

## **Interpersonal Violence Across the Lifespan Annotated Bibliography**

Anderson, M. J. (1993). "A license to abuse: The impact of conditional status on female immigrants." *The Yale Law Journal* 102(6): 1401-1430.

Balsam KF, R. E., Beauchaine TP. (2005). "Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings." *J Consult and Clinical Psych.* 73(3): 477-487.

Chen, P.-H., et al. (2005). "Screening for domestic violence in a predominantly Hispanic clinical setting." *Family Practice* 22(6): 617-623.

Background. Domestic violence is a public health problem that is common across ethnic groups. The utility of validated screening tools to detect abuse in diverse populations remains largely unknown. Objective. The purpose of the study was to test the reliability and validity of a brief 4-question instrument, HITS, among predominantly Hispanic women. Methods. We conducted a cross-sectional study in an urban clinical setting. Two hundred and two women completed HITS and two other previously validated tools, the Index of Spouse Abuse-Physical Scale (ISA-P) and the Woman Abuse Screening Tool (WAST). Instruments were prepared in English and translated to Spanish. Reliability and validity of HITS were compared with the ISA-P and WAST. Performance measures of HITS were compared with the ISA-P or WAST as a criterion standard. Results. Cronbach's alphas were 0.76 and 0.61 for the English version and Spanish version of HITS, respectively. When administered first and analysed alone, the Spanish version of HITS had a reliability of 0.71. For both English and Spanish versions HITS was significantly correlated to ISA-P and WAST. The English HITS version had a sensitivity of 86% and a specificity of 99%. A cut-off score of 5.5 for Spanish HITS version achieved a sensitivity of 100% and a specificity of 86%. Conclusions. HITS demonstrated good reliability and validity with ISA-P in English speaking patients. The Spanish version of HITS showed moderate reliability and good validity with WAST in Spanish speaking patients. HITS may help physicians detect abuse in predominantly Hispanic clinical settings. <https://academic.oup.com/fampra/article-lookup/doi/10.1093/fampra/cmi075>

Corliss, H. L., et al. (2002). "Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults()." *Child Abuse & Neglect* 26(11): 1165-1178.

OBJECTIVE: The study objective was to determine the nature and prevalence of childhood maltreatment experiences among lesbian, gay, and bisexual adults and to compare findings to those obtained from similar heterosexual adults. METHOD: Data from the National Survey of Midlife Development in the United States (MIDUS), which measured both childhood experiences with parental emotional and physical maltreatment and adult sexual orientation, were used to compare childhood maltreatment experiences of 2917 heterosexual, homosexual, and bisexual individuals, age 25–74 years, separately by gender. RESULTS: Homosexual/bisexual men reported higher rates than heterosexual men of childhood emotional and any physical maltreatment (including major physical maltreatment) by their mother/maternal guardian and major physical maltreatment by their father/paternal guardian. In contrast, homosexual/bisexual women, as compared to heterosexual women, reported higher rates of major physical maltreatment by both their mother/maternal guardian and their father/paternal guardian. Differences among individuals with differing sexual orientations were most pronounced for the more extreme forms of physical maltreatment. CONCLUSIONS: Adult minority sexual orientation is a risk indicator for positive histories of experiencing parental maltreatment during childhood. While the

reasons for this are beyond the scope of the current study, previous research suggests that childhood individual differences, including possibly gender atypicality, may be a causal factor.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194076/>

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). "Intimate Partner Violence among Sexual Minority Populations: A Critical Review of the Literature and Agenda for Future Research." *Psychology of Violence*, 5(2): 112-121.

Earnshaw, V. A., et al. (2016). "Bullying Among Lesbian, Gay, Bisexual, and Transgender Youth." *Pediatric Clinics of North America* 63(6): 999-1010.

<http://www.sciencedirect.com/science/article/pii/S0031395516410564>

Jonassen, J. A. and K. M. Mazor (2003). "Identification of Physician and Patient Attributes That Influence the Likelihood of Screening for Intimate Partner Violence." *Academic Medicine* 78(10): S20-S23.

**Purpose.** Effective assessment of intimate partner violence (IPV) demands that everyone at risk be screened. To identify potential barriers, paper-and-pencil case scenarios identified possible practitioner and patient attributes that influence IPV screening. **Method.** First-year residents responded to one of four short written scenarios describing a divorced female patient with nonlocalized abdominal pain; variables were patient's age and abdominal bruising. Residents rated their likelihood of screening for IPV and seven other screening tasks and self-assessed their competence in performing each task. Regression analyses assessed the influence of resident and patient characteristics on screening likelihood. **Results.** Patient bruising, younger patient age, and resident self-assessed competence best predicted IPV screening. Men were less likely than women to screen for IPV. **Conclusions.** Although most physicians receive training on IPV in medical school, barriers to IPV screening still exist. Identifying obstacles to IPV risk-assessment is an essential prerequisite for improving educational programs that promote routine IPV screening.

[http://journals.lww.com/academicmedicine/Fulltext/2003/10001/Identification\\_of\\_Physician\\_and\\_Patient\\_Attributes.7.aspx](http://journals.lww.com/academicmedicine/Fulltext/2003/10001/Identification_of_Physician_and_Patient_Attributes.7.aspx)

Martin-Storey, A. (2015). "Prevalence of Dating Violence Among Sexual Minority Youth: Variation Across Gender, Sexual Minority Identity and Gender of Sexual Partners." *Journal of youth and adolescence* 44(1): 211-224.

Dating violence during adolescence negatively influences concurrent psychosocial functioning, and has been linked with an increased likelihood of later intimate partner violence. Identifying who is most vulnerable for this negative outcome can inform the development of intervention practices addressing this problem. The two goals of this study were to assess variations in the prevalence of dating violence across different measures of sexual minority status (e.g., sexual minority identity or same-sex sexual behavior), and to assess whether this association was mediated by bullying, the number of sexual partners, binge drinking or aggressive behaviors. These goals were assessed by employing the Massachusetts Youth Risk Behavior Survey (N = 12,984), a regionally representative sample of youth ages 14–18. In this sample, a total of 540 girls and 323 boys reported a non-heterosexual identity, and 429 girls and 230 boys reported having had one or more same-sex sexual partners. The results generally supported a higher prevalence of dating violence among sexual minority youth. This vulnerability varied considerably across gender, sexual minority identity and the gender of sexual partners, but generally persisted when accounting for the mediating variables. The findings support investigating dating

violence as a mechanism in the disparities between sexual minority and heterosexual youth, and the importance of addressing sexual minority youth specifically in interventions targeting dating violence. <https://link.springer.com/article/10.1007%2Fs10964-013-0089-0>

Moracco, K. E., et al. (2005). "Knowledge and Attitudes About Intimate Partner Violence Among Immigrant Latinos in Rural North Carolina." *Violence Against Women* 11(3): 337-352.

To create appropriate intimate partner violence (IPV) services for Latino immigrants, practitioners must be aware of their needs. We conducted interviews with 100 recent Latino immigrants in a rural North Carolina county. Overall, IPV was not perceived to be a problem; however, men and women differed in their perceptions. Men were more likely to agree with IPV myths, and both men and women felt that IPV had a detrimental impact on children. Many did not know about the local domestic violence agency, and knowledge about protective orders was limited. Outreach should emphasize the seriousness of IPV, adapt content for gender-specific audiences, and increase awareness about local resources. <http://journals.sagepub.com/doi/10.1177/1077801204273296>

Murray, C. E., et al. (2007). "Same-sex intimate partner violence: Dynamics, social context, and counseling implications." *Journal of LGBT Issues in Counseling* 1(4): 7-30.

Ramsay, J., et al. (2002). "Should health professionals screen women for domestic violence? Systematic review." *BMJ* 325(7359): 314.

Objective: To assess the evidence for the acceptability and effectiveness of screening women for domestic violence in healthcare settings. Design: Systematic review of published quantitative studies. Search strategy: Three electronic databases (Medline, Embase, and CINAHL) were searched for articles published in the English language up to February 2001. Included studies: Surveys that elicited the attitudes of women and health professionals on the screening of women in health settings; comparative studies conducted in healthcare settings that measured rates of identification of domestic violence in the presence and absence of screening; studies measuring outcomes of interventions for women identified in health settings who experience abuse from a male partner or ex-partner compared with abused women not receiving an intervention. Results: 20 papers met the inclusion criteria. In four surveys, 43-85% of women respondents found screening in healthcare settings acceptable. Two surveys of health professionals' views found that two thirds of physicians and almost half of emergency department nurses were not in favour of screening. In nine studies of screening compared with no screening, most detected a greater proportion of abused women identified by healthcare professionals. Six studies of interventions used weak study designs and gave inconsistent results. Other than increased referral to outside agencies, little evidence exists for changes in important outcomes such as decreased exposure to violence. No studies measured quality of life, mental health outcomes, or potential harm to women from screening programmes. Conclusion: Although domestic violence is a common problem with major health consequences for women, implementation of screening programmes in healthcare settings cannot be justified. Evidence of the benefit of specific interventions and lack of harm from screening is needed.%U <http://www.bmjjournals.org/content/bmj/325/7359/314.full.pdf>

Rothman, E. F., et al. (2011). "The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review." *Trauma, Violence, & Abuse* 12(2): 55-66.

Tjaden P1, T. N., Allison CJ. (1999). "Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants." *Violence Vict.* 14(4): 413-425.

Walters, M. L., Chen J., & Breiding, M.J (2013). The National Intimate Partner and Sexual Violence Survey 2010 Findings on Victimization by Sexual Orientation National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention

[https://www.cdc.gov/violenceprevention/pdf/nisvs\\_sofindings.pdf](https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf)

West, C. M. (2012). "Partner Abuse in Ethnic Minority and Gay, Lesbian, Bisexual, and Transgender Populations." *Partner Abuse* 3(3): 336-357.

This review seeks to synthesize the current state of knowledge regarding gender differences in rates of physical and psychological intimate partner violence (IPV) prevalence among the four largest racial/ethnic groups in the United States, compares rates of physical and psychological IPV between sexual minorities and heterosexuals and among subgroups of sexual minorities (gay men, lesbians, bisexuals), and summarizes correlates and risk factors that are associated with rates of IPV in both ethnic and sexual minorities.  
A systematic search of the published literature in the past 40 years using various search engines (e.g., PubMed, PsycINFO, and Web of Science) was conducted. The review identified 55 studies that met criteria. Few gender differences in rates of physical and psychological aggression were found among African American, Hispanic American, Asian American, and Native American men and women. Psychological aggression was most frequently reported. Bidirectional violence, which primarily took the form of minor aggression, was the most frequently reported form of physical violence. When unidirectional aggression was assessed, it was more likely to be female perpetrated, particularly among African Americans. These gender patterns were consistent across general population, student, and community studies. Respondents who reported a history of same-sex cohabitation and those who identified as sexual minorities reported higher rates of IPV than those who reported only a history of opposite-sex cohabitation and those who identified as heterosexual.  
Regarding sexual minority subgroup differences, bisexuals appeared to be at a greater risk of IPV, and victimization among transgendered individuals has largely been neglected in the literature. Substance abuse and use, marginalized socioeconomic status in the form of family and neighborhood poverty, and exposure to violence during childhood as a witness or victim of violence in the family of origin were consistently linked to elevated rates of IPV. Associations also were found between level of acculturation and minority stress in the form of internalized homophobia and frequency of discrimination based on sexual orientation. However, the complex association among these variables was less clear across racial groups and sexual orientation. Research limitations and future research directions are discussed.

<http://www.ingentaconnect.com/content/springer/pa/2012/00000003/00000003/art00003>

Whitton, S. W., et al. (2016). "A Longitudinal Study of IPV Victimization Among Sexual Minority Youth." *Journal of Interpersonal Violence*: 0886260516646093.

Although intimate partner violence (IPV) is highly prevalent among lesbian, gay, bisexual, and transgender (LGBT) youth, little is known regarding its developmental patterns, risk factors, or health-related consequences. We examined IPV victimization in an ethnically diverse community-based convenience sample of 248 LGBT youth (aged 16-20 at study outset) who provided six waves of data across a 5-year period. Results from multilevel models indicated high, stable rates of IPV victimization across this developmental period (ages 16-25 years) that differed between demographic groups. Overall, 45.2% of LGBT youth were physically abused and 16.9% were sexually victimized by a dating partner

during the study. Odds of physical victimization were 76% higher for female than for male LGBT youth, 2.46 times higher for transgender than for cisgender youth, and 2 to 4 times higher for racial-ethnic minorities than for White youth. The prevalence of physical IPV declined with age for White youth but remained stable for racial-ethnic minorities. Odds of sexual victimization were 3.42 times higher for transgender than for cisgender youth, 75% higher for bisexual or questioning than for gay or lesbian youth, and increased more with age for male than female participants. Within-person analyses indicated that odds of physical IPV were higher at times when youth reported more sexual partners, more marijuana use, and lower social support; odds of sexual IPV were higher at times when youth reported more sexual partners and more LGBT-related victimization. In prospective analyses, sexual IPV predicted increased psychological distress; both IPV types marginally predicted increased marijuana use.

<http://journals.sagepub.com/doi/10.1177/0886260516646093>

Widom, C. S., et al. (2014). "Child Abuse and Neglect and Intimate Partner Violence Victimization and Perpetration: A Prospective Investigation." *Child Abuse & Neglect* 38(4): 650-663.

This paper describes the extent to which abused and neglected children report intimate partner violence (IPV) victimization and perpetration when followed up into middle adulthood. Using data from a prospective cohort design study, children (ages 0–11) with documented histories of physical and sexual abuse and/or neglect ( $n = 497$ ) were matched with children without such histories ( $n = 395$ ) and assessed in adulthood ( $M_{age} = 39.5$ ). Prevalence, number, and variety of four types of IPV (psychological abuse, physical violence, sexual violence, and injury) were measured. Over 80% of both groups—childhood abuse and neglect (CAN) and controls—reported some form of IPV victimization during the past year (most commonly psychological abuse) and about 75% of both groups reported perpetration of IPV toward their partner. Controlling for age, sex, and race, overall CAN [adjusted odds ratio (AOR) = 1.60, 95% CI [1.03, 2.49], physical abuse (AOR = 2.52, 95% CI [1.17, 5.40]), and neglect (AOR = 1.64, 95% CI [1.04, 2.59]) predicted increased risk for being victimized by a partner via physical injury. CAN and neglect also predicted being victimized by a greater number and variety of IPV acts. CAN and control groups did not differ in reports of perpetration of IPV, although neglect predicted greater likelihood of perpetrating physical injury to a partner, compared to controls. Abused/neglected females were more likely to report being injured by their partner, whereas maltreated males did not. This study found that child maltreatment increases risk for the most serious form of IPV involving physical injury. Increased attention should be paid to IPV (victimization and perpetration) in individuals with histories of neglect.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035378/>

Zou, C. and J. P. Andersen (2015). "Comparing the Rates of Early Childhood Victimization across Sexual Orientations: Heterosexual, Lesbian, Gay, Bisexual, and Mostly Heterosexual." *PLoS ONE* 10(10): e0139198.

Few studies have examined the rates of childhood victimization among individuals who identify as "mostly heterosexual" (MH) in comparison to other sexual orientation groups. For the present study, we utilized a more comprehensive assessment of adverse childhood experiences to extend prior literature by examining if MH individuals' experience of victimization more closely mirrors that of sexual minority individuals or heterosexuals. Heterosexual ( $n = 422$ ) and LGB ( $n = 561$ ) and MH ( $n = 120$ ) participants were recruited online. Respondents completed surveys about their adverse childhood experiences, both maltreatment by adults (e.g., childhood physical, emotional, and sexual abuse and childhood household dysfunction) and peer victimization (i.e., verbal and physical bullying). Specifically,

MH individuals were 1.47 times more likely than heterosexuals to report childhood victimization experiences perpetrated by adults. These elevated rates were similar to LGB individuals. Results suggest that rates of victimization of MH groups are more similar to the rates found among LGBs, and are significantly higher than heterosexual groups. Our results support prior research that indicates that an MH identity falls within the umbrella of a sexual minority, yet little is known about unique challenges that this group may face in comparison to other sexual minority groups.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4596800/>