosexual couples can experience conflicts around gender roles, for example the failure or unwillingness of women to fulfill conservative gender roles such as giving birth to children, educating children, and taking care of the household [10].

Along with the lack of ability to regulate anger, violence can act as the means to channel frustration and stress resulting from these conflicts. Research using semi-structured interview on 69 gay and bisexual men conducted by Stanley, Bartholomew, Taylor, Oram, and Landolt [11] found that 88% of the cases of IPV that occurred were the result of an escalation of arguments and ongoing conflicts. It was also found that more than 70% of cases were based on the desire to express anger or frustration.

When associated with the type of IPV carried out, it was found that psychological aggression mediates the relationship between conflict and physical beating and between anger management and physical beating [9]. This shows that psychological violence tends to progress into physical violence if the causes are not resolved. This issue

is similar to what occurs in heterosexual couples. In other words, the prevalence of IPV types is not related to sexual orientation [3]. Physical violence is most often experienced together with psychological violence and sexual violence is most often experienced together with physical and psychological violence. The increasing severity of physical violence is directly proportional to emotional violence [11].

The low ability to address conflicts properly is also related to the communication style used. A fairly common theme is the interaction where one party is very demanding while the other party withdraws [11]. The interesting thing is that on the one hand those who wish their partners to be more involved in relationships can use violence to do so, but on the other hand those who choose to avoid can be provoked into violence when they feel strongly cornered or trapped.

#### *Power Imbalance*

Chong, Mak, and Kwong [9] found that in same-sex relationships, individuals who were more dominant in relationships were more likely to carry out psychological aggression against their partners. This finding is in line with the results of Li and Zheng's [6] research that the duration of the relationship has a positive correlation with some subtypes of cold violence and controlling behaviors, which might indicate that the perpetrator dominates the relationship. However, this risk factor may not be considered prevalent in IPV cases. In the research of Stanley et al. [11], only 10% of participants said that their main purpose in committing violence was to control or influence their partners. They also found that 68% of cases could be categorized as relationships in which one or both parties committed violence, but neither of them was dominant or controlling. Conversely, only 7% of cases in which there is one dominant party.

Power imbalance can also increase the risk of IPV in opposite sex relationships, but the existence of this imbalance is sometimes related to the perceptions of the roles of men and women. Many cultures emphasize indicators of success that must be achieved by men and failure in this case can make men feel helpless. In an effort to remain a dominant and powerful party, men can use violence against their partners [10]. Husbands tend to try to influence or control more varied behavior of their wives, including leaving without permission, talking too long with neighbors, and dinner not being ready when they go home [12].

#### *Jealousy and Infidelity*

In gay and bisexual men, the theme of infidelity is quite common in cases of violence (20%) [11]. There is violence that occurs because participants witness with their own eyes that their partners are having an affair while others are just limited to jealousy and suspicion. In heterosexual couples similar things are found. Qualitative study on 17 couples indicated that chronic anxiety about disloyalty becomes a stressor in relationships and at some point triggers violence [13]. In a study in the Philippines, jealousy as a source of conflict is more commonly found in violence done by husbands rather than wives [12].

Husbands may become violent because of jealousy or because his wife is jealous and nags about it. Negotiations regarding the extent to which the relationship is monogamous or open seems to be very important in both same-sex and opposite-sex relationships.

#### *Substance Abuse*

In same-sex relationships, it was found that individuals who abuse substances (drugs and alcohol) are 1.96 times more likely to physically beat their partners [9]. The same thing is found in heterosexual relationships [10]. Alcohol and drugs affect the part of the brain that regulates attention and executive functions [14], including the ability to monitor errors, so that the individuals do not realize that they are making mistakes or bad decisions. In a husband and wife relationship, apart from the drunkenness caused by alcohol itself, the thing that causes conflict is when the husband spends a lot of money to buy alcohol [12].

#### *Sexism*

Li and Zheng [6] found an interesting thing that ambivalent sexism theory (AST), which states about the existence of sexist attitudes toward both men and women, was also able to explain the phenomenon of SS IPV in men, not just in different-sex IPV. Although the relation is between man and man, ambivalent and hostile attitudes towards men and women have a significant correlation with victimization due to IPV and cold violence. The applications of AST in same-sex relationships warrant further research. In the opposite sex relationships, men who have a benevolent sexist attitude towards women do less IPV [15]. In line with this, women who also have a benevolent attitude about themselves have a lower risk of victimization. This finding indicates that if women accept that they have a lower status than men, men become calmer and thus do not commit violence. Another research showed that in men, hostile sexist attitudes are positively related to IPV and this attitude also moderates the relationship between alcohol consumption and physical violence [16].

#### *Demographic Factors*

In same-sex relationships, income has a weak but significant negative correlation with physical violence [9]. This is in line with the findings of studies on opposite sex relationships where poverty is associated with more frequent and more severe violence [10]. However, there is a uniqueness in the opposite sex relationship if in the context of poverty women become breadwinners while men are not working (there is an economic imbalance). The risk of conflict and violence can increase if men feel their masculine identity is threatened because of it, especially if they live in an environment or society with a strong male domination ideology.

Regarding race and education, white lesbians and bisexual women (compared to colored ones) and those with high education have lower levels of involvement in IPV, both as perpetrators and victims [17]. Education also has a negative relationship with violence on the heterosexual

relationship [10]. With a high level of education, individuals can increase protective factors against violence such as developing networks and social support, self-confidence, financial independence, ability to use information and resources available in the community, and so on.

In terms of gender identity and roles, Gerstenberger, Stansfield, and Williams [18] found that female perpetrators in SS IPV had a higher likelihood of returning to violence (and thus higher level of rearrest), similar to male perpetrators in different-sex IPV. Because violence is often associated with masculinity, it is possible that this resemblance denotes that both have strong masculine identity. However, this needs to be further investigated because it has been found that in lesbians, butch/femme identity are not related with variables of domestic violence [17]. A lesbian is said to have a butch identity if her characteristics are more masculine and conversely a femme identity if more feminine. However, the same research also found a weak but significant correlation between femme identity and victimization due to psychological violence. A possible explanation is that femme lesbians are more prone to experience insults because the lesbian community tends to reject femininity and has more respect for butch or androgynous identity.

### **3.2. Model 2**

The second model assumes that the risk factors that cause IPV in heterosexual and homosexual relationships are different.

#### *Minority Stress*

One risk factor that is generally not experienced by heterosexual couples but experienced by homosexual couples is minority stress related to their sexual orientation identity. Meyer [19] formulates a model that explains the process of minority stress as an interaction between external stressors, namely factual and objective events and conditions that occur, with internal stressors that are subjectively processed by individuals and depend on their perceptions and judgments. In the context of same-sex relationships, from several studies it is known that internal stressors have a positive relationship with various forms of IPV while external stressors do not [20].

One component of internal stressors of minority stress experienced by gays and lesbians is the stigma of consciousness, which is the individual's presupposition or assumption that he or she will be prejudiced and experience discrimination due to having sexual orientation that is different from most people. Carvalho et al. [2] found that individuals involved in SS IPV had a higher awareness of stigma consciousness than those who did not. In fact, individuals with high stigma of consciousness are almost twice as likely to be IPV perpetrators. Graham et al. [5] also suggested the possibility that same-sex couples experience IPV with a higher level of risk (resulting in physical injury) because of this minority stress.

The second component of minority stress that is also uniquely experienced by homosexual groups is related to decision making, whether as individual or couples, about how and when to reveal their identities and relationships to others (self-disclosure). This process will determine the extent of an individual's openness regarding his sexual orientation in the midst of his or her environment. However, research shows mixed results. Carvalho et al. [2] found that victimization due to SS IPV had a positive relationship with openness while Balsam and Szymanski [17] found that openness did not correlate with any variable of domestic violence. The difference in results is presumably because each has its own explanation. The higher the level of openness, the estimated duration of the relationship is also longer and thus there is a longer period of time that also allows the occurrence of IPV. Conversely, individuals can actually choose not to be open for fear of experiencing discrimination and thus the possibility of being able to establish relationships and experience IPV is also reduced.

The third component of internal stressors in minority stress mechanism is internalized homophobia. This variable can be understood as the negative beliefs or dislikes that gay, lesbian, and bisexual people have about their sexual orientation and/or LGB groups in general. Studies have once again shown mixed results. Balsam and Szymanski [17] found that there was an almost significant correlation ( $p = .056$ ) between the level of internalized homophobic beliefs with being a perpetrator of domestic violence and a significant correlation with being victims of domestic violence. This can occur because individuals who internalize negative beliefs about themselves in relation to their sexual orientation are more likely to remain in a relationship colored by violence because they feel they deserve to be treated as such. When the relationship quality variable was taken into account as a mediator, it was found that the correlation between internalized homophobia and domestic violence that occurred during the past year was fully mediated by the quality of the relationship. On the other hand, it was also found that internalized homophobia was not associated with involvement in IPV [2] [9].

## **4. CONCLUSION**

In researches or theories conceptualization about IPV, violence that occurs in same-sex relationships is often missed for consideration. In fact, the phenomenon of IPV in homosexuals can enrich the treasury of theory and understanding of IPV. In this article, SS IPV and different-sex IPV risk factors are examined and compared. It is hoped that this will contribute to rearrange the framework of thoughts about the predictors of IPV. From the results of the critical analysis conducted, it can be concluded that Model 1 can better explain the dynamics in risk factors for SS IPV and different-sex IPV. However, Model 2 cannot be ignored because it is also supported by certain evidence. In other words, the factors underlying IPV in

same-sex relationships are mostly the same as those of the opposite sex but there are differences between them that need special attention.

Future studies can explore this matter further, especially on risk factors where there are still contradictory results such as gender identity, internalized homophobia, and self-disclosure/coming out. Further research can also seek understanding whether the same risk factors between the two groups have the same or different effects. This is useful in being able to formulate appropriate interventions. Regarding SS IPV, researchers need to be careful in making assumptions, see first whether differences in masculine-feminine identities play a role in it, and pay attention to the context or circumstances underlying the occurrence of the IPV, including cultural, historical, social factor, etc. [1]. Most of the literature on SS IPV originates from America and thus the sample lacks diverse ethnic and racial backgrounds. America is also a country where LGBs are generally accepted and given the same rights as heterosexual couples (like being able to be married and adopt children legally). Therefore, research on SS IPV needs to be reproduced in countries other than America to see if there are similar risk factor models.

## **5. IMPLICATIONS FOR SAME-SEX IPV ASSESSMENT AND INTERVENTIONS**

From the results of the literature review conducted, it is argued that risk factors that increase the likelihood of IPV in heterosexual relationships are also very likely existing in same-sex relationships. Therefore, service and intervention providers for perpetrators and victims of IPV need to have an open attitude towards the LGB group. In addition, even though most of the risk factors between the two populations are the same, it cannot be denied that there are also some differences. Unfortunately, assessments, interventions, and treatments that are specifically aimed at victims and perpetrators of SS IPV are still minimal. In Indonesia alone there might not be such a program.

Regarding assessment, in general the ideal measurement of IPV is done through a combination of self-report and in-depth interview [1]. The interview serves to capture the nature, context, motivation, impact, and frequency of the IPV, and determine whether the behavior in question reaches a level of clinical significance or not. Through interview, researchers or mental health professionals can also focus more on the specificity of IPV experienced by certain individuals and this prevents the implementation of IPV definitions that are not appropriate to describe or interpret the experience.

In assessment with self-report method, it is necessary to consider whether the same measuring instrument is sufficient to measure IPV in various cultures and circles, including minority groups such as gays and lesbians. Stephenson and Finneran [21] has created a new measurement tool specifically used to measure IPV in gay and bisexual men, the IPV-GBM (Intimate Partner

Violence-Gay and Bisexual Men) Scale. It consists of 23 items and has good internal reliability (Cronbach Alpha > .90). After testing using EFA (exploratory factor analysis), it was determined that there are 5 dimensions of IPV in this instrument, namely physical and sexual IPV, monitoring behavior, controlling behavior, HIV-related IPV, and emotional IPV. This scale was arranged because previously the IPV in homosexual relations was assessed by IPV instruments used in a population that was assumed to have a heterosexual orientation. Stephenson and Finneran [21] considered the need for a special measurement tool, because of the experiences of gay and bisexual men that are different from heterosexuals. The IPV-GBM scale is shown to be able to show a higher prevalence of IPV than measurements with pre-existing instruments like Revised Conflict Tactics Scale (R-CTS) or short-form Conflict Tactics Scale (CTS2S) and measurements based on violence definitions from the Center for Disease Control and Prevention (CDC).

Speaking of treatment and intervention, the limitation makes the LGB group can only depend on themselves in dealing with various sources of pressure or challenges in their romantic relationships [9]. Gehring and Vaske [22] conducted a secondary data analysis and found that victims of different-sex IPV were involved in higher levels of violence and delinquency related to property compared to non-victims (about 2 times) while victims of SS IPV were almost 5 times more likely to commit violence than non-victims (but not differing in the level of delinquency related to property). This higher level of violent behavior among victims of SS IPV compared to different-sex IPV could be related to how the homosexual group feel they can only rely on themselves in dealing with the perpetrator (therefore they use violence as a form of self-defense). They tend to feel that they cannot trust the police or other authorities to provide assistance.

SS IPV victims also tend to have difficulty realizing that what they are experiencing are forms of violence and thus restricting their access to assistance, both as perpetrators and victims [1]. Individuals who have a high awareness of stigma may be hesitant to seek help from the legal, medical, and social fields that are perceived as heterosexist [2]. Service providers need to be aware of this minority stress and thus try to create an environment that is full of acceptance and warmth. A practical and applicable psychological intervention includes using inclusive and non-judgmental language, for example, instead of using gendered language such as husband / wife, boyfriend / girlfriend, brother / sister, mother / father, a provider should ask about one's spouse, partner, siblings, or parents and apologize if using incorrect word or pronoun [23]. In the first meeting, it is better not to assume that the name or sex indicated on their identification or documents correctly aligns with their identity. The physical manner in which a patient first presents may also not be a true representation of their gender identity or their desired gender expression. Another practical step to be taken is modifying the physical locations of the providers' practice to be more inviting and affirming for LGB people, such as making posters or flyers about IPV incorporating LGB people.

Some programs that can be given include training in conflict resolution skills and anger management specifically related to IPV, in connection with the results of research by Chong et al. [9]. Psychoeducation programs related to same-sex relationships are also needed, for example on how to maintain healthy same-sex relationship, live as same-sex couple in the midst of heterosexual environments, etc. To be able to provide such programs, practitioners and related mental health workers need to prepare themselves in advance, especially since in a country like Indonesia there may still be insensitivity to the seriousness and needs of LGB groups experiencing SS IPV. Service providers need to also consider the availability of LGB networks or communities since LGB survivors usually find it helpful and affirming to reach out to people with similar identities [23].

Consequently, adequate funding and time need to be allocated for policy making, research and development, as well as implementation and evaluation of prevention and intervention strategies for SS IPV [5]. Appropriate, accessible, and non-discriminatory (inclusive) handling and treatment are very important so that victims do not remain or return to painful relationships. On the other hand, there are of course several principles of prevention and treatment of different-sex IPV that can also be applied, such as safely planning for survivors (collecting important documents, identifying areas where escape may be easier or where access to potential weapons are limited, etc.), understanding the nature and dynamic of the relationship, promoting mental health betterment as a whole, involving various related parties, etc.

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