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**TITOLO DELLA TESI: THE ROLE OF MINORITY STRESS AND
EMOTION DYSREGULATION IN SAME-SEX INTIMATE PARTNER
VIOLENCE PERPETRATION: A PSYCHOLOGICAL MEDIATION
FRAMEWORK-BASED MODEL**

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Abstract

Same-Sex Intimate Partner Violence (SSIPV) has long been underestimated, despite its spreading and the negative consequences it can entail. Exploring factors that may influence the risk of perpetrating SSIPV is necessary to inform services targeting perpetrators of SSIPV, which to date appear to be scarce.

Drawing from the Minority Stress Model and the Psychological Mediation Framework (PMF), the present dissertation explored the literature on risk factors of SSIPV perpetration and empirically assessed the relationship between distal (i.e., experiences of discrimination) and proximal (i.e., internalized homonegativity) minority stressors and SSIPV perpetration, exploring the mediating role of emotional dysregulation.

In the first chapter, a systematic review was conducted on factors associated with the perpetration of SSIPV. Seventy-eight articles were included and reviewed with reference to methodological characteristics and highlighted results. In the second chapter, a cross-sectional study involving 139 gay or lesbian subjects involved in a same-sex relationship was conducted. Similarly, a cross-sectional research design involving 168 gay or lesbian subjects in a same-sex relationship was conducted in the third chapter.

Although methodological limitations may have biased the findings to some extent, the data of the first chapter highlighted the role of nonspecific and SSIPV-specific risk factors in the perpetration of SSIPV. The results emphasize the need to further investigate the relationship between minority stress and SSIPV by exploring the mechanisms involved. The results emerged in the second chapter do not show a direct relationship between internalized homonegativity and SSIPV. Instead, an indirect association between the variables, mediated by emotional dysregulation, was supported. The data in the third chapter deepened the findings of the previous chapter. Although no direct relationship emerged between distal and proximal minority stressors and SSIPV, the indirect relationship between internalized homonegativity and SSIPV, mediated by emotional dysregulation, was confirmed. In

contrast, the indirect association between discrimination experiences and SSIPV does not reach significance, although it approaches it.

The findings in this dissertation highlight the role of nonspecific and SSIPV-specific risk factors in the perpetration of SSIPV. In particular, the systematic review underscores the need for a multidimensional approach to the assessment and treatment of SSIPV perpetrators. The second and third chapters confirmed the influence of internalized homonegativity on the perpetration of SSIPV, highlighting the mediating role of emotional dysregulation. The data supported the application of the PMF to the perpetration of physical SSIPV. The findings thus highlighted the need to intervene at the preventive level in countering sexual discrimination and to develop treatments able to address negative representations related to one's sexual identity and the emotional regulation difficulties that can also result from them, in order to reduce the phenomenon and limit recidivism.

Dissertation Introduction

Intimate Partner Violence (IPV) is a concerning social phenomenon that has spread worldwide; the perpetration of such violence appears to have little regard to the gender, sexual orientation, ethnicity, or socioeconomic status of the individuals involved. The World Health Organization (WHO) defines IPV as "behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2021 para 2).

The phenomenon of IPV has been the subject of particular attention since the 1970s due to the proliferation of the so-called second feminist wave. Feminist movements mainly focused on male violence against women, highlighting its underlying socio-cultural components and tracing those behaviors back to a patriarchal matrix that subordinates women and privileges men, legitimizing the use of violence as a means of control, coercion, and manifestation of power. IPV began to be recognized, also thanks to feminist movements, as a complex and serious social issue, thus receiving greater attention at social, political and research level (Fraser, 2003; McClennen, 2005; Russell, 2015).

However, the mainstream discourse on IPV appears, over the years, to have embraced this narrative, largely limiting its focus to violence perpetrated by men against women within heterosexual couples. Although male violence against women is very alarming and should thus be viewed as a priority, requiring special attention, both in terms of research and intervention as well as in relation to the allocation of economic resources, it would be reductionist to limit our attention exclusively to these dynamics, thereby delegitimizing the complexity, differences, and uniqueness of IPV, and encouraging further inequalities. In this sense, the mainstream narrative on IPV appears to have, at least in part, heteronormative connotations, tending to exclude from its discourse any form of violence that occurs outside of heterosexual relationships.

The term heteronormativity refers to "the assumption that heterosexuality is the standard for defining normal sexual behavior and that male-female differences and gender roles are the natural

and immutable essentials in normal human relations" (APA, 2023, para 1). This discriminatory conception also seems to have been applied to the phenomenon of IPV. In this context, Same-Sex Intimate Partner Violence (SSIPV; i.e. violence experienced within same-sex couples) is delegitimized, paradoxically being considered non-normative and thus not worthy of particular attention. This has a number of negative consequences, including a lack of awareness of the phenomenon as well as barriers and difficulties for victims in the help seeking process (Chong et al., 2013; Calton et al., 2015; Russell, 2015; Bermea et al., 2018). In addition, the absence of knowledge of the phenomenon in the professional sphere and the limited availability of competent services restrict the possibility of tackling the specific aspects of the phenomenon and the experiences of the people involved (Cannon & Buttell, 2015), which often intersects with the structural violence to which they may be exposed due to their sexual orientation and the double stigma they may experience (as sexual minority people and as IPV victims; McClennen, 2005).

Although great strides have been made in recent decades to combat discrimination and to promote gender and sexual equality, LGBTQIA+ people still encounter barriers when seeking help and attempting to access services, with this playing a major role in their health and well-being. Access to services is an inalienable right recognized by the European Union Charter of Fundamental Rights (European Union, 2007, art 35). However, the discrimination and stigma still prevalent in health services in a variety of settings seem to make it more difficult for LGBT+ people to exercise this right (Rosati et al., 2021; Rollè et al., 2021). This dynamic even appears to be present in services aimed at victims and perpetrators of IPV. Indeed, the data (for reviews in this field see Santoniccolo et al., 2021 and Rollè et al., 2021) reveal that SSIPV victims tend to lean towards more informal sources of support, such as friends and relatives, who are generally perceived supportive, although they may also express negative attitudes, for example, in families or social networks that have not accepted the coming out process or are unaware of the sexual orientation of the person involved. Delegitimizing attitudes, mainly due to lack of knowledge about the phenomenon, may also therefore occur in these contacts with informal sources of support.

In contrast, formal sources of support (shelters, law enforcement, counselors, support groups, doctors, hotlines) are used less frequently and, according to some data (Edwards et al., 2015; Merrill & Wolfe, 2000), often perceived as less helpful. This can be at least partly related to the lack of expertise that some practitioners claim to have regarding LGBT+ issues in general and the specifics ofSSIPV (Ard & Makadon, 2011; Lorenzetti et al., 2017), as well as the more or less openly hostile and discriminatory attitudes of some health professionals (Guadalupe- Diaz, 2013; Hardesty et al., 2011). Myths and stereotypes related to gender roles, couple dynamics in general, and violence in particular also seem to play a role (Duke & Davidson, 2009; Bermea et al., 2018). For example, the stereotype that men cannot be victims of violence, that gay men are too feminine to perpetrate it, or thatSSIPV - involving two people of the same gender and thus with the same level of power and physical strength - is always bidirectional, may have an impact on attitudes towards the phenomenon and thus on its perceived legitimacy and the quality of interventions directed towards it.

The heteronormative conception of violence, together with the discriminatory and stereotypical attitudes that still prevail today, thus seem to delegitimize the phenomenon ofSSIPV, which is given little consideration in both public opinion and in scientific and academic fields, having a negative impact on the competencies of services and consequently on the well-being of the people involved.

As evidence of the lack of attention paid toSSIPV, a study by Edwards and colleagues (2015) revealed that only about 3 percent (2.8 percent; 400/14,200) of all studies published on the topic of violence between 1999 and 2013 included participants involved in same-sex relationships. Nevertheless, the phenomenon ofSSIPV is particularly concerning in terms of both prevalence and impact on health and well-being. The limitations of and methodological differences between the various studies on the topic, along with the small amount of research that has involved representative samples, make it difficult to draw clear conclusions about the prevalence ofSSIPV (Rollè et al., 2018). However, according to studies conducted among the general population, it

appears to be as widespread as IPV in heterosexual couples. More specifically, in a study involving a representative sample in the United States, Walters and colleagues (2013) found that 36.3% of lesbian women and 24% of gay men had experienced physical SSIPV during their lifetime; lifetime psychological SSIPV had been experienced by 63% of lesbian women and 60% of gay men. In more recent meta-analyses, the data showed that physical violence had been experienced by 18% of lesbian women (Badenes-Ribera et al., 2015) and 17% of men who have sex with men (MSM; Liu et al., 2021), while 43% of lesbian women (Badenes-Ribera et al., 2015) and 33% of MSM (Liu et al., 2021) had experienced psychological IPV.

SSIPV impacts victims at both physical and psychological level. Data has shown that victims of SSIPV can suffer injuries along with increased risk of suicide, as well as symptoms of anxiety and depression (Bartholomew et al., 2008; Bermea et al., 2021; Robinson, 2002; Strickler & Drew, 2015).

In addition, the literature seems to suggest that SSIPV is influenced, on the one hand, by nonspecific risk factors, such as childhood violence and maltreatment, attachment, substance abuse, stress, relationship quality, and conflict (Balsam and Szymanski, 2005; Bartholomew et al. 2008; Causby et al., 2015; Craft et al., 2008; Li et a., 2019; Mason et al., 2016; McKenry et al., 2006; Stults et al., 2015), and, on the other hand, by SSIPV-specific risk factors faced only by LGBTQIA+ people due to their sexual identity, such as experiences of discrimination, perceived stigma, or negative attitudes and affect towards the self as a sexual minority (Balsam and Szymanski, 2005; Edwards and Sylaska, 2013; Li et a., 2019; Miltz et al., 2019; Tognasso et al., 2022).

Although interest in SSIPV has increased in recent decades, these data and considerations highlight the need to gain a more in-depth understanding of the phenomenon and the factors that may increase the risk of violent behaviors in intimate relationships, with a focus on the social and psychological processes involved. Exploring the factors that may influence the risk of SSIPV perpetration can provide important evidence at prevention and intervention level, useful for

promoting competent and effective services with strong awareness of the specific aspects of the phenomenon and the experiences of the people involved. As noted, these services seem to be scarce so far.

This dissertation is set in this context and is generally aimed at examining, at theoretical and scientific level, the risk factors ofSSIPV perpetration. More specifically, the first chapter contains a systematic review of the literature on factors associated with the perpetration ofSSIPV. Following the PRISMA statement, the major databases on the field (APA Psycinfo; CINAHL Complete; Family Studies Abstract; Gender Studies Databases; Race Relations Abstracts; Social Sciences Abstracts [H.W. Wilson]; Sociology Source Ultimate; Violence & Abuse Abstracts; PubMed) were searched systematically. Seventy-eight studies were included, reviewed, and discussed in terms of their methodological characteristics and results. The findings indicate of the studies included appear to highlight the role of psychological, relational, family-of-origin, and sexual minority-specific factors in the perpetration of couple violence between sexual minority people, although methodological limitations may affect the accuracy of these data. These findings support the need for a multidimensional approach to assessing IPV perpetrators which can account for the variety of predictive variables involved in order to promote interventions based on these specific aspects. Moreover, according to the findings emerged, there is evidence of an association between minority stress andSSIPV perpetration, although the data remain sparse and are sometimes contradictory, with differences arising in terms of the minority stressors and forms of violence considered. Accordingly, the systematic review appears to indicate the need for further studies on this topic, also to understand the mechanisms that may play a part in regulating this association. The few studies that have examined mediators in this relationship seem to point to the role of psychological and relational factors, thus highlighting the need for further research in this direction.

The second and third chapters of this dissertation are placed in this context. Through two cross-sectional studies involving gay and lesbian individuals in same-sex relationships, the two chapters aim to assess the relation between minority stressors and the perpetration of physicalSSIPV,

exploring the mediating role of emotional dysregulation. The studies focus on physical violence due to its widespread prevalence and the serious consequences it can entail, which can even go so far as partner homicide.

Meyer's Minority Stress Model (1995; 2003) and Hatzenbuehler's Psychological Mediation Framework (PMF; 2009) provided the theoretical frameworks for developing the research design and study hypotheses. In particular, the Minority Stress Model is one of the gold standards of research on the well-being of the LGBTQIA+ population. It was developed in an attempt to understand the predictors of the lower health status observed among sexual minority people and has served as the basis for many studies in recent decades which have sought to examine the effects of sexual discrimination and stigma on the well-being of the LGBTQIA+ population. The model places sources of stress due to sexual minority membership (i.e., minority stressors) along a continuum from distal stressors to proximal stressors. Along this continuum, from most distal to most proximal, the model originally (1995) included three stressors: experiences of discrimination and violence based on sexual orientation, which constitute the distal stressors; perceived stigma, which is the expectation of rejection and discrimination due to sexual orientation; and internalized homonegativity, i.e., negative attitudes toward oneself as a sexual minority person. Later (Meyer, 2003), sexual orientation concealment, i.e., the extent to which a person is forced to hide his or her identity from others for fear of discrimination and aggression, was added to the model.

The minority stress model has been confirmed on numerous occasions over the years, demonstrating its validity for understanding the impact of discrimination on the well-being of sexual minority individuals. Numerous studies and meta-analyses have demonstrated the impact of minority stress on the mental health and relationship well-being of LGBTQIA+ people (e.g., Baiocco et al., 2021; Dürbaum et al., 2020; de Lange et al., 2022; Nguyen & Pepping, 2022; Pachankis et al., 2020; Pellicane & Ciesla, 2022; Pepping et al., 2019; Pistella et al., 2023). More recently, Hatzenbuehler (2009) developed an extension of the minority stress model to understand the mechanisms involved in the relationship between minority stress and well-being

among LGBTQIA+ people. More specifically, the PMF hypothesizes that experiences of discrimination, which are specific stressors faced by sexual minority people, influence general psychological processes that in turn have an adverse effect on well-being.

Among the general psychological processes, particular attention has been paid to the role of emotion regulation, i.e., the ability to understand, accept, and modulate emotion as well as to control impulse also according to personal goals (Gratz & Roemer, 2004). Following Inzlicht and colleagues (2006), Hatzenbuehler argues that experiences of discrimination are chronic stressors which can induce a process of ego depletion that impacts the individual's ability to regulate affect functionally, negatively affecting well-being. Recent studies have confirmed this hypothesis and have highlighted the mediating role of emotional dysregulation in the relationship between minority stress and mental health (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014).

While the PMF has recently been confirmed in the context of individual well-being, it has never been applied to SSIPV, except in one of our previous studies which confirmed the mediating role of emotional dysregulation in the relationship between internalized homonegativity and the perpetration of isolation behaviors (Trombetta et al., 2023). Nonetheless, the literature points to a link between emotional dysregulation and the perpetration of IPV (Maloney et al., 2023; Neilson et al., 2023), although studies on same-sex couples have been scarce (Milletich et al. 2014; Trombetta et al., 2023). Individuals with poor emotional regulation skills may resort to dysfunctional modes of affect modulation, such as violence, in situations of particular frustration in order to reduce the psychological and physiological tension they experience (Meloy, 1992). This seems consistent with hypotheses from some psychodynamic models of violence which conceptualize violence as a pre-mentalistic, action-centered strategy (Fonagy, 1999) used to defend the fragile self from psychological threat (Fonagy, 1999; Yakeley, 2018; Yakeley & Meloy, 2012). Thus, these data seem to suggest that it may be possible to extend the PMF to the perpetration of SSIPV, and future studies are needed to confirm these hypotheses.

Building on these two theoretical frameworks, the second chapter specifically included gay and lesbian participants currently involved in same-sex relationships, and through a cross-sectional design and self-report instruments, explored the relationship between internalizing homonegativity and the perpetration of physical violence, also evaluating the mediating role of emotional dysregulation. The third chapter extended the research design of the previous study, involving 168 LG persons and exploring the role of both distal and proximal stressors in the perpetration of physical SSIPV, again assessing the mediating effect of emotional dysregulation.

The results that emerged may, on the one hand, provide useful insights at theoretical level, in order to understand how social factors and psychological processes influence the risk of violence perpetration in same-sex couples; on the other hand, they may provide insights at clinical level which could contribute to the development and implementation of prevention and treatment interventions specifically targeting perpetrators of SSIPV, which are scarce to date (Santoniccolo et al., 2021). The hypotheses and findings that emerged in the second and third chapters will also be discussed in light of recent psychodynamic models of violence. Although in the psychoanalytic and psychodynamic literature the main focus has historically been on aggression rather than on actual perpetrated violence, partly because of the presumed unsuitability of such patients for analysis (Yakeley, 2018), reflections developed from attachment theory (Meloy, 1992) and the mentalization model (Fonagy, 1999; 2003), as well as the recent contribution in the field of forensic psychotherapy (i.e., the discipline that applies psychoanalytic principles and constructs to clinical intervention with violent patients) on the development of an integrated psychoanalytic model for understanding and treating violent patients (Yakeley, 2018; Yakeley & Meloy, 2012), can provide important insights with regard to the developmental dynamics and psychic functioning that may increase the risk of perpetrating violence within couples.

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Chapter 1: Intimate Partner Violence Perpetration Among Sexual Minority People and Associated Factors: A Systematic Review of Quantitative Studies¹

Abstract

Introduction: Intimate Partner Violence (IPV) among sexual minority people has been underestimated since few decades ago despite its spreading. The current systematic review aims to review and systematize studies on factors associated with IPV perpetration within this population.

Methods: data search was conducted on EBSCO and PubMed considering articles published until July 2022 and 78 papers were included.

Results: although methodological limitations can affect the results found, the data demonstrated an association between IPV perpetration and psychological, relational, family of origin-related and sexual minority-specific factors, substance use, sexual behaviors.

Conclusion: the findings emerged highlight the importance of a multidimensional approach to tackle IPV perpetration among sexual minority people and limit relapses, while increasing individual and relational wellbeing.

Policy implications: The empirical evidence emerged can contribute to the development of policies and services tailored for sexual minority people victims of IPV, to date still scarce and often ineffective.

Keywords: Intimate Partner Violence; IPV; IPV Perpetration; Sexual minority people; Systematic Review; Quantitative Studies

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Introduction

Couple violence suffered and perpetrated by sexual minority people² was largely understudied until a few decades ago (Kimmes et al., 2017). In contrast, research and public opinion focused primarily on violence within heterosexual couples, influencing and being influenced by a mainstream heteronormative discourse on couple violence mainly focused on violent men who abuse their female partner because of a patriarchal and sexist culture that justify these behaviors as expression of masculinity (Rollè et al., 2020; 2021).

Nevertheless, many studies demonstrated rates of IPV among sexual minority people that are comparable, if not higher, than those identified among heterosexual couples (e.g., Walters et al., 2013; West, 2012). Establishing firm conclusions regarding the prevalence of IPV among same-sex couples seems particularly complex because of methodological limitations (e.g., lack of generalizable data, differences in the operationalization of IPV) and differences between research (Rollè et al., 2018; 2019). In addition, studies with large or representative samples have been limited and mainly conducted in U.S. states, while data from European countries are still lacking and other research in this direction are needed. However, a representative study by Walters et al. (2013) showed alarming results: nearly one-third of sexual minority men and one-half of sexual minority women in the United States reported having suffered psychological or physical IPV in their lifetime. In addition, no significant differences emerged in the prevalence of IPV between lesbian and heterosexual women, and gay and heterosexual men (Walters et al., 2013). A meta-analysis by Badenes-Ribera et al. (2015) confirmed these results among lesbian women, finding a mean lifetime prevalence of IPV victimization of 48%.

Despite the widespread prevalence of this phenomenon, few research has been conducted on IPV among sexual minority people. A study by Edwards et al. (2015) found that only 400

² Sexual minority people include all persons whose sexual identity, orientation or sexual behaviors differ from the majority of the society and the alleged norm (Math & Seshadri, 2013). In this paper, we will use interchangeably the term “sexual minority” or the acronym “LGB+” to refer to lesbian, gay, bisexual, queer, questioning, unclear, and pansexual people, men who have sex with men and women who have sex with women.

(approximately 3%) out of the 14.200 studies published between 1999 and 2013 that addressed couple violence examined participants with a non-heterosexual orientation.

Although attention on couple violence among sexual minority people has increased in the last decades, the data available are still scarce, and influenced by methodological limitations. For example, most research have used convenience samples and are cross-sectional in nature. Differences in the operative definitions of violence and sexual orientation emerged as well and make it difficult to compare results and draw firm conclusions about characteristics, antecedents, and consequences of couple violence in sexual minority people (Mason et al., 2014; Murray and Mobley, 2009).

Many similarities have been found between IPV in sexual minorities and heterosexual people such as the cycle of violence (Messinger, 2011; Walker, 1979; Whitton et al., 2019), the forms of suffered abuse (i.e., physical, psychological, sexual, and controlling violence, and unwanted pursuit), and some of the associated factors - for example, relationship satisfaction (Balsam and Szymanski, 2005), mental health (Sharma et al., 2020), personality (Lantdolt and Dutton, 1997), adult attachment (Bartholomew, Regan, Oram et al., 2008; Gabbay and Lafontaine, 2017b), family-of-origin violence (Fortunata and Kohn, 2003), and substance abuse (Wei et al., 2020).

However, peculiarities of IPV among sexual minority people emerged as well. Specifically, as highlighted in the minority stress model proposed by Meyer (1995; 2003), sexual minority people suffer particular adverse conditions (i.e., experiences of discrimination, perceived stigma, internalized homonegativity and sexual identity concealment) that affect their individual and relational wellbeing (e.g., Hughes et al., 2022; Pachankis, Hatzenbueheler et al., 2021; Pachankis, Sullivan et al., 2018), and which seem to increase the risk to suffer or perpetrate IPV (Edwards et al., 2015; Rollè et al., 2018).

In addition, sexual minority people are affected by some specific forms of abuse: threats of outing to significant others and homonegative attitudes expressed toward the partner emerged as specific abusive tactics acted out by sexual minority persons (Badenes-Ribera et al., 2016). Furthermore, the help-seeking process within this population is influenced by unique complexities. According to several authors (Calton et al., 2015; Cannon and Buttel, 2015; Chong et al., 2013; Ollen et al., 2017; Rollè et al., 2021), the heteronormative and homonegative climate that still permeates our societies limits the opportunity of understanding, recognizing and managing this phenomenon. The lack of services tailored to this population and the ineffectiveness of formal sources of support have been extensively documented (Freeland et al., 2018; Lorenzetti et al., 2017; Rollè et al., 2021; Santoniccolo et al., 2021). This negatively influences the possibilities of sexual minority people who are victims or perpetrators of IPV to find help and recover from this experience.

Given similarities and differences between IPV in sexual minorities and heterosexual people, and the negative consequences this phenomenon has on victims' physical (e.g., injuries, risk of suicidality) and psychological (e.g., symptoms of depression, anxiety, and stress) wellbeing (Bartholomew, Regan, White, et al., 2008; Robinson, 2002; Strickler and Drew, 2015), understanding what variables are associated with the perpetration of IPV among sexual minority people can provide important information for clinical purposes.

Accordingly, the current paper aims to review and systematize the scientific literature focused on the exploration of factors associated to the perpetration of IPV among sexual minority people. Many studies have highlighted the lack of interventions tailored to sexual minority people who experience IPV as well as the ineffectiveness of mainstream formal sources of support, partly due by the lack of knowledge about LGBT+-related themes and specificities of IPV among sexual minorities people (see Santoniccolo et al., 2021 for a review on this topic). The implementation of policies and services capable of addressing the complexities and specificities experienced by sexual minority people involved in couple violence is still needed (Subirana-Malaret et al., 2019). Data

obtained in the current review can provide empirical evidence in this direction, providing an exhaustive summary of the current knowledge on the phenomenon, which can guide the development of future prevention and intervention programs addressed to sexual minority people who perpetrate couple violence. Furthermore, the current paper aims to highlight limitations and gaps of the current literature and provide insights for future research.

Materials and methods

Data source and search strategy

The current systematic review followed the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) statement (Moher et al., 2009; Page et al., 2021). Two independent reviewers (TT and LR) conducted a systematic search through EBSCO (Databases: APA Psycinfo; CINAHL Complete; Family Studies Abstracts; Gender Studies Database; Race Relations Abstracts; Social Sciences Abstracts [H.W. Wilson]; Sociology Source Ultimate; Violence & Abuse Abstracts) and PubMed. No temporal limits were imposed on the search. All the articles published from the beginning of the databases to July 2022 were screened.

The following keywords were applied: violence or abuse or aggression or batter* AND partner or couple* or domestic or intimate or dating AND “same-sex” or “same-gender” or gay or lesbian* or bisex* or lgb* or homosexual* or “m*n who ha* sex with m*n” or msm or “wom*n who ha* sex with wom*n” or wsw or “m*n who ha* sex with m*n and wom*n” or msmw or “wom*n who ha* sex with wom*n and m*n” or wswm or “sexual minorit*” or “m*n who love m*n” or “wom*n who love wom*n”

Inclusion and exclusion criteria

The following inclusion criteria were applied to select the studies: a) original research papers, b) published in peer-review journals, c) in the English language, d) focused on the assessment of factors associated with the perpetration of IPV among sexual minority people (i.e., self-identified LGB+ people, people sexually or romantically attracted to people of the same-sex, people involved

in same-sex relationship or people that reported non-heterosexual sexual behaviors); e) only quantitative studies were eligible for the inclusion.

All the studies that did not match the inclusion criteria reported above were excluded. In addition, the following exclusion criteria were applied: a) studies pertaining to IPV whose methods or results did not clearly differentiate between IPV among sexual minority people and heterosexual people; b) validation studies, meta-analyses and literature reviews; c) qualitative studies; d) papers focused only on factors associated to IPV victimization among sexual minority people; e) papers that assessed factors associated with any form of IPV (regardless of victim or perpetrator status) among sexual minority people which, however, did not differentiate between variables related to perpetration and those related to victimization. These studies were excluded because they do not provide clear information on factors associated with the perpetration of IPV, and thus do not provide data which can guide the development of interventions targeted to perpetrators. Finally, f) articles mainly focused on trans people or self-identified heterosexual people perpetrators of IPV were excluded. However, some of the studies included in the current systematic review involved small percentages of gender minorities or self-identified heterosexual people that based on their sexual behaviors or romantic attraction were classified as sexual minority people. These studies were retained because, from our perspective, they still provide data that can inform on factors related to IPV perpetration among cisgender sexual minority people, which was the population of our interest.

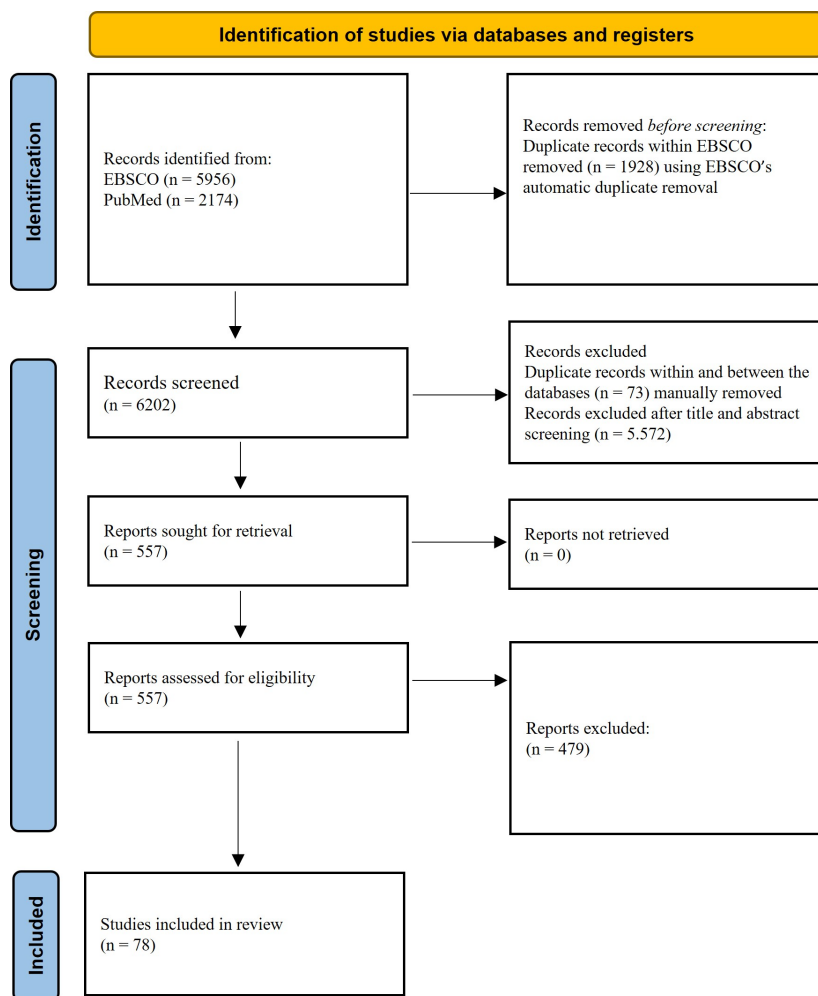
Study selection and data extraction

The search through EBSCO returned 5956 articles, and 4028 papers were left after duplicates removal. Of these, 414 papers were selected for full-text review after the screening of title and abstract, and 73 papers were included. PubMed provided 2174 articles in total. After the screening of title and abstract 216 papers were selected for full-text review. The removal of duplicates between databases left 143 articles and five were included. In total, 78 articles were included in the

current systematic review after full-text reading and the application of inclusion and exclusion criteria.

Two independent reviewers analyzed the full-text and proceeded with the data extraction. Any disagreement was discussed between the reviewers in order to obtain a unanimous consensus. See figure 1 for a summary of the study selection procedure.

Figure 1. Flowchart of the selection procedure



Results

Seventy-eight studies were included in the current systematic review and most of them (54 studies) were conducted in the United States. Two studies were conducted in Canada, and two in the United States and Canada. Nine studies were conducted in Europe: three in Italy, two in England, one in

Germany, one in Turkey and one in Spain; one study was in Turkey and Denmark. Five studies were conducted in China, one in Spanish-speaking countries (Spain, Mexico, Chile, and Venezuela), one in Latin American countries (mainly in Mexico), one in Puerto Rico, one in South Africa, and one in Hong Kong. Finally, one study assessed factors associated with IPV perpetration in the United States, Canada, Australia, United Kingdom, South Africa, and Brazil (See Table 2).

The last two decades have seen an increase in the number of articles published on the topic of our interest. Specifically, while three studies were published between 1988 and 1999, and 15 between 2000 and 2010, most were published between 2011 and 2021 (60 studies; see Table 2).

Methodological issues

Several methodological differences between the included studies emerged, which must be accounted for when considering the obtained results.

First, differences in the operationalization of violence and in the used instruments were found. Thirty-nine studies assessed IPV perpetration with some version of the Conflict Tactics Scale (CTS; Ayhan Balik and Bilgin, 2019; Bartholomew, Regan, White, et al., 2008; Causby et al., 2015; Balsam and Szymanski, 2005; Chong et al., 2013; Craft and Serovich, 2005; Craft et al., 2008; Edwards and Sylaska, 2013; Edwards et al., 2021; Leone et al., 2022; Lewis et al., 2017; Li et al., 2019; Li et al., 2022; Li and Zheng, 2017; Gabbay and Lafontaine, 2017a; Gabbay and Lafontaine, 2017b; Jones and Raghavan, 2012; Kelley et al., 2014; Lantdolt and Dutton, 1997; Lewis et al., 2018; Mason et al., 2016; McKenry et al., 2006; Milletich et al., 2014; Oringher and Samuelson, 2011; Pepper and Sand, 2015; Pistella et al., 2022; Stephenson, Rentsch, et al., 2011; Stults et al., 2021; Swan et al., 2019; Swann et al., 2021; Taylor and Neppl, 2019; Tognasso et al., 2022; Whitton et al., 2021; Wu et al., 2015; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Stults et al., 2016; Waterman et al., 1989; Whitton et al., 2019; Zavala, 2016). Other used assessment tools were: the Intimate Partner Violence Among Gay and Bisexual Men (IPV-GBM) Scale (10 studies; Davis et al., 2016; Jones and Raghavan, 2012; Sharma et al., 2020; Stephenson and Finneran, 2016; Stephenson and Finneran, 2017; Suarez et al., 2018; Wei et al., 2019; Wei, Cao

et al., 2020; Wei, Hou et al., 2020; Zhu et al., 2021); the Psychological Maltreatment of Women Inventory (three studies; Bartholomew, Regan, White, et al., 2008; Leone et al., 2022; Lewis et al., 2018) or its short form (one study; Lewis et al., 2017); the 30-item Abusive Behavior Inventory (ABI; two studies; Telesco, 2003; Turell et al., 2018); the Multidimensional Measure of Emotional Abuse (two studies; Fontanesi et al., 2020; Ummak et al., 2021); the Cold Violence Scale (one study; Li and Zheng, 2017); the SGM-Specific IPV Tactics Scale (one study; Swann et al., 2021); the Conflict in Adolescent Dating and Relationships Inventory (one study; Reuter et al., 2015); the Relational Pursuit-Pursuer Short Form (one study; Derlega et al., 2011); the Sexual Coercion in Intimate Relationships Scale (one study; Fontanesi et al., 2020); the Psychological Maltreatment Inventory (one study; Lantdolt and Dutton, 1997); the Sexual Experiences Survey (one study; Krahe et al., 2000); the Perpetration in Dating Relationships (PDR; one study; Jacobson et al., 2015); The Safe Dates—Psychological Abuse Perpetration scale (one study; Jacobson et al., 2015); the 19 items of the Psychological Abuse in Intimate Partner Violence Scale adapted to be used with same-sex couples (EAPA-P; Longares et al., 2018a; one study; Longares et al., 2018a); the Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B; one study; Poorman and Seelau, 2001); The Coercive Control Scale (one study; Whitton et al., 2019); SGM-Specific IPV Tactics Scale (one study; Whitton et al., 2019); the Cyber Abuse Scale (one study; Whitton et al., 2019); an adaptation of the scale developed by Smith et al. (1995; one study; Wong et al., 2010). In contrast, 19 studies (Bacchus et al., 2016; Bartholomew, Regan, White, et al., 2008; Bogart et al., 2005; Carvalho et al., 2011; Finneran and Stephenson, 2014; Finneran et al., 2012; Kelly et al., 2009; Li and Zheng, 2017; Longares et al., 2018b; Messinger et al., 2019; Miltz et al., 2019; Reuter et al., 2015; Schilit et al., 1991; Stephenson, De Voux, et al., 2011 Stephenson et al., 2013; Stults et al., 2019; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Toro-Alfonso and Rodríguez-Madera, 2004; Waterman et al., 1989) used items developed by authors to assess at least some forms of IPV perpetration (see table 2 for more details).

Second, only 15 studies (Balsam and Szymanski, 2005; Davis et al., 2016; Edwards et al. 2021; Fortunata and Kohn, 2003; Jones and Raghavan, 2012; Sharma et al., 2020; Stephenson and Finneran, 2016; Stephenson and Finneran, 2017; Suarez et al., 2018; Swann et al., 2021; Wei, Cao et al., 2020; Wei, Hou et al., 2020; Whitton et al., 2019; Whitton et al. 2021; Zhu et al., 2021) included instruments or items that addressed abusive tactics specific to sexual minority people (e.g., threats of outing, homonegativity and negative HIV-related attitudes). Furthermore, only slightly more than half of the studies were focused on the variables associated to the violence perpetrated within a same-sex relationship (40 studies; Ayhan Balik and Bilgin, 2019; Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Bartholomew, Regan, White, et al., 2008; Carvalho et al., 2011; Chong et al., 2013; Craft and Serovich, 2005; Davis et al., 2016; Edwards and Sylaska, 2013; Fontanesi et al., 2020; Gabbay and Lafontaine, 2017a; Gabbay and Lafontaine, 2017b; Jacobson et al., 2015; Jones and Raghavan, 2012; Kahle et al., 2020; Kelley et al., 2014; Lantdolt and Dutton, 1997; Leone et al., 2022; Lewis et al., 2017; Lewis et al., 2018; Li et a., 2019; Li et al., 2022; Li and Zheng, 2017; Longares et al., 2018b; Mason et al., 2016; Milletich et al., 2014; Pepper and Sand, 2015; Pistella et al., 2022; Poorman and Seelau, 2001; Schilit et al., 2008; Sharma et al., 2020; Stephenson and Finneran, 2016; Stephenson, De Voux, et al., 2011; Stephenson, Rentsch, et al., 2011; Stephenson et al., 2013; Suarez et al., 2018; Telesco, 2003; Tognasso et al. 2022; Wu et al., 2015), while the remaining articles did not specify in what kind of relationship the violence occurred (i.e., if within a relationship with a same-sex or opposite-sex partner).

Third, differences in the characteristics of the involved population emerged. Only one study used probabilistic methods of sampling (Bogart et al., 2005). Most (39 studies) included self-identified LGB+ people (Ayhan Balik and Bilgin, 2019; Bacchus et al., 2016; Bartholomew, Regan, Oram, et al., 2008; Bartholomew, Regan, White, et al., 2008; Bogart et al., 2005; Chong et al., 2013; Derlega et al., 2011; Edwards et al., 2021; Finneran and Stephenson, 2014; Finneran et al., 2012; Fontanesi et al., 2020; Fortunata and Kohn, 2003; Gabbay and Lafontaine, 2017a; Gabbay and Lafontaine, 2017b; Jacobson et al., 2015; Kelly et al., 2009; Lewis et al., 2017; Lewis et al.,

2018; Longares et al., 2018a; Longares et al., 2018b; Mason et al., 2016; Oringher and Samuelson, 2011; Pistella et al., 2022; Poorman and Seelau, 2001; Reuter et al., 2015; Schilit et al., 2008; Sharma et al., 2020; Stephenson and Finneran, 2016; Stephenson and Finneran, 2017; Stephenson, De Voux, et al., 2011; Stephenson et al., 2013; Swan et al., 2019; Taylor and Nepl, 2019; Telesco, 2003; Tognasso et al., 2022; Toro-Alfonso and Rodríguez-Madera, 2004; Turell et al., 2018; Ummak et al., 2021; Zavala, 2016). Regardless of their self-identified sexual orientation, 17 studies recruited participants on the basis of their involvement in a same-sex relationship (Balsam and Szymanski, 2005; Craft and Serovich, 2005; Craft et al., 2008; Edwards and Sylaska, 2013; Jones and Raghavan, 2012; Kahle et al., 2020; Kelley et al., 2014; Leone et al., 2022; Li et al., 2019; Li et al., 2022; Li and Zheng, 2017; Millettich et al., 2014; Pepper and Sand, 2015; Stephenson, Rentsch, et al., 2011; Suarez et al., 2018; Waterman et al., 1989; Wu et al., 2015), while twelve articles were focused on people who reported non-heterosexual sexual behaviors (Davis et al., 2016; Krahé et al., 2000; Miltz et al., 2019; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Stults et al., 2016; Stults et al., 2019; Stults et al., 2021; Wei et al., 2019; Wei, Cao et al., 2020; Wei, Hou et al., 2020; Zhu et al., 2021). In five studies participants were recruited based on one of the criteria reported above (i.e., sexual orientation, same-sex relationship, sexual behaviors; Messinger et al., 2019; Swann et al., 2021; Whitton et al., 2019; Whitton et al., 2021; Wong et al., 2010). Five articles did not specify based on what criteria they defined their participants as sexual minority people (Carvalho et al., 2011; Causby et al., 2015; McKenry et al., 2006; Lantdolt and Dutton, 1997; Schilit et al., 1991). In terms of age, education and ethnicity of the enrolled participants, most of the studies (54 studies) included in the current systematic review were focused on adult participants, mainly white and well-educated (Ayhan Balik and Bilgin, 2019; Bacchus et al., 2016; Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Bartholomew, Regan, White, et al., 2008; Bogart et al., 2005; Carvalho et al., 2011; Chong et al., 2013; Derlega et al., 2011; Edwards and Sylaska, 2013; Edwards et al., 2021; Finneran et al., 2012; Fontanesi et al., 2020; Fortunata and Kohn, 2003; Gabbay and Lafontaine, 2017a;

Gabbay and Lafontaine, 2017b; Jacobson et al., 2015; Kahle et al., 2020; Kelley et al., 2014; Kelly et al., 2009; Krahe et al., 2000; Lantdolt and Dutton, 1997; Leone et al., 2022; Lewis et al., 2017; Lewis et al., 2018; Li and Zheng, 2017; Li et al., 2022; Longares et al., 2018a; Longares et al., 2018b; Mason et al., 2016; McKenry et al., 2006; Milletich et al., 2014; Miltz et al., 2019; Oringher and Samuelson, 2011; Pepper and Sand, 2015; Pistella et al., 2022; Schilit et al., 1991; Schilit et al., 2008; Sharma et al., 2020; Stephenson and Finneran, 2017; Stephenson, De Voux et al., 2011; Stephenson, Rentsch, et al., 2011; Suarez et al., 2018; Swan et al., 2019; Taylor and Nepl, 2019; Tognasso et al., 2022; Toro-Alfonso and Rodríguez-Madera, 2004; Turell et al., 2018; Ummak et al., 2021; Waterman et al., 1989; Wei, Cao et al., 2020; Wei et al., 2019; Wei, Hou et al., 2020; Zhu et al., 2021). Only five studies involved adolescents (Poorman and Seelau, 2001; Reuter et al., 2015; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Stults et al., 2016; Whitton et al., 2019), three were mainly focused on HIV-positive participants (Bogart et al., 2005; Craft and Serovich, 2005; Wu et al., 2015), and in 20 articles ethnic minorities or ethnically diverse people were the population of interest (Craft and Serovich, 2005; Craft et al., 2008; Davis et al., 2016; Finneran and Stephenson, 2014; Jones and Raghavan, 2012; Li et a., 2019; Messinger et al., 2019; Reuter et al., 2015; Stephenson and Finneran, 2016; Stephenson et al., 2013; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Stults et al., 2016; Stults et al., 2019; Stults et al., 2021; Swann et al., 2021; Whitton et al., 2021; Wong et al., 2010; Wu et al., 2015; Zavala, 2016). The study by Causby et al. (2015) did not specify the characteristics of the included participants.

Finally, while the characteristic of both partners can influence and being influenced by IPV perpetration, only eleven studies used dyadic techniques of data analysis (Lantdolt and Dutton, 1997; Leone et al., 2022; Lewis et al., 2018; Li et a., 2019; Li et al., 2022; Schilit et al., 2008; Sharma et al., 2020; Stephenson, Rentsch, et al., 2011; Stephenson et al., 2013; Suarez et al., 2018; Turell et al., 2018), and only two adopted a longitudinal design (Lewis et al., 2018; Stults et al., 2019), while the remaining 76 articles were cross-sectional in nature.

Main findings

The following classes of variables (see Table 1 for a definition of each class of variables) were identified as factors associated to the perpetration of IPV among sexual minority people: sociodemographic factors; psychological factors; relational factors; social and community-level factors; feminine and masculine gender expression; Intimate Partner Violence; family of origin-related factors; substance use; medical conditions; sexual behaviors; sexual minorities-specific factors (see Table 2 for a summary of the results found within the studies included and their methodological characteristics).

Table 1. Definition of the IPV associated factors analyzed in the results section

Factor	Definition
Socio-demographic factors	Social and Cultural factors that characterize a specific person/population
Psychological factors	Personality traits, mental representations and functioning, and mental health symptoms
Relational factors	Characteristics of the relationship (i.e., duration, monogamy, cohabitation), dyadic satisfaction or adjustment and conflict resolution skills, communication and power dynamics
Social- and community-level factors	Characteristics of the social network and perceived social support
Feminine and masculine gender expression, and sexism	Behavioral or personal characteristics consistent with masculine or feminine gender stereotypes, and negative attitudes based on sex
Intimate Partner Violence	Forms of violence experienced and episodes of IPV victimization
Family of origin-related factors	Previous experiences of violence (witnessed or suffered) or harsh parenting within the family of origin
Substance use	Alcohol and drug use and abuse
Medical conditions	Sexually Transmitted Infections and PrEP use
Sexual behaviors	Years at anal sexual debut, number of partners, characteristics of sexual intercourses, and unprotected sex
Sexual minority-specific factors	Minority stressors (i.e., experiences of discriminations, perceived stigma, internalized homonegativity, and outness) and gay identity development

Table 2. Characteristics of the included studies

Author(s)	Title	Country	Participants	Form(s) of IPV assessed	Assessment tool(s)	Conclusions
Ayhan Balik, & Bilgin (2019)	Experiences of Minority Stress and Intimate Partner Violence Among Homosexual Women in Turkey	Turkey	N= 149 (F)	Psychological, physical, sexual IPV, and injury	CTS2	Outness was positively associated to physical, psychological, and sexual IPV perpetration (not to injury). Discrimination was not associated to IPV perpetration. Internalized homonegativity was positively associated only to sexual IPV perpetration.
Bacchus, Buller, Ferrari, Peters, Devries, Sethi, White, Hester, & Feder (2016)	Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey	England	N= 532(M)	Negative behaviors towards the partner, defined as frightening him/her; demanding that the partner asks for permission to work, go shopping, visit relatives or visit friends; physical violence; sexual coercion	Survey developed by the authors based on Comparing Heterosexual and Same Sex Abuse in Relationships (COHSAR) survey	Depression was not associated with IPV perpetration. There was a marginal association between symptoms of mild anxiety disorder and any negative behaviors in the past 12 months, while symptoms of mild anxiety disorder were not associated with physical abuse, frightening, forcing sex, or controlling behaviors. Alcohol use was not associated with IPV perpetration. Alcohol dependence or abuse was not associated with IPV perpetration. Participants who reported frightening and physically hurting their partner were at increased risk of cannabis use compared to those who did not; there were no differences in cannabis use between those who perpetrate forcing sex or any abusive behaviors in the past 12 months, or those whose partner need to ask permission to doing activities, and those who did not; physically hurting a partner, but no other forms of abuse, was related with class A drugs use. Perpetrators of any abusive behaviors in the past 12 months were at lower risk of having a diagnosis of sexually transmitted infections (STI) than non-perpetrators; perpetrators of physical abuse, frightening, forcing sex, or controlling behaviors did not differ from those who did not perpetrate these forms of violence in the risk of having an STI diagnosis

<p>Balsam & Szymanski (2005)</p>	<p>Relationship Quality and Domestic Violence in Women's Same-Sex Relationship: The Role Of Minority Stress</p>	<p>US</p>	<p>N=272 (F)</p>	<p>Any IPV (physical and sexual); verbal IPV; LGB-specific tactics of psychological aggression</p>	<p>Conflict Tactics Scale, Revised Edition (CTS2) to assess physical/sexual and verbal IPV; 5 items developed by authors concerning LGB-specific tactics of psychological aggression</p>	<p>Age was not associated with IPV perpetration. Education was negatively associated with lifetime physical and sexual IPV, but not with recent IPV. Income was not associated with IPV perpetration. Dyadic adjustment was negatively associated with IPV perpetration. Gender expression was not associated with IPV perpetration. Lifetime discrimination was associated with psychological and physical/sexual (not LGB-specific abuse) IPV perpetration, while past-year discrimination was not. Experiences of discrimination were not associated with IPV perpetration. Outness was not related to IPV perpetration. Internalized homonegativity was positively associated with physical/sexual IPV, and this relation was fully mediated by dyadic adjustment; internalized homonegativity was not related to psychological IPV and LGB-specific abuse.</p>
<p>Bartholomew, Regan, Oram, White (2008)</p>	<p>Correlates of Partner Abuse in Male Same-Sex Relationships</p>	<p>Canada</p>	<p>N= 186 (M)</p>	<p>Psychological and physical abuse</p>	<p>A modified version by Bartholomew et al. (2008) of the Conflict Tactics Scales (CTS).</p>	<p>Age was not associated with IPV perpetration. Less educated people were at increased risk of IPV perpetration, however, when controlling for IPV victimization this association was no longer significant. Income was negatively associated with physical, but not emotional, IPV perpetration; however, this relation was no longer significant when controlling for IPV victimization. Attachment anxiety was associated with IPV perpetration; however, only attachment anxiety assessed through interview, and not self-reported anxious attachment, was still associated with physical and psychological IPV perpetration when controlling for IPV victimization; attachment avoidance was associated with IPV perpetration, however, only attachment avoidance assessed through interview was associated with physical and psychological IPV perpetration, while self-reported attachment avoidance was not. IPV victimization was associated with IPV perpetration. Witnessing violence in the family of origin was not associated with IPV perpetration. Childhood maltreatment was positively associated with IPV perpetration. Alcohol and drug use were both positively associated with IPV perpetration; however, these relations were no longer significant when controlling for IPV victimization. HIV status was not related to IPV perpetration. outness was positively related to IPV perpetration when controlling for internalized homonegativity, though this relation became non-significant when controlling for both</p>

						internalized homonegativity and violence receipt. Internalized homonegativity was positively associated with IPV perpetration.
Bartholomew, Regan, White, & Oram (2008)	Patterns of Abuse in Male Same-Sex Relationships	Canada	N=284 (M)	Physical abuse; psychological abuse; sexual abuse; physical injury	CTS to assess physically abusive acts; 13 items derived from the latest version of the CTS and the Psychological Maltreatment of Women Inventory both used to assess psychological abuse; 7 items developed by the authors, of which 2 used to assess sexual abuse and 5 used to assess physical injury	IPV victimization was associated with IPV perpetration. Psychological, sexual, and psychological IPV, and physical injury were associated with each other, however, the association between physical IPV and physical injury was no longer significant when controlling for IPV victimization

Bogart, Collins, Cunningham, Beckman, Golinelli, Eisenman, & Bird (2005)	The Association of Partner Abuse with Risky Sexual Behaviors Among Women and Men with HIV/AIDS	US	N=726, 286 (F), 440 (M)	Any IPV (threats to hurt the partner, physical violence and sexual coercion)	8 items developed by the authors	Unprotected sex was associated with IPV perpetration.
Carvalho, Lewis, Derlega, Winstead, & Viggiano (2011)	Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence	US	N=567, 262 (F), 305 (M)	Any IPV	1 item developed by the authors	Perceived stigma was positively associated with IPV perpetration. Neither outness nor internalized homonegativity were related to IPV perpetration.
Causby, Lockhart, White, & Greene (2015)	Fusion and Conflict Resolution in Lesbian Relationships	US	N=275 (F)	Verbal aggression, physical aggression, physical violence	CTS	Self-esteem was negatively associated with IPV perpetration. Share fusion was associated with physical aggression, physical/more severe violence, and psychological violence, while time fusion was only associated with physical aggression and psychological violence
Chong, Mak, & Kwong (2013)	Risk and Protective Factors of Same-Sex Intimate Partner Violence in Hong Kong	Hong Kong	N=306, 192 (F), 114 (M)	Psychological aggression and physical assault	CTS2	No gender differences in IPV perpetration were found; Age was not associated with IPV perpetration. Sexual orientation was not associated with IPV perpetration. Less educated people were at increased risk of IPV perpetration. Income was negatively associated with physical, but not sexual, IPV perpetration. Anger management was negatively associated with physical and psychological IPV perpetration, and the relation between anger management and physical IPV perpetration was fully mediated by psychological IPV. Self-efficacy was not associated with IPV perpetration. Cohabitation with a same-sex partner was not associated with physical or psychological IPV perpetration. Length of relationship was not associated with IPV perpetration. Dominance was positively associated with IPV perpetration; however, this relation was no longer significant when controlling for demographic variables. Relationship conflict was positively associated with physical and psychological IPV. Physical and psychological aggression were positively correlated. Substance use (i.e., both alcohol and other drugs use) was positively associated with physical, but not psychological, IPV perpetration. Internalized homonegativity was not associated with IPV perpetration.

Craft & Serovich (2005)	Family-of-Origin Factors and Partner Violence in the Intimate Relationships of Gay Men Who Are HIV Positive	US	N=51 (M)	Physical assault, psychological aggression, sexual coercion, physical injury	CTS2	Witnessing violence from mother-to-father was positively associated with sexual coercion, while witnessing violence from father-to-mother was not. Witnessing violence (both from mother-to-father and from father-to-mother) was not associated with psychological IPV, physical assault or physical injury perpetration
Craft, Serovich, McKenry, & Young Lim (2008)	Stress, Attachment Style, and Partner Violence Among Same-Sex Couples	US	N= 87, 46 (M), 41 (F)	Psychological aggression; physical aggression; sexual coercion	CTS2	No gender differences in IPV perpetration were found. Perceived stress was positively associated with IPV perpetration, and this relation was fully mediated by insecure attachment.
Davis, Kaighobadi, Stephenson, Rael, & Sandfort (2016)	Associations Between Alcohol Use and Intimate Partner Violence Among Men Who Have Sex with Men	US	N=189 (M)	Physical and sexual, monitoring, controlling, HIV related-IPV, and emotional violence + a total score (any IPV)	IPV-GBM Scale	Alcohol use was associated with physical/sexual and emotional IPV toward both regular and casual partner, and with controlling and HIV-related IPV perpetration toward regular, but not casual, partner; monitoring IPV perpetration was not associated with alcohol use
Derlega, Winstead, Pearson, Janda, & Lewis (2011)	Unwanted Pursuit in Same-Sex Relationships: Effects of Attachment Styles, Investment Model Variables, and Sexual Minority Stressors	US	N=153, 84 (F), 66 (M), 3 (Unidentified)	UPB perpetration; Aggressive behaviors	The 28-item Relational Pursuit–Pursuer Short Form Questionnaire	Men engaged in more pursuit behaviors than women did. No gender differences were found regarding aggressive behaviors. Attachment anxiety was associated with perpetration of pursuit behaviors, but not with aggressive behaviors; attachment avoidance was not associated with pursuit or aggressive behaviors. Relationship satisfaction was not associated with perpetration of pursuit or aggressive behaviors. Higher scores in investment size, not in poor quality of alternatives or commitment in relationships, were related to perpetration of unwanted pursuit behaviors (and not with aggressive behaviors). Frequency of minority stressors experienced was not associated with perpetration of pursuit behaviors or negative behaviors.
Edwards, Siller, Littleton, Wheeler, Chen, Sall, & Lim (2021)	Minority Stress and Sexual Partner Violence Victimization and Perpetration Among LGBQ+ College Students: The Moderating Roles of Hazardous Drinking and Social Support	US	N= 1221, 885 (F), 175 (M), 119 (Genderqueer, gender nonconforming, or nonbinary), 32 (transgender), 4 (other), 6 (not disclosed)	Sexual IPV	SGM-CTS2	IPV perpetration was positively related to IPV victimization. IPV perpetration was unrelated to problem drinking, minority stress, or social support. Minority stress (identity concealment; internalized homonegativity; stigma consciousness) was not related to perpetrating IPV. Problem drinking moderated the relation between minority stress and IPV perpetration: among those with higher levels of problem drinking, minority stress was associated with a higher likelihood of perpetration, while this relation was not significant at low levels of problem drinking. Social support did not moderate this relation.

Edwards & Sylaska (2013)	The Perpetration of Intimate Partner Violence among LGBTQ College Youth: The Role of Minority Stress	US	N= 391, 191 (M), 178 (F), 18 (genderqueer), 4 (other)	Physical, sexual and psychological abuse	CTS2	Experiences of discrimination were not associated with IPV perpetration. Internalized homonegativity was associated with physical and sexual IPV perpetration, but not with psychological IPV
Finneran & Stephenson (2014)	Intimate Partner Violence, Minority Stress, and Sexual Risk-Taking Among U.S. Men Who Have Sex With Men	US	N=1575(M)	Physical and sexual IPV	2 items developed by the authors	Age was not associated with IPV perpetration. Sexual orientation was not associated with IPV perpetration. Ethnicity was not associated with IPV perpetration. Education was negatively associated with physical, but not sexual, IPV perpetration. Employment was not associated with IPV perpetration. Sexual IPV perpetration was associated with psychological, but not physical, IPV perpetration; psychological IPV perpetration was associated with physical IPV perpetration. HIV status was not related to IPV perpetration. Perpetrators of physical IPV were more likely to have had unprotected anal intercourse than non-perpetrators of physical IPV; no differences in unprotected anal intercourse emerged between perpetrators of sexual IPV and non-perpetrators of sexual IPV; physical IPV, but not sexual IPV, was higher among participants who have had unprotected anal intercourses (UAI) compared with those who have not had. Homophobic discrimination was positively associated with IPV perpetration in the ANOVA test, while this relation was not significant in the logistic model. Internalized homonegativity was associated with sexual IPV, but not with physical IPV, perpetration.
Finneran, Chard, Sineath, Sullivan, & Stephenson (2012)	Intimate Partner Violence and Social Pressure among Gay Men in Six Countries	US, Canada, Australia, the United Kingdom, South Africa, and Brazil.	N=2368 (M)	Physical and sexual violence	2 items developed by the authors	Age was associated with sexual IPV perpetration only in USA (participants aged between 25 and 34 were at increased risk of IPV) and Australia (participants older than 34 were at increased risk of IPV), and not in Canada, Brazil, South Africa, United Kingdom. Education was associated with IPV perpetration only in Canada: those who had more than 12 years of education were less likely to perpetrate IPV. Internalized homonegativity was positively associated with IPV only in United Kingdom. Ethnicity, HIV status, drug use, behavioral bisexuality, homophobic discrimination, and heteronormativity were not associated with IPV.

<p>Fontanesi, D'Urso, Panzeri, & Pace (2020)</p>	<p>The Role of Attachment Style in Predicting Emotional Abuse and Sexual Coercion in Gay and Lesbian People: An Explorative Study</p>	<p>Italy</p>	<p>N= 182, 106 (F), 76 (M)</p>	<p>Emotional abuse (restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation); sexual coercion</p>	<p>The Multidimensional Measure of Emotional Abuse to assess emotional abuse; The Sexual Coercion in Intimate Relationship Scale to assess sexual coercion</p>	<p>No gender differences in IPV perpetration were found. Confidence was negatively associated with commitment defection and manipulation, but not with coercion of resources and violence; a positive association was found between confidence and acted emotional abuse; discomfort with closeness was negatively associated with coercion of resources and violence, but was not related to commitment defection, manipulation, and acted emotional abuse; need for approval was negatively related to coercion of resources and violence, and manipulation, but not with commitment defection or acted emotional abuse; preoccupation with relationship was positively related to commitment defection, and negatively associated to coercion of resources and violence, manipulation, and acted emotional abuse; relationship being secondary was not associated with sexual coercion or acted emotional abuse.</p>
<p>Fortunata & Kohn (2003)</p>	<p>Demographic, Psychosocial, and Personality Characteristics of Lesbian Batterers</p>	<p>US</p>	<p>N=100 (F); perpetrators= 38, non-perpetrators= 62</p>	<p>Physical violence</p>	<p>the CTS-L (Lesbian): Conflict Tactics Scale (CTS; Straus, 1979) as modified by Coleman (1991) for lesbian couples</p>	<p>Ethnicity was not associated with IPV perpetration. Batterers' partners had lower income than non-batterers' partners. Employment was not associated with IPV perpetration. Batterers had higher scores on the Aggressive (Sadistic), Antisocial, Avoidant, Passive-Aggressive, Self-Defeating, Borderline, Paranoid, and Schizotypal personality scale scores and higher Alcohol-Dependent, Drug-Dependent, Bipolar (Manic Syndrome), and Delusional clinical syndrome scale scores; however, no significant differences between batterers and non-batterers emerged in the scores on compulsive, dependent, depressive, histrionic, narcissistic, schizoid, anxiety, dysthymia, PTSD, somatoform, major depression and thought disorders scales; when controlling for desirability and debasement, group differences for the Avoidant, Bipolar (Manic Syndrome), Dependent, Passive-Aggressive, Schizoid, Schizotypal, and Self-Defeating personality were no longer significant. Having a child was not associated with IPV perpetration. Batterers and non-batterers did not differ regarding monogamous relationships. Childhood maltreatment was positively associated with IPV perpetration. There were no differences between abusers and non-abusers in having a family member during childhood who abused substances. Alcohol use, alcohol dependence or abuse, and drug use were positively associated with IPV perpetration.</p>

Gabbay & Lafontaine (2017a)	Do Trust and Sexual Intimacy Mediate Attachment's Pathway Toward Sexual Violence Occurring in Same Sex Romantic Relationships?	Canada and US	N=310, 107 (M), 203 (F)	Sexual violence	CTS2	Attachment anxiety was associated with sexual IPV perpetration; this association was fully mediated by dyadic trust and sexual intimacy in a serial mediation model; attachment avoidance was associated with sexual IPV perpetration, and this relation was partially mediated by dyadic trust and sexual intimacy in a serial mediation model.
Gabbay & Lafontaine (2017b)	Understanding the Relationship between Attachment, Caregiving, and Same Sex Intimate Partner Violence	Canada and US	N=310, 107 (M), 203 (F)	Psychological and physical violence	CTS2	No gender differences in IPV perpetration were found. Attachment anxiety was not associated with IPV perpetration; attachment avoidance was associated with physical, but not psychological, IPV perpetration, and this relation was no longer significant when controlling for receipt of violence; the proximity dimension of caregiving (and not sensitivity, compulsive caregiving and controlling caregiving) was negatively associated with physical and psychological IPV perpetration, although this relation was not significant when controlling for receipt of violence; a significant association was found between psychological IPV perpetration and both hyperactivation of the attachment and caregiving systems and deactivation of the attachment and caregiving systems, even in the presence of each other. Regarding physical IPV perpetration, only hyperactivation was still associated with physical couple violence when controlling for the effect of deactivation strategies. None of these findings were significant when receipt of violence was controlled for. IPV victimization was associated with IPV perpetration
Jacobson, L.E., Daire, A.P., Abel, E.M. & Lambie, G. (2015)	Gender Expression Differences in Same-Sex Intimate Partner Violence Victimization, Perpetration, and Attitudes among LGBTQ College Students	US	N=278, 115 (M), 163 (F)	Any IPV (Physical and sexual violence); psychological abuse	The Perpetration in Dating Relationships (PDR) to assess physical and sexual violence; The Safe Dates—Psychological Abuse Perpetration scale (SD-PAP) to assess psychological abuse	Masculinity was positively associated with IPV perpetration

Jones & Raghavan (2012)	Sexual Orientation, Social Support Networks, and Dating Violence in an Ethnically Diverse Group of College Students	US	N=114, 60 (M), 54 (F)	physical dating violence; sexual dating violence	CTS2	Being involved in a male network composed by perpetrators of violence was positively associated with dating or sexual violence only among lesbian women and not among gay men
Kahle, Sharma, Sullivan, & Stephenson (2020)	The Influence of Relationship Dynamics and Sexual Agreements on Perceived Partner Support and Benefit of PrEP Use Among Same-Sex Male Couples in the U.S.	US	N=659 (M)	Any IPV (Physical, sexual, monitoring, controlling and emotional)	IPV-GBM Scale	IPV perpetrators did not differ with non-perpetrators in thinking their partner would not support their PrEP use or in not knowing if their partner would support their PrEP use, or in their perception of benefits provided by PrEP use
Kelley, Milletich, Lewis, Winstead, Barraco, & Padilla (2014)	Predictors of Perpetration of Men's Same-Sex Partner Violence	US	N=107 (M)	Physical violence	CTS2	Alcohol use was associated with IPV perpetration, and this relation was moderated by outness: only at high levels of outness, this association was significant. IPV perpetrators have lower levels of outness compared with non-perpetrators. Internalized homonegativity was positively associated with IPV perpetration.
Kelly, Izienicki, Bimbi, & Parsons (2009)	The intersection of mutual partner violence and substance use among urban gays, lesbians, and bisexuals	US	N=2200, 1782 (M), 418 (F)	Physical and non-physical (verbal threats, property destruction) violence	1 measure developed by the authors	Alcohol and drug use were not associated with IPV perpetration.
Krahé, Scheinberger-Olwig, & Kolpin (2000)	Ambiguous Communication of Sexual Intentions as a Risk Marker of Sexual Aggression	Germany	Study 1: N=526, 283 (F), 243 (M); Study 2: N= 454, 173 (F), 281 (M)	Sexual aggression	The Sexual Experiences Survey (SES)	Token resistance was positively associated with sexual violence, while the association between sexual violence and compliance was not significant.

Lantdolt & Dutton (1997)	Power and Personality: An Analysis of Gay Male Intimate Abuse	US	N=52 same-sex couples	Physical abuse; emotional abuse	CTS to assess physical abuse; Psychological Maltreatment Inventory (PMI), used to assess emotional abuse	<p>Both actor's and partner's Abusive Personality was associated with physical and psychological IPV perpetration; more specifically, each constituent of the Abusive Personality of both the actor and the partner were associated with psychological IPV perpetration; for physical IPV perpetration both actor and partner effects were significant for BPO, fearful, and preoccupied attachment, while neither actor nor partner effects were significant for anger and paternal rejection, and only actor effects were significant for maternal rejection. Both actor's and partner's Abusive Personality was associated with physical and psychological IPV perpetration; more specifically, each constituent of the Abusive Personality of both the actor and the partner were associated with psychological IPV perpetration; for physical IPV perpetration both actor and partner effects were significant for BPO, fearful, and preoccupied attachment, while neither actor nor partner effects were significant for anger and paternal rejection, and only actor effects were significant for maternal rejection. ,</p> <p>perpetration of psychological IPV by abusers was higher when victims perceive to be in a divided-power couple compared when victims perceived to be in an egalitarian couple. No other differences regarding psychological IPV perpetration emerged when comparing victims' perception of being in a divided-power, egalitarian or self-dominant couple; couples that disagree in their perception of relationship power dynamics (i.e., non-congruent couples) did not differ from congruent couple in their levels of IPV perpetration.</p>
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Leone, Ehlke, Norris, Sandoval, Butler, Winstead, Kelley, & Lewis (2022)	A dyadic examination of alcohol use and intimate partner aggression among women in same-sex relationships	US	N= 163 couples (F)	Physical and psychological IPV	CTS2, PMWI	Participants' drink per week (DPW) consumed were positively related to one's own physical, but not psychological, IPV perpetration. Partner's DPW was associated with participants' psychological, but not physical, IPV perpetration. Participants' hazardous alcohol use was associated with both physical and psychological IPV perpetration, while partner's hazardous drink use was associated only to psychological IPV perpetration.
Lewis, Mason, Winstead, & Kelley (2017)	Empirical Investigation of a Model of Sexual Minority Specific and General Risk Factors for Intimate Partner Violence Among Lesbian Women	US	N=1048 (F)	Psychological aggression (dominance-isolation (e.g., jealousy, treating as an inferior, and isolation from resources) and emotional-verbal violence (e.g., name calling, screaming, and swearing); physical violence	The 28-item short form of the Psychological Maltreatment of Women Inventory (PMWI) to assess psychological aggression; the 12 physical assault items from the CTS2 to assess physical violence	While physical violence perpetration and victimization were each other associated, only the association between psychological IPV perpetration and psychological IPV victimization was significant, but the opposite directional path was not. A complex relation between discrimination, internalized homonegativity, perpetrator trait anger, perpetrator's and partner's alcohol problems, perpetrator's relationship dissatisfaction, and psychological and physical violence.
Lewis, Winstead, Braitman, & Hitson (2018)	Discrepant Drinking and Partner Violence Perpetration Over Time in Lesbians' Relationships	US	N=1052(F)	Physical assault; psychological maltreatment	12 items from the Physical Assault subscale and six items from the Injury subscale of the CTS2 for physical aggression; the short form of the PMWI for psychological aggression	Physical aggression was associated with discrepant drinking between partners at a later time point, while discrepant drinking was not related to subsequent physical aggression; discrepant drinking was associated with subsequent psychological aggression and vice versa

Li, Cao, Zhou, & Mills-Koonce (2019)	Internalized Homophobia and Relationship Quality among Same-Sex Couples: The Mediating Role of Intimate Partner Violence	US	N=144 same-sex couples	Physical IPV; psychological IPV	The Conflict Tactics Scale-Couple Form Revised (CTS-CF-R)	Relationship satisfaction was negatively associated with psychological, but not physical, IPV perpetration. Participants' and partner's internalized homonegativity were associated with psychological, but not physical, IPV.
Li, Curran, Butler, Mills-Koonce, & Cao (2022)	Sexual Minority Stressors and Intimate Partner Violence Among Same-Sex Couples: Commitment as a Resource	US	N= 144 couples, 109 (F), 35 (M)	Physical and psychological IPV	The Conflict Tactics Scale-Couple Form Revised (CTS-CF-R; Straus et al., 1996)	<p>Internalized homophobia and discrimination were positively associated to IPV perpetration, while commitment in the relationship was negatively associated to IPV perpetration. Commitment moderated the association between internalized homonegativity and partner's (not participants') psychological (not physical) IPV perpetration: when commitment was high, this association was no longer significant. No other moderating effects of commitment on the association between internalized homonegativity and participants' or partner's IPV perpetration were found. Own's commitment (not partner's commitment) moderated the association between own's discrimination (not partner's discrimination), and participants' and partner's psychological IPV perpetration prevalence and frequency: at high levels of commitment these relations were no longer significant. No other moderating effects of own's or partner's commitment in the relation between own's or partner's discrimination and participants' or partner's IPV perpetration prevalence or frequency were found. Individuals' (not partner's) internalized homophobia was positively related to a higher frequency (not prevalence) of individuals' own and the partner' psychological (not physical) IPV perpetration through lower levels individuals own' commitment (not through partner's commitment).</p> <p>Individuals' discrimination (not partner's discrimination) was negatively related to frequency (not prevalence) of individual's own and the partner's psychological (not physical) IPV perpetration through higher levels of partner's commitment (not individual's own commitment). Individuals' (not partner's) internalized homophobia was positively related to individual's own and the partner's physical (not psychological) IPV perpetration through lower levels of individual's own commitment. Individuals' (not partner's) discrimination was negatively related to</p>

						lower likelihood of individuals' own and the spouses' physical (not psychological) IPV perpetration through higher levels of partner's (not individual's own) commitment. No other mediating effects of commitment on IPV perpetration were detected
Li, & Zheng (2017)	Intimate Partner Violence and Controlling Behavior Among Male Same-Sex Relationships in China: Relationship With Ambivalent Sexism	China	N= 272 (M)	Psy, phys, sex, inj; Cold violence (economic and personal control, emotional and sexual negligence); Dominance, Emotional Control, Financial Control, Intimidation, Social/Isolation, and Threats.	CTS2S; Cold Violence Scale; 34-item scale designed by the researchers	Number of sexual partner was positively related only to perpetration of emotional negligence, emotional control, and threats, but not to psychological, physical, sexual IPV, and injury, economic and personal control, dominance, financial control, intimidation, social/isolation. Both benevolent and hostile sexism toward women was positively associated to Cold Violence perpetration, but not to IPV or controlling behaviors perpetration. Hostile attitudes toward men were positively related only to controlling behaviors perpetration, while Hostile sexism toward men was not associated to IPV perpetration, Cold Violence, or controlling behaviors.

Longares, Escartín, Barrientos, & Rodríguez-Carballeira (2018a)	Insecure Attachment and Perpetration of Psychological Abuse in Same-Sex Couples: A Relationship Moderated by Outness	Spanish-speaking people who were mostly residents in Spain (44.26%), Mexico (20%), Chile (8.5%), and Venezuela (8.5%).	N=305, 157 (M), 148 (F)	Psychological abuse	Adaptation of the 19 items on the Psychological Abuse in Intimate Partner Violence Scale (EAPA-P)	Insecure adult attachment was associated with psychological IPV; outness moderated this relation: at low levels of overall outness, the relationship between insecure attachment and psychological IPV was not significant; similarly, at low and high levels of outness to religion this association was not significant; outness to the family did not moderate the association between insecure attachment and psychological IPV. Overall outness, and not outness to religion and outness to the family, was positively related to psychological IPV perpetration.
Longares, Escartín, Barrientos, & Rodríguez-Carballeira (2018b)	Psychological abuse in Spanish same-sex couples: prevalence and relationship between victims and perpetrators	Spain	N=107, 54 (M), 53 (F)	Psychological abuse	items developed by authors	No gender differences in IPV perpetration were found. IPV victimization was associated with IPV perpetration.
Mason, Lewis, Gargurevich, & Kelley (2016)	Minority stress and intimate partner violence perpetration among lesbians: Negative affect, hazardous drinking, and intrusiveness as mediators	US	N=342 (F)	Physical IPV	CTS2	A complex relation between general life stress, distal and proximal minority stressors, negative affect, hazardous alcohol use, intrusiveness, and physical IPV perpetration was detected.
McKenry, Serovich, Mason, & Mosack (2006)	Perpetration of Gay and Lesbian Partner Violence: A Disempowerment Perspective	US	N=77, 40 (M), 37 (F)	Physical violence	CTS2	Non-perpetrating females reported higher psychological adjustment compared with non-perpetrating males, and male and female perpetrators. IPV perpetrators experienced more family stress than non-perpetrators. Self-esteem was negatively associated with IPV perpetration. Perpetrators have less secure attachment style than non-perpetrators. Relationship satisfaction was not associated with IPV perpetration. Dependence was not related to IPV perpetration. Perceived power differentials were not associated with IPV perpetration. Masculinity was positively associated with IPV perpetration. Witnessing violence in the family of origin was not

						associated with IPV perpetration. Perpetrators of IPV grew up in lower SES families than non-perpetrators. Alcohol use was positively associated with IPV perpetration. Internalized homonegativity was positively associated with IPV perpetration.
Messinger, Dyar, Birmingham, Newcomb, & Whitton (2019)	Sexual and Gender Minority Intimate Partner Violence and Childhood Violence Exposure	US	N= 457 (FAB SGM)	Physical and psychological violence	Two items developed by the authors	Older and Black and Latin participants were more likely to perpetrate IPV than younger and White participants. Parental verbal and physical IPV were positively associated to psychological e physical IPV. Childhood sexual abuse was related only to physical IPV perpetration. To witness violence between siblings was positively associated only to psychological IPV perpetration; to witness parental violence to both physical and psychological IPV. Gender of perpetrator of violence in the family of origin was not associated to IPV perpetration
Milletich, Gumienny, Kelley, & D'Lima (2014)	Predictors of Women's Same-Sex Partner Violence Perpetration	US	N=209 (F)	Physical violence	CTS2	Less educated people were at increased risk of IPV perpetration. Fusion was positively associated with IPV perpetration. Dominance/accommodation was not directly associated with IPV perpetration, however, an indirect relation mediated by fusion was found between these variables. Witnessing violence in the family of origin was not associated with IPV perpetration. Internalized homonegativity was not directly related to IPV perpetration, while there was a positive indirect association between these variables that was mediated by fusion.
Miltz, Lampe, Bacchus, McCormack, Dunn, White, Rodger, Phillips, Sherr, Clarke, McOwan, Sullivan, & Gafos (2019)	Intimate partner violence, depression, and sexual behaviour among gay, bisexual and other men who have sex with men in the PROUD trial	England	N=436 (M)	Any IPV (Psychological, physical and sexual)	10 items developed by the authors	Sexual orientation was not associated with IPV perpetration. Ethnicity was not associated with IPV perpetration. Less educated people were at increased risk of IPV perpetration. Employment was not associated with IPV perpetration. Depression was positively associated with IPV perpetration. Drug use during sex was associated with IPV perpetration. Years at anal sexual debut and number of sexual partners were not associated with IPV. perpetration. Having group sex was associated with perpetration of lifetime, but not past year, IPV. Unprotected sex was not associated with IPV perpetration. Outness was not related to IPV perpetration. Internalized homonegativity was positively associated with IPV perpetration.

Oringer & Samuelson (2011)	Intimate Partner Violence and the Role of Masculinity in Male Same-Sex Relationships	US	N=117 (M)	Physical assault, sexual coercion and injury	CTS2	A positive association was found between physical IPV victimization and physical IPV perpetration, and between sexual IPV victimization and sexual IPV perpetration; sexual and physical IPV perpetration were positively associated. Several dimensions of masculinity were associated with physical IPV perpetration: suppression of vulnerability and aggressiveness were both positively related to physical IPV perpetration, while avoidance of dependency on other was negatively related to physical IPV perpetration; the association between self-destructive achievement and dominance, and physical IPV perpetration was not significant; no dimensions of masculinity were associated with sexual IPV perpetration.
Pepper & Sand (2015)	Internalized Homophobia and Intimate Partner Violence in Young Adult Women's Same-Sex Relationships	US	N=40 (F)	Physical aggression, psychological assault, sexual coercion, injury	CTS2	Psychological maladjustment was positively associated with psychological, but not physical or sexual, IPV perpetration. Hostility was positively associated with IPV perpetration. Emotional instability was positively related to physical and psychological IPV perpetration, but not with sexual IPV. Negative worldview was associated with psychological, but not physical or sexual, IPV perpetration. Emotional unresponsiveness was not associated with IPV perpetration. Negative self-esteem and self-adequacy were not associated with IPV perpetration. Dependence was not related to IPV perpetration. Physical IPV victimization was associated with physical IPV perpetration; psychological IPV victimization was associated with psychological IPV perpetration; sexual IPV victimization was not associated with sexual IPV perpetration. Sexual coercion perpetration was associated only with the Religious Attitudes toward Lesbianism dimension of the Lesbian Internalized Homonegativity Scale (LIHS), while it was not related to any other dimension of the LIHS. Internalized homonegativity was not related to physical and emotional IPV perpetration
Pistella, Isolani, Ioverno, Laghi, & Baiocco (2022)	Psychosocial Impact of Covid-19 Pandemic and Same-Sex Couples Conflict: The Mediating Effect of Internalized Sexual Stigma	Italy	N= 232, 131 (F), 101 (M)	any IPV	CTS2S	Couple conflict and IPV victimization were positively related to IPV perpetration; sexual satisfaction was negatively related to IPV perpetration. Psychosocial impact of COVID-19, age, internalized sexual stigma, relationship duration, religiosity, and involvement in LGB associations were not related to IPV perpetration

Poorman & Seelau (2001)	Lesbians Who Abuse Their Partners: Using the FIRO-B to Assess Interpersonal Characteristics	US	N=15 (F)	Psychological abuse	The Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B)	Perpetrators had lower expressed and wanted inclusion, and expressed and wanted affection compared with non-perpetrators; However, expressed and wanted control did not differ between perpetrators and non-perpetrators, and there were no differences between the groups in the differences between expressed and wanted inclusion, expressed and wanted affection or expressed and wanted control.
Reuter, Sharp, & Temple (2015)	An Exploratory Study of Teen Dating Violence in Sexual Minority Youth	US	N= 782, 444 (M), 338 (F)	Physical, psychological, sexual, and relational violence	The Conflict in Adolescent Dating and Relationship Inventory (CADRI)	No gender differences in IPV perpetration were found. Sexual orientation was associated with severe, and not any, TDV perpetration. Hostility was positively associated with IPV perpetration. Social support was not related to IPV perpetration. Witnessing violence in the family of origin was not associated with IPV perpetration. Alcohol use was not associated with IPV perpetration.
Schilit, Lie, & Montagne (2008)	Substance Use as a Correlate of Violence in Intimate Lesbian Relationships	US	N=107 (F)	Any IPV (sexual, physical and emotional)	A questionnaire developed by the authors	Participants' alcohol use, but not partner's alcohol use, was positively associated with IPV perpetration. Participants' and partner's drug use were not associated with IPV perpetration
Schilit, Lie, Bush, Montagne, & Lynn Reyes (1991)	Intergenerational Transmission of Violence in Lesbian Relationships	US	N= 104 (F)	Sexual, verbal-emotional and physical abuse	A 70-items questionnaire developed by the authors	Witnessing Intimate Partner Violence in the family of origin was positively associated with IPV perpetration. Childhood maltreatment was positively associated with IPV perpetration
Sharma, Kahle, Sullivan, & Stephenson, R. (2020)	Sexual Agreements and Intimate Partner Violence Among Male Couples in the U.S.: An Analysis of Dyadic Data	US	N=386 same-sex couples	Physical, sexual, monitoring, controlling and emotional IPV	IPV-GBM Scale	Depression was positively associated with IPV perpetration; however, this association was not significant among couples who stipulated a sexual agreement. Length of relationship was not associated with IPV perpetration. Participants' and partner's alcohol or drug use were not associated with IPV perpetration.
Stephenson & Finneran (2016)	Minority Stress and Intimate Partner Violence Among Gay and Bisexual Men in Atlanta	US	N=1075(M)	Physical/sexual, monitoring, controlling, HIV-related and emotional IPV	IPV-GBM Scale	HIV status was not related to IPV perpetration. Homonegativity was positively associated with IPV perpetration. Internalized homonegativity was positively associated with IPV perpetration.

Stephenson & Finneran (2017)	Receipt and Perpetration of Intimate Partner Violence and Condomless Anal Intercourse Among Gay and Bisexual Men in Atlanta	US	N=1100 (M)	Physical/sexual, monitoring, controlling and emotional violence	IPV-GBM Scale	Condomless anal intercourse was associated with physical, sexual, emotional, and controlling IPV, while not with monitoring IPV.
Stephenson, De Voux, & Sullivan (2011)	Intimate Partner Violence and Sexual Risk-taking among Men Who Have Sex with Men in South Africa	South Africa	N=521 (M)	Physical and sexual IPV	2 items developed by the authors	Age was not associated with IPV perpetration. Non-white participants were at increased risk of IPV perpetration. Less educated people were at increased risk of IPV perpetration. Number of gay friends was not associated with physical IPV perpetration. Having had partner of both sexes or only female partners, or having sex with partners other than the main partner were not related to IPV perpetration. Use of lubrication was not associated with physical IPV perpetration. Perpetrators of physical IPV were more likely to have had unprotected anal intercourse than non-perpetrators of physical IPV; no differences in unprotected anal intercourse emerged between perpetrators of sexual IPV and non-perpetrators of sexual IPV; both sexual and physical IPV were higher among participants who have had unprotected anal intercourses (UAI) compared with those who have not. Perceived stigma was not associated with IPV perpetration. Gay identity development was not related to IPV perpetration.
Stephenson, Rentsch, Salazar, & Sullivan (2011)	Dyadic Characteristics and Intimate Partner Violence among Men Who Have Sex with Men	US	N=528(M)	Emotional, physical and sexual IPV	Four items from the Psychological Abuse scale from CTS2 to assess emotional IPV; six items developed by the authors were used to assess physical violence; three items developed by the authors were used to assess sexual coercion.	Age and age differences between the partners were not associated with IPV perpetration. Ethnicity was not associated with IPV perpetration. Education was negatively associated with emotional and sexual, but not physical, IPV perpetration. Relationship satisfaction was negatively associated with psychological, but not physical or sexual, IPV perpetration. Perpetrators of emotional or physical violence showed lower levels of communal coping, couple efficacy, and couple outcome preferences; in addition, perpetrators of emotional abuse (not those who perpetrated physical or sexual abuse) had lower degree of concordance with the partner lifestyle topics. Perpetrators of sexual violence had lower communal coping scores compared with non-perpetrators, while they did not differ in couple efficacy and couple outcome preferences. Participants who reported to be

						HIV-positive were at increased risk of physical, but not emotional or sexual, IPV perpetration. There was a negative association between sexual IPV perpetration and perceived local stigma-couple, but not with perceived local stigma-individual. No significant associations between perceived local stigma and physical or emotional IPV perpetration were found
Stephenson, Sato, & Finneran (2013)	Dyadic, Partner, and Social Network Influences on Intimate Partner Violence among Male-Male Couples	US	N=403 (M)	Physical and sexual violence	2 items developed by the authors	Having assertiveness abilities reduced the probability to perpetrate sexual coercion. Sexual victimization in the family of origin was associated with sexual IPV perpetration, while suffering physical and psychological victimization in the family of origin were not
Stults, Javdani, Kapadia, & Halkitis (2019)	Determinants of Intimate Partner Violence Among Young Men Who Have Sex With Men: The P18 Cohort Study	US	N= 526 (M)	Physical, psychological, and sexual IPV	Three yes-no questions	Latin participants were at increased risk of IPV perpetration compared to White and Black participants. IPV perpetration was positively associated to lifetime IPV, relationship status, depression, personal gay-related stigma, and marijuana and other substance use. In contrast, SES, childhood mistreatment, impulsivity, PTSD, public gay-related stigma, and alcohol use were not associated to IPV perpetration.
Stults, Javdani, Greenbaum, Barton, Kapadia, & Halkitis (2015)	Intimate Partner Violence Perpetration and Victimization Among YMSM: The P18 Cohort Study	US	N=600 (M)	Any IPV (Verbal abuse, physical violence, sexual coercion)	3 items developed by the authors	Depression was positively associated with IPV perpetration; however, this relation was no longer significant when controlling for childhood maltreatment. PTSD and loneliness were positively associated with IPV perpetration at a bivariate level; however these relations were not significant in the regression model when controlling for childhood maltreatment. Impulsivity was positively associated with IPV perpetration. involvement in LGB+ support agencies was positively associated with IPV perpetration. IPV victimization was associated with IPV perpetration. Childhood maltreatment was positively associated with IPV perpetration. Personal-local stigma was positively associated with IPV perpetration, while the relation between public-gay related stigma and IPV was not significant
Stults, Javdani, Greenbaum, Kapadia, & Halkitis (2016)	Intimate Partner Violence and Sex Among Young Men Who Have Sex With Men	US	N=528(M)	Any IPV (physical, sexual and emotional)	A modified version of the Conflict Tactics Scale by Feldman et al. (2008)	Participants who reported two or more instances of anal receptive and insertive sex had higher risk of perpetrating couple violence compared with those who reported no instances of these behaviors. Unprotected sex was associated with IPV perpetration.

Stults, Javdani, Greenbaum, Kapadia, & Halkitis (2015)	Intimate partner violence and substance use risk among young men who have sex with men: The P18 cohort study	US	N=528(M)	Any IPV (physical, sexual and emotional)	A modified version of the Conflict Tactics Scale by Feldman et al. (2008)	Alcohol use was not associated with IPV perpetration. Drug use was positively related to IPV perpetration.
Stults, Khan, Griffin, Krause, Gao, & Halkitis (2021)	Sociodemographic Differences in Intimate Partner Violence Prevalence, Chronicity, and Severity Among Young Sexual and Gender Minorities Assigned Male at Birth: The P18 Cohort Study	US	N= 665 (AMAB)	Physical, sexual, psychological, any IPV, injury	CTS2	Transgender participants reported higher levels of severe injury perpetration prevalence (not minor injury, physical, psychological, and sexual IPV) than cisgender participants. Cisgender people reported higher levels of minor sexual IPV perpetration chronicity (the groups did not differ on the other forms of violence perpetrated in terms of prevalence or chronicity). Asian participants had higher levels of minor sexual IPV perpetration prevalence than White participants, while they did not differ from Latin, Black, and multiracial participants. No other differences between ethnic groups emerged on IPV perpetration prevalence. White and Black reported higher levels of minor sexual IPV perpetration chronicity than Asian participants. No other differences between ethnic groups emerged on IPV perpetration chronicity. Bisexual people reported higher levels of injury and severe sexual IPV perpetration prevalence than gay people; no other differences emerged between bisexual and gay participants in terms of IPV prevalence or chronicity. Participants who earned less than \$5,000 were less likely to report minor psychological perpetration prevalence but more likely to report severe injury and severe sexual IPV perpetration prevalence than those who earned less. Participants who earned less than \$5,000 were less likely to report minor sexual IPV perpetration chronicity than participants who earned less. No other differences emerged in IPV prevalence or chronicity between these two groups. Education was not related to IPV perpetration prevalence, while non-graduate students reported higher levels of minor psychological IPV perpetration chronicity than graduate students. No other differences emerged between these two groups

<p>Suarez, Mimiaga, Garofalo, Brown, Bratcher, Wimbly, Hidalgo, Hoehnle, Thai, Kahle, Sullivan, & Stephenson (2018)</p>	<p>Dyadic Reporting of Intimate Partner Violence Among Male Couples in Three U.S. Cities</p>	<p>US</p>	<p>N=160 same-sex couples</p>	<p>Physical/sexual, monitoring, controlling, HIV-related and emotional IPV</p>	<p>Intimate Partner Violence Among Gay and Bisexual Men (IPV-GBM) Scale</p>	<p>Age was negatively associated with IPV perpetration. Cohabitation was associated with increased risk of IPV perpetration. Participants' Internalized homonegativity was positively associated with IPV perpetration, while partner's internalized homonegativity was not.</p>
<p>Swann, Dyar, Baidoo, Crosby, Newcomb, & Whitton (2021)</p>	<p>Intersectional Minority Stress and Intimate Partner Violence: The Effects of Enacted Stigma on Racial Minority Youth Assigned Female at Birth</p>	<p>US</p>	<p>N= 249 (FAB)</p>	<p>Severe psychological violence, severe physical IPV; SGM-Specific IPV tactics</p>	<p>SGM-CTS2; SGM-Specific IPV Tactics Scale</p>	<p>Heterosexist enacted stigma was positively related to psychological and sexual IPV perpetration, but not to physical or Sexual and Gender Minority-specific IPV. Racist enacted stigma was positively related to physical and sexual IPV perpetration. Heterosexist stigma moderated the association between racist enacted stigma and psychological IPV perpetration: this relation was significant only at low and mean levels of heterosexist stigma, while at high levels of heterosexist discrimination it was not significant. Heterosexist stigma moderated the relation between racist discrimination and Sexual and Gender Minority-specific IPV perpetration: participants with high levels of heterosexist discrimination were at increased risk of Sexual and Gender Minority-specific IPV perpetration than those at the mean. No other interaction effects were detected between racist and heterosexist discrimination, and IPV perpetration.</p>
<p>Swan, Henry, Smith, Aguayo Arelis, Rabago Barajas, & Perrin (2019)</p>	<p>Discrimination and Intimate Partner Violence Victimization and Perpetration Among a Convenience Sample of LGBT Individuals in Latin America</p>	<p>Latin America (Mexico (n = 92), with a minority residing in Ecuador (n = 2), Argentina (n = 1), Colombia (n = 1), Guatemala (n = 1), Paraguay</p>	<p>N= 99, 39 (F), 51 (M), 5 (Intersex), 1 (transman), 2 (transwomen), 1 (other)</p>	<p>Physical, psychological, sexual IPV, injury</p>	<p>CTS2</p>	<p>All forms of IPV perpetration and victimization were significantly positively correlated; all forms of IPV were correlated to the other heterosexism subscale, but not with the other dimensions of heterosexism (harassment/rejection; heterosexism at work/school)</p>

		(n = 1), and the Dominican Republic (n = 1))				
Taylor & Nepl (2019)	Intimate partner psychological violence among GLBTQ college students: The role of harsh parenting, interparental conflict, and microaggressions	US	N=379, 228 (F), 106 (M), 45 (gender minority)	Psychological violence	CTS2	Experiencing microaggressions was positively associated with IPV perpetration, and this relation was moderated by sexual orientation (i.e., having a bisexual orientation increased the strength of the association between microaggressions and IPV perpetration).
Telesco (2003)	Sex Role Identity and Jealousy as Correlates of Abusive Behavior in Lesbian Relationships	US	N=105(F)	Physical and psychological abuse + a total score	The 30 item Abusive Behavior Inventory (ABI).	Dependence was not related to IPV perpetration. Jealousy was positively associated with IPV perpetration. Perceived power imbalances were not associated with IPV perpetration. Gender expression was not associated with IPV perpetration
Tognasso, Trombetta, Gorla, Ramon, Santona, & Rollè (2022)	Romantic Attachment, Internalized Homonegativity and Same-Sex Intimate Partner Violence Perpetration among Lesbian Women in Italy	Italy	N= 325, 311(F), 2 (Transgender women), 12 (Other)	Physical, psychological, sexual, and any IPV	CTS2S	Attachment avoidance was positively related to psychological, physical, and any IPV, but not to sexual IPV. The association between Attachment avoidance, and psychological and any IPV was partially mediated by internalized homonegativity. Attachment anxiety was positively related to psychological and any IPV perpetration, but not to physical and sexual IPV. These associations were partially mediated by internalized homonegativity
Toro-Alfonso & Rodríguez-Madera (2004)	Sexual Coercion in a Sample of Puerto Rican Gay Males	Puerto Rico	N= 302 (M)	Sexual coercion	A questionnaire developed by the authors	Having assertiveness abilities reduced the probability to perpetrate sexual coercion. Sexual victimization in the family of origin was associated with sexual IPV perpetration, while suffering physical and psychological victimization in the family of origin were not. Addictive behaviors were positively associated with IPV perpetration

Turell, Brown, & Herrmann (2018)	Disproportionately high: an exploration of intimate partner violence prevalence rates for bisexual people	US	N=439, 184 (M), 206 (F), 5 (Transwomen), 4 (Transmen), 35 (Genderqueer/fluid), 5 (Undecided)	Any IPV (Physical and psychological abuse)	ABI	Participants' age and age differences between the partners were not associated with IPV perpetration; partner's age was negatively associated with IPV perpetration. Gender identity was not associated with IPV perpetration. Having a bisexual partner was associated with IPV perpetration. Black/African American and indigenous participants were at increased risk of IPV perpetration. Length of relationship was not associated with IPV perpetration. Having a child was not associated with IPV perpetration. Being in an open relationship and infidelity were both associated with abuse perpetration. Bisexual participants involved in bisexual local or online community were at increased risk of IPV perpetration than those not involved in bisexual communities, however, in the path analysis involvement in bisexual communities was not directly associated with IPV perpetration. Bi-negativity was positively associated with IPV perpetration.
Ummak, Toplu-Demirtaş, & Jessen (2021)	Untangling the Relationship Between Internalized Heterosexism and Psychological Intimate Partner Violence Perpetration: A Comparative Study of Lesbians and Bisexual Women in Turkey and Denmark	Turkey and Denmark	N= 449, 418 (F), 10 (Transgender), 12 (Complex)	Psychological IPV	MMEA Scale	Turkish participants were more likely to report all forms of psychological IPV perpetration (restrictive engulfment; denigration; hostile withdrawal; dominance/intimidation) than Danish participants. Bisexual participants were more likely to report all forms of psychological IPV perpetration, except for dominance/intimidation, than Lesbian participants. Internalized heterosexism was positively related to each form of IPV perpetration. Sexual orientation moderated only the relation between internalized heterosexism and dominance/intimidation: among bisexual this relation was not significant. This interactional effect was found both among Turkish and Danish participants. No other moderating effects of sexual orientation or country were detected.
Waterman, C.K., Dawson, & Bologna (1989)	Sexual Coercion in Gay and Lesbian Relationships: Predictors and Implications for Support Services	US	N=70, 36 (F), 34 (M)	Forced sex; Physical violence	1 item developed by authors assessing forced sex perpetration; CTS to assess physical violence	No gender differences in IPV perpetration were found. Physical IPV victimization was associated with physical IPV perpetration, while the association between sexual IPV victimization and perpetration was significant only among men.
Wei, Cao, Hou, Hao, Gu, Peng, & Li (2020)	Multilevel factors associated with perpetration of five types of intimate partner violence among men	China	N=578 (M)	Physical IPV; sexual IPV; monitoring IPV; controlling IPV; emotional IPV; a total	IPV-GBM Scale	Bisexual people were at increased risk of IPV perpetration compared to homosexual people. Self-esteem was negatively associated with IPV perpetration; Self-efficacy was negatively associated

	who have sex with men in China: an ecological model-informed study			score (any IPV)		with emotional IPV perpetration. Perceived instrumental support by family, friends and colleagues was negatively associated with IPV perpetration. Involvement in social activities within the LGB community was positively associated with IPV perpetration. Emotional, controlling, monitoring, sexual, and physical IPV perpetration were all correlated to each other. Drug use during sex was associated with IPV perpetration. An age of 18 or older at sexual debut was positively associated with controlling behaviors and negatively related to emotional IPV. Number of sexual partners was positively associated with IPV perpetration. Perceived stigma was positively associated with IPV perpetration.
Wei, Hou, Cao, Hao, Gu, Peng, & Li (2020)	Effects of emotion regulation and perpetrator- victim roles in intimate partner violence on mental health problems among men who have sex with men in China	China	N= 578 (M)	Physical, sexual, monitoring, controlling, emotional, any IPV	Five items derived from the IPV-GBM Scale	Age, ethnicity, education level, marital status, job, and sexual orientation were not related to IPV perpetration. Age of first homosexual intercourse of 18 or older was negatively associated with physical and psychological perpetration, but not with sexual, monitoring, or controlling IPV. Higher self-esteem was negatively associated only with sexual violence perpetration. Being ever engaged in transactional sex was positively associated only with perpetration of monitoring IPV. Drug use was not related to any form of IPV perpetration. Physical and monitoring, physical and emotional, sexual, and controlling, sexual and emotional, and monitoring and emotional IPV perpetration were positively associated with each other. No other association between the forms of perpetrated IPV emerged. Any IPV perpetration and any IPV victimization were associated with each other.

<p>Wei, Hou, Hao, Gu, Dev, Cao, Peng, Gilmour, Wang, & Li (2019)</p>	<p>Prevalence of Intimate Partner Violence and Associated Factors Among Men Who Have Sex with Men in China</p>	<p>China</p>	<p>N= 431 (M)</p>	<p>Physical, sexual, monitoring, controlling, and emotional IPV</p>	<p>IPV-GBM Scale</p>	<p>Monitoring and any IPV perpetration (not physical, emotional, sexual, and controlling IPV) were positively associated to suicidality. Monitoring, controlling, emotional, and any IPV perpetration (not physical and sexual IPV) were negatively related to general mental health. Emotional and monitoring IPV (not physical, emotional, sexual, and controlling IPV) were positively related to depression</p>
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<p>Whitton, Dyar, Mustanski, & Newcomb (2019)</p>	<p>Intimate Partner Violence Experiences of Sexual and Gender Minority Adolescents and Young Adults Assigned Female at Birth</p>	<p>US</p>	<p>N= 352 (F)</p>	<p>Minor psychological IPV, Severe psychological IPV, Minor physical IPV, Severe physical IPV, Injury, Sexual IPV, Coercive control, SGM-specific IPV, Cyber abuse + a total score</p>	<p>The SGM Conflict Tactics Scale 2 (SGM-CTS2); The Coercive Control Scale; the SGM-Specific IPV Tactics Scale; The Cyber Abuse Scale</p>	<p>Age was not associated with IPV perpetration. Participants' gender identity was not associated with IPV perpetration; participants with a gender minority partner were at increased risk of IPV perpetration than participants with a cisgender partner. Sexual orientation was not associated with IPV perpetration. Black and Latin participants were at increased risk of IPV perpetration</p>
<p>Whitton, Lawlace, Dyar, & Newcomb (2021)</p>	<p>Exploring Mechanisms of Racial Disparities in Intimate Partner Violence Among Sexual and Gender Minorities Assigned Female at Birth</p>	<p>US</p>	<p>N= 308 (AFAB SGM)</p>	<p>Minor psychological, severe psychological, physical, and sexual IPV</p>	<p>SGM-CTS2</p>	<p>Black participants were more likely to report physical, psychological, and sexual IPV perpetration than White participants; Latinx participants were more likely to report more severe psychological, and physical, and sexual IPV perpetration than White participants. No other differences emerged between Black, Latin, and White participants on minor or severe psychological, physical, or sexual IPV perpetration. Child abuse experiences, witnessing violence between parents, and racial discrimination were related to each form of IPV. Economic stress and social support were related to each form of violence except for minor psychological perpetration. Sexual and Gender Minority victimization was positively related only to minor psychological IPV perpetration, while internalized sexual stigma was not related to IPV perpetration. Identifying as Black or Latinx (vs. White) had an indirect effect on severe psychological perpetration via racial discrimination, identifying as Black or Latinx</p>

						(vs. White) was indirectly associated with minor psychological perpetration through child abuse. Direct effects of race were nonsignificant in these models, except for Black identity in the prediction of severe psychological perpetration and physical perpetration. No other indirect effects of child abuse experiences, witnessing violence between parents, economical stress, racial discrimination, or social support in the association between ethnicity and IPV perpetration.
Wong, Weiss, Ayala, & Kipke (2010)	Harassment, Discrimination, Violence, and Illicit Drug Use among Young Men Who Have Sex with Men	US	N=526(M)	Physical violence	Adaptation of a scale developed by Smith, Earp, and DeVellis (1995) to measure intimate partner violence among battered women, including 3 items asking about physical violence perpetration	Caucasian participants were more likely to report physical and emotional, but not sexual, IPV perpetration than African American participants. Drug use was related to IPV perpetration.
Wu, El-Bassel, McVinney, Hess, Fopeano, Hwang, Charania, & Mansergh (2015)	The Association Between Substance Use and Intimate Partner Violence Within Black Male Same-Sex Relationships	US	N=74 (M)	Psychological, physical, sexual and injurious IPV	CTS2	Alcohol use was positively associated with IPV perpetration. Methamphetamine use was associated with IPV perpetration, while marijuana, powdered or rock/crack cocaine, or heroin use were not
Zavala (2016)	A multi-theoretical framework to explain same-sex intimate partner violence perpetration and victimization: a test of social learning, strain, and self-control	US	N=665, 195 (M), 470 (F)	Any IPV	CTS2	Age was positively associated with IPV perpetration. Non-white participants were at increased risk of IPV perpetration. Depression was positively associated with IPV perpetration. Self-control was negatively associated with IPV perpetration. Social support was not related to IPV perpetration. Anti-gay violence was positively associated with IPV perpetration. Perceived stigma was not associated with IPV perpetration. Internalized homonegativity was positively associated

						with IPV perpetration.
Zhu, Hou, Chen, Wei, Peng, You, Gu, Hao, Hao, Li (2021)	Moderating Effect of Self-Efficacy on the Association of Intimate Partner Violence with Risky Sexual Behaviors among Men who have Sex with Men in China	China	N= 578 (M)	Physical, sexual, monitoring, controlling, emotional, and any IPV	IPV-GBM	<p>Inconsistent condom use with regular partners was positively associated to monitoring and any IPV perpetration, while not to physical, emotional, sexual, and controlling IPV perpetration. Inconsistent condom use with casual partners and multiple regular partners was positively related only to sexual IPV perpetration.</p> <p>Having multiple casual sexual partners was only related to emotional, monitoring, and any IPV perpetration. Self-efficacy moderated the relation between multiple casual sexual partners and emotional IPV perpetration: at high levels of self-efficacy the relation between multiple casual sexual partners and emotional IPV perpetration was no longer significant.</p> <p>No other moderating effect of self-efficacy on the association between risky sexual behaviors and IPV perpetration were found</p>

Sociodemographic factors

Gender differences. No gender differences in perpetration of IPV were found in eight studies (Chong et al., 2013; Craft et al., 2008; Fontanesi et al., 2020; Gabbay and Lafontaine, 2017b; Longares et al., 2018b; Pistella et al., 2022; Reuter et al., 2015; Waterman et al., 1989). In contrast, in the study by Derlega et al., (2011), the results showed that men who were rejected after the breakup of a relationship engaged in more pursuit behaviors (i.e., invasive and annoying, but not necessarily threatening behaviors) than women did, though gender differences were not found considering aggressive behaviors (i.e., invasive and threatening behaviors).

Age. Suarez et al. (2018) identified a negative association between participants' age and IPV perpetration. Similarly, Turell et al. (2018) identified a negative relation between partner's age and IPV perpetration. In contrast, two studies showed a positive association between age and couple violence perpetration (Messinger et al., 2019; Zavala, 2016). In Finneran et al. (2012), participants aged between 25 and 40 years old were at increased risk of perpetration of sexual IPV only in the United States, while no significant association between age and IPV perpetration was found in Canada, Australia, United Kingdom, Brazil, and South Africa. The remaining articles that assessed the association between IPV perpetration and participants' age (Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Chong et al., 2013; Finneran and Stephenson, 2014; Pistella et al., 2022; Stephenson, De Voux, et al., 2011; Stephenson, Rentsch, et al., 2011; Turell et al., 2018; Whitton et al., 2019; Wei et al., 2019) or age differences between the partners (Stephenson, Rentsch, et al., 2011; Turell et al., 2018) did not find significant results.

Gender identity. No differences between participants' gender identities (i.e., cisgender vs gender minorities) in the perpetration of IPV were found in two studies (Turell et al., 2018; Whitton et al., 2019). In contrast, in Stults et al. (2021) transgender participants reported a higher injury perpetration prevalence compared to cisgender participants, while this relation was not significant when considering physical, psychological, and sexual IPV prevalence. Minor sexual IPV chronicity was instead more common among cisgender participants than transgender ones in this study (Stults

et al., 2021). No differences emerged in relation to the other assessed forms of IPV. In the study by Whitton et al. (2019), compared to participants with cisgender female partners, those with gender minority partners were at increased risk for perpetrating coercive control and abusive tactics specific of sexual and gender minorities.

Sexual Orientation. Bisexual people were at increased risk of IPV perpetration compared to homosexual people in four studies (Reuter et al., 2015; Stults et al., 2021; Ummak et al., 2021; Wei, Cao et al., 2020). In the study by Reuter et al. (2015), the linear regression model further showed that sexual orientation was only related to severe teen dating violence (TDV; i.e., a combination of physical and sexual IPV) perpetration, while it was not related to TDV when any TDV score was considered as a dependent variable. Finally, Turell et al. (2018) found an association between having a bisexual partner and IPV perpetration. In contrast, sexual orientation was not associated with IPV perpetration in five studies (Chong et al., 2013; Finneran and Stephenson, 2014; Miltz et al., 2019; Wei et al., 2019; Whitton et al., 2019).

Ethnicity. Non-white participants were found to be at increased risk of IPV perpetration in three studies (Messinger et al., 2019; Stephenson, De Voux, et al., 2011; Zavala, 2016), and Black/African American and indigenous participants reported higher rates of IPV perpetration in the study by Turell et al. (2018). Similarly, Black and Latin participants were at increased risk of IPV perpetration compared to White participants in the study by Whitton et al. (2019), while in a more recent study by Whitton et al. (2021) only Black, and not Latin participants were at increased risk of IPV perpetration compared to White participants. In contrast, Latin participants were at increased risk of IPV perpetration compared with Black and White participants in the study by Stults et al. (2019). In a more recent study by Stults et al. (2021) Asian participants had higher levels of minor sexual IPV perpetration prevalence compared to White participants (and not compared to Latin, Black or multi-ethnic participants), while this relation was not significant in relation to physical, psychological, and severe sexual IPV perpetration prevalence. There were no differences in IPV perpetration prevalence between White, Latin, and Black participants. On the other hand, IPV

perpetration chronicity was more common among White and Black participants than among Asian participants in this study (Stults et al., 2021). Caucasian participants were more likely to report physical and emotional, but not sexual, IPV perpetration than African American participants in one study (Wong et al., 2010). Turkish participants were at increased risk of IPV perpetration compared with Danish participants in Ummak et al. (2021). Six studies did not identify a significant association between ethnicity and perpetration of IPV (Finneran and Stephenson, 2014; Finneran et al., 2012; Fortunata and Kohn, 2003; Miltz et al., 2019; Stephenson, Rentsch, et al., 2011; Wei et al., 2019).

Education. Less educated people were at increased risk of IPV perpetration in 9 studies (Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Chong et al., 2013; Finneran and Stephenson, 2014; Milletich et al., 2014; Miltz et al., 2019; Stephenson, De Voux, et al., 2011; Stephenson, Rentsch, et al., 2011; Stults et al., 2021). However, in the study by Bartholomew, Regan, Oram, et al. (2008), the association between physical and psychological IPV and education was not significant when controlling for the effect of IPV victimization (i.e., bidirectionality of abuse). In addition, the negative association between education and lifetime physical and sexual IPV perpetration that emerged in the study by Balsam and Szymanski (2005) was not significant when recent IPV was considered as the dependent variable. Finneran and Stephenson (2014) found that only physical IPV perpetration was negatively associated with education, while sexual IPV was not. In contrast, less educated people were at increased risk of perpetrating sexual and emotional, but not physical, abuse in the study by Stephenson, Rentsch, et al. (2011). In the study by Finneran et al. (2012) participants with more than twelve years of education were at increased risk of IPV perpetration only in Canada, while this relation was not significant in the United States, Australia, United Kingdom, Brazil, or South Africa. Education was not related to IPV perpetration in one study (Wei et al., 2019).

Income. Income was negatively associated with physical, but not sexual, IPV perpetration in one study (Chong et al., 2013). Similarly, in the study by Bartholomew, Regan, Oram, et al. (2008),

income was negatively associated with physical, but not emotional, IPV perpetration. However, this relation was no longer significant when controlling for IPV victimization. Fortunata and Kohn (2003) found that batterers' partners had lower income than non-batterers' partners, while income was not associated with IPV perpetration in Balsam and Szymanski (2005). Finally, income was negatively related to severe injury and severe sexual IPV perpetration prevalence, and positively related to minor psychological IPV prevalence and minor sexual IPV perpetration chronicity in Stults et al. (2021). Income was not associated to minor injury, minor sexual, severe psychological, and physical IPV perpetration prevalence, and to chronicity of injury, physical, psychological, and severe sexual IPV perpetration in this study (Stults et al., 2021).

Employment. None of the studies that assessed the association between employment and IPV perpetration highlighted significant results (Finneran and Stephenson, 2014; Fortunata and Kohn, 2003; Miltz et al., 2019; Wei et al., 2019).

Psychological factors

Mental health (general mental health; emotion regulation; depression, anxiety, and PTSD; loneliness; stress; suicidality; COVID-19). In Wei, Hou et al. (2020) general mental health was associated to any, emotional, controlling, and monitoring IPV, while these results were not supported in relation to physical and sexual IPV. Cognitive reappraisal was associated with IPV perpetration in one study (Wei, Hou et al., 2020), while expressive suppression was not.

Depression was positively associated with IPV perpetration among sexual minority people in six studies (Miltz et al., 2019; Sharma et al., 2020; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Stults et al., 2019; Wei, Hou et al., 2020; Zavala, 2016). However, in the research by Sharma et al. (2020), the association was not significant among couples who stipulated a sexual agreement. In the study by Stults, Javdani, Greenbaumb, Bartum, et al. (2015), this relation was no longer significant when controlling for childhood maltreatment. Bacchus et al. (2016) did not find a significant association between depression and IPV perpetration.

In addition, a marginal association between symptoms of mild anxiety disorder and any negative behaviors in the past 12 months (i.e., any abusive behaviors, which include physical abuse, frightening, forcing sex, and controlling behaviors perpetrated in the past 12 months) was found in Bacchus et al. (2016). Symptoms of mild anxiety disorder were not associated with physical abuse, frightening, forcing sex, or controlling behaviors in this study (Bacchus et al., 2016).

PTSD was positively associated with IPV perpetration at a bivariate level in one study (Stults, Javdani, Greenbaumb, Bartum, et al., 2015), however this relation was not significant in the regression model when controlling for childhood maltreatment. Also, Stults et al. (2019) did not find a significant association between PTSD and IPV perpetration.

In the study by McKenry et al. (2006), non-perpetrating females reported higher psychological adjustment compared with non-perpetrating males, and male and female perpetrators. A positive association between psychological maladjustment and psychological IPV perpetration was confirmed in Pepper and Sand (2015), although psychological maladjustment was not related with sexual or physical IPV in this study.

Stults, Javdani, Greenbaumb, Bartum, et al. (2015) identified a positive association between IPV perpetration and loneliness at a bivariate level. However, this relation was no longer significant in the regression analysis when controlling for childhood maltreatment. In the study by McKenry et al. (2006), IPV perpetrators experienced more family stress than non-perpetrators, and the relation between perceived stress and IPV perpetration was fully mediated by insecure attachment in the study by Craft et al. (2008). Similarly, in Whitton et al. (2021) economic stress was associated to physical, sexual, and severe psychological IPV perpetration, while this association was not significant when considering minor psychological IPV. Any IPV perpetration and controlling behaviour were positively related to suicidality in one study (Wei, Hou et al., 2020). These results were not supported in relation to physical, emotional, controlling, and sexual IPV perpetration.

Finally, Pistella et al. (2022) did not highlight an association between COVID-19 psychosocial impact and IPV perpetration.

Personality traits. An association between at least some personality traits and IPV perpetration was found in seven studies (Chong et al., 2013; Fortunata and Kohn, 2003; Lantdolt and Dutton, 1997; Pepper and Sand, 2015; Reuter et al., 2015; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Zavala, 2016). Specifically, the results found by Lantdolt and Dutton (1997) showed that both actor's and partner's Abusive Personality (i.e., constituted by Borderline Personality Organization [BPO], anger, fearful attachment, preoccupied attachment, maternal rejection and paternal rejection) was associated with physical and psychological IPV perpetration. More specifically, each constituent of the Abusive Personality of both the actor and the partner were associated with psychological IPV perpetration. For physical IPV perpetration both actor and partner effects were significant for BPO, fearful, and preoccupied attachment, while neither actor nor partner effects were significant for anger and paternal rejection, and only actor effects were significant for maternal rejection (Lantdolt and Dutton, 1997).

In the study by Fortunata and Kohn (2003) a relation between personality traits and IPV perpetration was confirmed: batterers had higher scores on the Aggressive (Sadistic), Antisocial, Avoidant, Passive-Aggressive, Self-Defeating, Borderline, Paranoid, and Schizotypal personality scale scores and higher Alcohol-Dependent, Drug-Dependent, Bipolar (Manic Syndrome), and Delusional clinical syndrome scale scores. However, no significant differences between batterers and non-batterers emerged in the scores on compulsive, dependent, depressive, histrionic, narcissistic, schizoid, anxiety, dysthymia, PTSD, somatoform, major depression and thought disorders scales. When controlling for desirability and debasement, group differences for the Avoidant, Bipolar (Manic Syndrome), Dependent, Passive-Aggressive, Schizoid, Schizotypal, and Self-Defeating personality were no longer significant (Fortunata and Kohn, 2003).

In addition, hostility was positively associated with perpetration of IPV in two studies (Reuter et al., 2015; Pepper and Sand, 2015), as was impulsivity in the study by Stults, Javdani, Greenbaumb, Bartum, et al. (2015), even after controlling for the effect of childhood maltreatment. However, impulsivity was not associated with IPV perpetration in Stults et al. (2019). Self-control

(Zavala, 2016) and anger management (Chong et al., 2013) were found to be negatively associated to IPV perpetration. However, in the study by Chong et al. (2013), the relation between physical IPV perpetration and anger management was fully mediated by psychological IPV perpetration. Emotional instability was positively related with physical and psychological IPV perpetration, but not with sexual IPV, in the study by Pepper and Sand (2015). Furthermore, these authors found a significant association between negative worldview and psychological IPV perpetration, while this relation was not significant when physical or sexual IPV were considered as dependent variables (Pepper and Sand, 2015). Emotional unresponsiveness was not associated to IPV perpetration (Pepper and Sand, 2015).

Self-esteem and self-efficacy. Self-esteem was negatively associated to IPV perpetration in four studies (Causby et al., 2015, McKenry et al., 2006; Wei, Cao et al., 2020; Wei et al., 2019). However, negative self-esteem was not associated to IPV perpetration in Pepper and Sand (2015). Self-efficacy was negatively associated to emotional IPV perpetration in the study by Wei, Cao et al. (2020). In contrast, two studies did not find significant association between physical and sexual IPV perpetration and self-efficacy or self-adequacy (Chong et al., 2013; Pepper and Sand, 2015).

Attachment. In the study by Longares et al. (2018a), the results highlight a significant association between insecure adult attachment and psychological IPV. Outness moderated this relation: at low levels of overall outness, the relationship between insecure attachment and psychological IPV was not significant. Similarly, at low and high levels of outness to religion this association was not significant. Outness to the family did not moderate the association between insecure attachment and psychological IPV (Longares et al., 2018a). According with these findings, in the study by McKenry et al. (2006), perpetrators had a less secure attachment style than non-perpetrators. Fontanesi et al. (2020) identified a negative association between Confidence (i.e., a dimension that represents a secure attachment style) and commitment defection and manipulation (i.e., two of the three dimensions of sexual abuse in this study), and, surprisingly, a positive association between confidence and emotional abuse. No significant relationship between Confidence and coercion of

resources and violence (i.e., the third dimension of sexual abuse) was detected (Fontanesi et al., 2020).

In addition, four studies found a significant association between attachment anxiety and IPV perpetration (Bartholomew, Regan, Oram, et al., 2008; Derlega et al., 2011; Gabbay and Lafontaine, 2017a; Tognasso et al., 2022). The association between attachment anxiety and sexual IPV perpetration was fully mediated by dyadic trust and sexual intimacy in a serial mediation model in the study by Gabbay and Lafontaine (2017a). In the study by Derlega et al. (2011), only the relation between attachment anxiety and pursuit behaviors was significant, while the relationship between attachment anxiety and aggressive behaviors was not. In Tognasso et al. (2022) attachment anxiety was related to any and psychological IPV perpetration, and this relation was partially mediated by internalized homonegativity. Attachment anxiety was not associated to physical and sexual IPV in this study (Tognasso et al., 2022). Furthermore, only attachment anxiety assessed through interview, and not self-reported anxious attachment, was still associated to physical and psychological IPV perpetration in the study by Bartholomew, Regan, Oram, et al. (2008) when controlling for IPV victimization (i.e., bidirectionality of abuse). Gabbay and Lafontaine (2017b) did not identify a significant relation between self-reported attachment anxiety and physical or psychological IPV perpetration.

Four studies highlighted a significant association between attachment avoidance and IPV perpetration (Bartholomew, Regan, Oram, et al., 2008; Gabbay and Lafontaine, 2017a; Gabbay and Lafontaine, 2017b; Tognasso et al., 2022). However, in the study by Bartholomew, Regan, Oram, et al. (2008), only attachment avoidance assessed through interview was associated to physical and psychological IPV perpetration (even after controlling for IPV victimization), while self-reported avoidance was not. Attachment avoidance was only associated to physical, and not psychological IPV perpetration in the study by Gabbay and Lafontaine (2017b), and this relation was no longer significant when controlling for receipt of violence. In Tognasso et al (2022) the association between attachment avoidance and sexual IPV was not significant. However, they highlighted a

direct relation between attachment avoidance and physical IPV, and a positive association between attachment avoidance, and any and psychological IPV, partially mediated by internalized homonegativity. Furthermore, the relation between attachment avoidance and sexual IPV perpetration was partially mediated by dyadic trust and sexual intimacy in a serial mediation model in the study by Gabbay and Lafontaine (2017a). Derlega et al. (2011) did not find any association between attachment avoidance and pursuit or aggressive behaviors. In addition, discomfort with closeness, need for approval, and preoccupation with relationships were all related with some dimension of sexual coercion or emotional abuse (see Table 2 for more details) in the study by Fontanesi et al. (2020). The relationship being secondary was not associated to emotional abuse or sexual coercion in this study (Fontanesi et al., 2020).

The proximity dimension of caregiving (and not sensitivity, compulsive caregiving and controlling caregiving) was negatively associated to physical and psychological IPV perpetration in the research by Gabbay and Lafontaine (2017b), although this relation was not significant when controlling for receipt of violence. In addition, these authors identified a significant association between psychological IPV perpetration and both hyperactivation of the attachment and caregiving systems and deactivation of the attachment and caregiving systems, even in the presence of each other. Regarding physical IPV perpetration, only hyperactivation was still associated to physical couple violence when controlling for the effect of deactivation strategies. None of these findings were significant when receipt of violence was controlled for (Gabbay and Lafontaine, 2017b).

Relational factors

Couple-level demographic factors. Cohabitation was correlated with increased risk of IPV perpetration in the study by Suarez et al. (2018), while cohabitation with a same-sex partner was not associated to physical or psychological IPV perpetration in Chong et al. (2013). Length of relationship was not associated to IPV perpetration in four studies (Chong et al., 2013; Pistella et al., 2022; Sharma et al., 2020; Turell et al., 2018), and neither was having a child in the studies of

Fortunata and Kohn (2003) and Turell et al. (2018). Relationship status (i.e., single, married, having boyfriend or other) did not predict IPV perpetration as well (Wei et al., 2019).

Open relationships, monogamy, and infidelity. Being in an open relationship and infidelity were both associated to abuse perpetration in one study (Turell et al., 2018). In contrast, batterers and non-batterers did not differ regarding monogamous relationships in Fortunata and Kohn (2003). *Couple dynamics.* Three studies found a negative association between dyadic adjustment or relationship satisfaction, and IPV perpetration (Balsam and Szymanski, 2005, Li et al., 2019; Stephenson, Rentsch, et al., 2011). However, in the studies by Li et al. (2019) and Stephenson, Rentsch, et al. (2011), only psychological IPV was associated to relationship satisfaction, while physical, and physical or sexual IPV respectively were not. In addition, in two studies relationship satisfaction was not associated to IPV perpetration (McKenry et al., 2006; Derlega et al., 2011). Sexual satisfaction was negatively associated to IPV perpetration in one study (Pistella et al., 2022). In the study by Poorman and Seelau (2001), perpetrators had lower expressed and wanted inclusion, and expressed and wanted affection compared with non-perpetrators. However, expressed and wanted control did not differ between perpetrators and non-perpetrators, and there were no differences between the groups in the differences between expressed and wanted inclusion, expressed and wanted affection or expressed and wanted control (Poorman and Seelau, 2001). Perpetrators of emotional or physical violence showed lower levels of communal coping, couple efficacy, and couple outcome preferences in the study by Stephenson, Rentsch, et al. (2011). In addition, perpetrators of emotional abuse (not those who perpetrated physical or sexual abuse) had lower degree of concordance with the partner lifestyle topics. Perpetrators of sexual violence had lower communal coping scores compared with non-perpetrators, while they did not differ in couple efficacy and couple outcome preferences (Stephenson, Rentsch, et al., 2011). Furthermore, higher scores in investment size (i.e., personal investment in the relationship), not in poor quality of alternatives or commitment in relationships, were related with unwanted pursuit (and not with aggressive behaviors) in the study conducted by Derlega et al. (2011).

Finally, while dependence was not related with IPV perpetration in three studies (McKenry et al., 2006; Pepper and Sand, 2015; Telesco, 2003), jealousy (Telesco, 2003) and fusion/intrusiveness (i.e., enmeshment in one's couple relationship; Causby et al., 2015; Mason et al., 2016; Milletich et al., 2014) were found to be both positively associated to IPV perpetration. In the study by Causby et al. (2015), while share fusion was associated to physical aggression, physical/more severe violence, and psychological violence, time fusion was only associated to physical aggression and psychological violence.

Power dynamics. In the study by Lantdolt and Dutton (1997), perpetration of psychological IPV by abusers was higher when victims perceived to be in a divided-power couple compared to when victims perceived to be in an egalitarian couple. No other differences regarding psychological IPV perpetration emerged when comparing victims' perception of being in a divided-power, egalitarian, or self-dominant couple. Perceived power differentials or power imbalances were not associated to IPV perpetration in two studies (McKenry et al., 1989; Telesco, 2003). In addition, in the study by Lantdolt and Dutton (1997), couples that disagreed in their perception of relationship power dynamics (i.e., non-congruent couples) did not differ from congruent couples in their levels of IPV perpetration. Finally, dominance was positively associated to IPV perpetration in the study by Chong et al. (2013). However, this relation was no longer significant when controlling for demographic variables. Milletich et al. (2014) did not identify a significant relation between dominance/accommodation and IPV perpetration. Nevertheless, these authors found an indirect influence of accommodation on IPV perpetration through fusion: accommodation was positively related with fusion, which in turn was positively associated to IPV perpetration (Milletich et al., 2014).

Conflict, conflict resolution skills and communication. Relationship conflict was positively associated to physical and psychological IPV in two studies (Chong et al., 2013; Pistella et al., 2022), while having assertiveness abilities reduced the probability to perpetrate sexual coercion in one study (Toro-Alfonso and Rodríguez-Madera, 2004). Finally, Krahe et al. (2000) found a

significant association between token resistance (i.e., one of the two dimensions of ambiguous communication during sexual encounters, which describes the tendency to refuse sex when actually it is what one desires) and sexual violence, while the relation between sexual violence and compliance (i.e., the second dimension of ambiguous communication during sexual encounters, which describes the tendency of having sex with someone when one does not want to) was not significant.

Social- and community-level factors

Characteristics of the social network and social support. Perceived instrumental support by family, friends and colleagues was negatively associated to IPV perpetration in two studies (Wei, Cao et al., 2020; Whitton et al., 2021). However, in Whitton et al. (2021) this relation was significant only when considering physical, sexual, and severe psychological IPV perpetration, while it was not supported when considering minor psychological IPV. In contrast, social support was not related with IPV perpetration in three studies (Edwards et al., 2021; Reuter et al., 2015; Zavala, 2016). Similarly, the number of gay friends was not associated to physical IPV perpetration in Stephenson, De Voux, et al. (2011), while being involved in a male network composed by perpetrators of violence was positively associated to dating or sexual violence only among lesbian women and not among gay men in the study by Jones and Raghavan (2012).

Involvement in LGB communities and support agencies. Involvement in social activities within the LGB community (Wei, Cao et al., 2020) and involvement in LGB+ support agencies (Stults, Javdani, Greenbaum, Bartum, et al., 2015) were both positively associated to IPV perpetration. Furthermore, in the study by Turell et al. (2018), the analysis of variance showed that bisexual participants involved in local or online bisexual communities were at increased risk of IPV perpetration than those not involved in bisexual communities. However, in the path analysis involvement in bisexual communities was not associated to IPV perpetration (Turell et al., 2018). Pistella et al. (2022) did not find a significant association between LGB community involvement and IPV perpetration.

Ethnic discrimination: two studies identified a positive association between ethnic discrimination and IPV perpetration (Swann et al., 2021; Whitton et al., 2021).

Religiosity: Pistella et al. (2020) did not find a significant association between religiosity and IPV perpetration.

Feminine and Masculine gender expression and sexism

Masculinity was positively associated to IPV perpetration in three studies (Jacobson et al., 2015; McKenry et al., 2006; Oringher and Samuelson, 2011). However, in Oringher and Samuelson (2011) only some dimensions of masculinity were associated to physical IPV perpetration: suppression of vulnerability and aggressiveness were both positively related to physical IPV perpetration, while avoidance of dependency on other was negatively related with physical IPV perpetration. In contrast, the association between self-destructive achievement and dominance, and physical IPV perpetration was not significant, and no dimensions of masculinity were associated with sexual IPV perpetration (Oringher and Samuelson, 2011). In the studies by Telesco (2003) and Balsam and Szymanski (2005) the relationship between gender expression and IPV perpetration was not significant.

In the study by Li and Zheng (2017), both benevolent or hostile sexism toward women and hostile sexism toward men were positively associated to cold violence perpetration. These associations were not significant when considering any IPV and controlling violence perpetration. Benevolent sexism toward men was not associated to any IPV, cold violence or controlling behaviors perpetration in this study (Li and Zheng, 2017)

Intimate Partner Violence

In 17 studies, IPV victimization was positively associated to IPV perpetration (Bartholomew, Regan, Oram, et al., 2008; Bartholomew, Regan, White, et al., 2008; Edwards et al., 2021; Gabbay and Lafontaine, 2017b; Lewis et al., 2017; Li and Zheng, 2017; Longares et al., 2018b; Miltz et al., 2019; Oringher and Samuelson, 2011; Pepper and Sand, 2015; Pistella et al., 2022; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Stults et al.,

2019; Swan et al., 2019; Waterman et al., 1989; Wei et al., 2019). However, while Pepper and Sand (2015) found a significant relation between physical IPV victimization and perpetration, and between psychological IPV victimization and perpetration, they did not find a significant association between sexual IPV victimization and perpetration. In Lewis et al. (2017), while physical violence perpetration and victimization were each other associated, only the association between psychological IPV perpetration and psychological IPV victimization was significant, but the opposite directional path was not. In addition, in the study by Waterman et al. (1989) the association between sexual IPV victimization and perpetration was significant only among sexual minority men, and not among sexual minority women. The association between physical IPV victimization and physical IPV perpetration was significant for both genders in this study (Waterman et al., 1989).

In six studies (Bartholomew, Regan, Oram, et al., 2008; Bartholomew, Regan, White, et al., 2008; Chong et al., 2013; Finneran and Stephenson, 2014; Wei, Cao et al., 2020; Wei et al., 2019) different forms of IPV perpetrated by participants were all significantly associated to each other (see Table 2 for more details). However, Finneran and Stephenson (2014) found a significant association only between sexual and psychological IPV perpetration, and between psychological and physical IPV perpetration, while the association between sexual and physical IPV perpetration was no longer significant in the logistic model when controlling for the effect of other variables.

Family of origin-related factors

Witnessing violence in the family of origin. Witnessing IPV between parents (Messinger et al., 2019; Schilit et al., 1991; Whitton et al., 2021) or siblings (Messinger et al., 2019) was positively associated to IPV perpetration in three studies. In Craft and Serovich (2005), only witnessing violence from mother-to-father was associated to sexual coercion perpetration, while witnessing violence from father-to-mother was not. No significant associations were found between witnessing violence (both from mother-to-father and from father-to-mother) and psychological IPV, physical assault or physical injury perpetration in this study (Craft and Serovich, 2005). Similarly, five other

studies did not identify a significant association between these variables (Bartholomew, Regan, Oram, et al., 2008; McKenry et al., 2006; Milletich et al., 2014; Reuter et al., 2015).

Childhood maltreatment and harsh parenting. Childhood maltreatment was positively associated to IPV perpetration in six studies (Fortunata and Kohn, 2003; Messinger et al., 2019; Schilit et al., 1991; Stults, Javdani, Greenbaum, Bartum, et al., 2015; Toro-Alfonso and Rodríguez-Madera, 2004; Whitton et al., 2021). However, only sexual victimization in the family of origin was associated to sexual IPV perpetration in the study by Toro-Alfonso and Rodríguez-Madera (2004), while suffering physical and psychological victimization in the family of origin were not. In addition, in the study by Bartholomew, Regan, Oram, et al. (2008), a positive association was found between IPV perpetration and mother-to-teen violence, while the relation between father-to-teen violence and IPV perpetration was not significant. The association between mother-to-teen violence was no longer significant when controlling for IPV victimization. Similarly, in other studies, childhood maltreatment (Chong et al., 2013; McKenry et al., 2006; Milletich et al., 2014; Stults et al., 2019) or harsh parenting (Taylor and Neppel, 2019) were not related with IPV perpetration.

There were no differences between abusers and non-abusers in having a family member during childhood who abused substances in the study by Fortunata and Kohn (2003), while perpetrators of IPV grew up in families with a lower socio-economic status (SES) than non-perpetrators in McKenry et al. (2006).

Substance use

Addictive behaviors (Toro-Alfonso and Rodríguez-Madera, 2004) and substance use (i.e., both alcohol and other drugs use; Chong et al., 2013) were found to be both positively associated to IPV perpetration. However, in the study by Chong et al. (2013), substance use was related only to physical IPV, while the association with psychological IPV was not significant.

Alcohol use. Participants' (Bartholomew, Regan, Oram, et al., 2008; Davis et al., 2016; Fortunata and Kohn, 2003; Kelley et al., 2014; McKenry et al., 2006; Schilit et al., 2008; Wu et al.,

2015) or partner's (Leone et al., 2022) alcohol use were found to be positively associated to IPV perpetration in eight studies. More specifically, in Davis et al. (2016) alcohol use was associated to physical/sexual and emotional IPV toward both regular and casual partner, and to controlling and HIV-related IPV perpetration toward regular, but not casual, partners. Monitoring IPV perpetration was not associated to alcohol use in this study (Davis et al., 2016). In addition, the relation between alcohol use and IPV perpetration was moderated by outness in Kelley et al. (2014): this association was significant only at high levels of outness. In Bartholomew, Regan, Oram, et al. (2008), the association between alcohol use and IPV perpetration was no longer significant when controlling for IPV victimization (i.e., bidirectionality of abuse). Physical aggression was associated to discrepant drinking between partners at a later time point in Lewis et al. (2018), while it was not related to subsequent physical aggression. Discrepant drinking was associated to subsequent psychological aggression and vice versa in this study (Lewis et al., 2018). Several studies did not find a significant association between alcohol use by the participants (Bacchus et al., 2016; Kelly et al., 2009; Reuter et al., 2015; Sharma et al., 2020; Stults, Javdani, Greenbaum, Kapadia, et al., 2015; Stults et al., 2019) or their partners (Schilit et al., 2008; Sharma et al., 2020), and IPV perpetration. Alcohol dependence or abuse was associated to IPV in Fortunata and Kohn (2003), while this relationship was not significant in Bacchus et al. (2016).

Drug use. Drug use was related with IPV perpetration in seven studies (Bacchus et al., 2016; Bartholomew, Regan, Oram, et al., 2008; Fortunata and Kohn, 2003; Stults, Javdani, Greenbaum, Kapadia, et al., 2015; Stults et al., 2019; Wong et al., 2010; Wu et al., 2015). However, in Wu et al. (2015) only methamphetamine use was associated to IPV perpetration, while marijuana, powdered or rock/crack cocaine, or heroin use were not. In addition, in Bacchus et al. (2016), participants who reported frightening and physically hurting their partner were at increased risk of cannabis use compared to those who did not. In contrast, there were no differences in cannabis use between those who perpetrate forcing sex or any abusive behaviors in the past 12 months, or those whose partner needs to ask permission to do activities, and those who did not. Furthermore, physically hurting a

partner, but no other forms of abuse, was related with class A drugs (i.e., ecstasy, LSD, cocaine, crack, heroin, and injected amphetamines) use (Bacchus et al., 2016). In Bartholomew, Regan, Oram, et al. (2008), the association between drug use and IPV perpetration was no longer significant when controlling for IPV victimization. Drug use during sex was associated to IPV perpetration in two studies (Miltz et al., 2019; Wei, Cao et al., 2020). In contrast, several studies did not identify a significant association between participants' (Finneran et al., 2012; Kelly et al., 2009; Schilit et al., 2008; Sharma et al., 2020; Wei et al., 2019) or partner's (Schilit et al., 2008; Sharma et al., 2020) drug use, and IPV perpetration.

Medical conditions

Participants who reported to be HIV-positive were at increased risk of physical, but not emotional or sexual, IPV perpetration in the study by Stephenson, Rentsch, et al. (2011). In contrast, somewhat surprisingly, perpetrators of any abusive behaviors in the past 12 months were at lower risk of having a diagnosis of sexually transmitted infections (STI) than non-perpetrators in the study by Bacchus et al. (2016). Perpetrators of physical abuse, frightening, forcing sex, or controlling behaviors did not differ from those who did not perpetrate these forms of violence in the risk of having an STI diagnosis in this study (Bacchus et al., 2016). HIV status was not related with IPV perpetration in four studies (Bartholomew, Regan, Oram, et al., 2008; Finneran and Stephenson, 2014; Finneran et al., 2012; Stephenson and Finneran, 2016).

Furthermore, participants who perpetrated IPV did not differ from non-perpetrators in thinking their partner would not support their PrEP use or in not knowing if their partner would support their PrEP use, or in their perception of benefits provided by PrEP use in the study by Kahle et al. (2020).

Sexual behaviors

Years at anal sexual debut and sexual partner(s). Miltz et al. (2019) assessed the association between years at anal sexual debut and IPV perpetration and they did not find significant results. In contrast, an age of 18 or older at sexual debut was positively associated to controlling behaviors and

negatively related to emotional IPV in one study (Wei, Cao et al., 2020). Wei et al. (2019) supported this latter finding, highlighting a negative association between age at sexual debut and IPV perpetration.

The number of sexual partners was positively associated to IPV perpetration in two studies (Li et al., 2021; Wei, Cao et al., 2020). In Li et al. (2021) this association was moderated by self-efficacy (at high levels of self-efficacy the relation between multiple casual sexual partners and IPV perpetration was no longer significant), while Miltz et al. (2019) did not find significant results. Behavioral bisexuality was not associated to IPV perpetration in two studies (Stephenson, De Voux, et al., 2011; Finneran et al., 2012). Having group sex was associated to perpetration of lifetime, but not past year, IPV in one study (Miltz et al., 2019).

Sexual intercourses. Participants who reported two or more instances of anal receptive and insertive sex had a higher risk of perpetrating couple violence compared with those who reported no instances of these behaviors in the study by Stults et al. (2016). Use of lubrication was not associated to physical IPV perpetration in Stephenson, De Voux, et al. (2011).

In addition, several studies assessed unprotected sex and IPV perpetration (Bogart et al., 2005; Finneran and Stephenson, 2014; Miltz et al., 2019; Stephenson and Finneran, 2017; Stephenson, De Voux, et al., 2011; Stults et al., 2016). Most of these (five studies) found a relation between these two variables (Bogart et al., 2005; Finneran and Stephenson, 2014; Stephenson and Finneran, 2017; Stephenson, De Voux, et al., 2011; Stults et al., 2016). However, in the study by Stephenson and Finneran (2017) condomless anal intercourse (CAI) was only associated to physical, sexual, emotional, and controlling IPV, while not to monitoring IPV. Furthermore, in the studies by Finneran and Stephenson (2014) and Stephenson, De Voux, et al. (2011), perpetrators of physical IPV were more likely to have had unprotected anal intercourse than non-perpetrators of physical IPV. No differences in unprotected anal intercourse emerged between perpetrators of sexual IPV and non-perpetrators of sexual IPV. Furthermore, in Stephenson, De Voux, et al. (2011) both sexual and physical IPV were higher among participants who have had unprotected anal

intercourses (UAI) compared to those who have not, while in Finneran and Stephenson (2014) only for physical IPV the difference between the two groups was significant. Miltz et al. (2019) did not find significant associations between unprotected sex and IPV perpetration.

Inconsistent condom use with regular partner was related to any IPV and controlling violence perpetration in the study by Zhu et al. (2021), while this relation was not significant when considering physical, emotional, and sexual IPV. Inconsistent condom use with casual partners was instead only associated to sexual IPV (Zhu et al., 2021). Finally, experiencing transactional sex was associated to IPV perpetration in one study (Wei et al., 2019).

Sexual minority-specific factors

The frequency of minority stressors experienced was not associated to pursuit behaviors and perpetration of negative behaviors after the breakup of the couple relationship in the study by Derlega et al. (2011).

Experiences of discrimination. Experiencing microaggressions (Taylor and Neppel, 2019) or homophobic discriminations or violence (Balsam and Szymanski, 2005; Finneran and Stephenson, 2014; Li et al., 2022; Swan et al., 2019; Swann et al., 2021; Whitton et al., 2021; Zavala, 2016) were found to be positively associated to IPV perpetration. The relation between microaggressions and IPV perpetration was moderated by sexual orientation (i.e., having a bisexual orientation increased the strength of the association between microaggressions and IPV perpetration) in the study by Taylor and Neppel (2019). Similarly, a moderating effect of commitment was found in the relation between homophobic discrimination and IPV perpetration: only at low levels of commitment in the relation this association remained significant. Furthermore, in Finneran and Stephenson (2014) the relationship between homophobic discrimination and IPV perpetration was no longer significant in the logistic model (only in the ANOVA test the differences between sexual batterers and non-batterers were significant). In the study by Balsam and Szymanski (2005), only lifetime discrimination was associated to psychological and physical/sexual (not LGB-specific abuse) IPV perpetration, while past-year discrimination was not. In Whitton et al., (2021)

homophobic violence was associated only to psychological, and not physical or sexual IPV. Experiences of discrimination were not found to be associated to IPV perpetration in five studies (Ayhan Balik and Bilgin, 2019; Edwards and Sylaska, 2013; Finneran et al., 2012; Stults et al., 2019; Zavala, 2016).

Perceived stigma. Perceived stigma was positively associated to IPV perpetration in four studies (Carvalho et al., 2011; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Stults et al., 2019; Wei, Cao et al., 2020). However, Stults, Javdani, Greenbaumb, Bartum, et al. (2015) found a positive association only between personal-local stigma and IPV perpetration, while the relation between public-gay related stigma and IPV was not significant. Furthermore, somewhat surprisingly, Stephenson, Rentsch, et al. (2011) found a negative association between sexual IPV perpetration and perceived local stigma-couple (i.e., perceived stigma around being in a same-sex relationship), but not with perceived local stigma-individual (i.e., perceived stigma around being a gay or bisexual man). No significant associations between perceived local stigma and physical or emotional IPV perpetration were found in this study (Stephenson, Rentsch, et al., 2011). Similarly, four studies did not identify associations between these variables (Edwards et al., 2021; Finneran et al., 2012; Stephenson, De Voux, et al., 2011; Zavala, 2016), although in Edwards et al. (2021) this relation became significant at high levels of problem drinking, while it was not significant at low levels; social support did not moderate this relation.

Internalized homonegativity toward self and others. Participants' (Stephenson and Finneran, 2016) and partner's (Turell et al., 2018) homo- or bi-negativity were found to be positively associated to IPV perpetration. McKenry et al. (2006) did not identify a significant association between IPV perpetration and family of origin's homonegativity.

In addition, participants' (Ayhan Balik and Bilgin, 2019; Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Edwards and Sylaska, 2013; Finneran and Stephenson, 2014; Finneran et al., 2012; Kelley et al., 2014; Li et a., 2019; Li et al., 2022; McKenry et al., 2006; Miltz et al., 2019; Pepper and Sand, 2015; Stephenson and Finneran, 2016; Suarez et al., 2018;

Tognasso et al., 2022; Ummak et al., 2021; Zavala, 2016) and partner's (Li et al., 2019) internalized homonegativity were found to be associated to IPV perpetration. However, in the study by Balsam and Szymanski (2005), internalized homonegativity was not related to psychological IPV and LGB-specific abuse, and the association between internalized homonegativity and physical/sexual violence was fully mediated by dyadic adjustment. Furthermore, sexual coercion perpetration was associated only with the Religious Attitudes toward Lesbianism dimension of the Lesbian Internalized Homonegativity Scale (LIHS; Szymanski and Chung, 2001) in the study by Pepper and Sand (2015), while it was not related with any other dimension of the LIHS. Internalized homonegativity was not related with physical and emotional IPV perpetration in this study (Pepper and Sand, 2015) as in Ayhan Balik and Bilgin (2019), where only sexual IPV perpetration was positively associated to internalized homonegativity. In Finneran and Stephenson (2014), internalized homonegativity was associated to sexual IPV, but not with physical IPV perpetration, while Edwards and Sylaska (2013) found a significant relation between internalized homonegativity and physical and sexual IPV perpetration, but not between internalized homonegativity and psychological IPV. Participants' and partner's internalized homonegativity were only associated to psychological IPV in the study by Li et al. (2019), while no significant results were found when physical IPV perpetration was considered as the dependent variable. Similarly, Tognasso et al. (2022) identified a positive association between internalized homonegativity and any and psychological IPV perpetration, while the relation between internalized homonegativity and physical and sexual violence was not significant. In Li et al. (2022) the association between internalized homonegativity and partner's psychological IPV perpetration (not participants' psychological IPV nor participants' and partner's physical IPV) was moderated by commitment in the relationship: at high levels of commitment the relation became not significant. In this study (Li et al., 2022) commitment mediated the relation between internalized homonegativity and participants' and partner's physical and psychological IPV perpetration as well. In Finneran et al. (2012), internalized homonegativity was positively associated to sexual IPV perpetration only in the

United Kingdom, while this relation was not significant in the United States, Canada, Australia, Brazil, or South Africa. Similarly, several studies did not find significant associations between participants' (Carvalho et al., 2011; Chong et al., 2013; Edwards et al., 2021; Pistella et al., 2022; Whitton et al., 2021) and partner's internalized homonegativity (Suarez et al., 2018) and IPV perpetration. In addition, in the study by Milletich et al. (2014), internalized homonegativity was not directly related with IPV perpetration. However, these authors found a positive indirect association between these variables that was mediated by fusion (Milletich et al., 2014).

Sexual identity concealment. Outness was positively related to IPV perpetration in two studies (Ayhan Balik and Bilgin, 2019; Longares et al., 2018a). However, only overall outness, and not outness to religion and outness to family, were positively related with psychological IPV perpetration in Longares et al. (2018a). In Bartholomew, Regan, Oram, et al. (2008), outness was positively related with IPV perpetration when controlling for internalized homonegativity, though this relation became non-significant when controlling for both internalized homonegativity and violence receipt (i.e., bidirectionality of abuse). In contrast, Kelley et al. (2014) found lower levels of outness among IPV perpetrators compared with non-perpetrators. Outness was not related to IPV perpetration in four studies (Balsam and Szymanski, 2005; Carvalho et al., 2011; Edwards et al., 2021; Miltz et al., 2019).

Gay identity development. Gay identity development was not related to IPV perpetration in the study by Stephenson, De Voux, et al. (2011).

Finally, two studies elaborated conceptual models to understand the mechanisms through which minority stress contributes to IPV perpetration. Lewis et al. (2017) found a complex relation between discrimination, internalized homonegativity, perpetrator trait anger, perpetrator's and partner's alcohol problems, perpetrator's relationship dissatisfaction, and psychological and physical violence. Similarly, in Mason et al. (2016), a complex relation between general life stress, distal and proximal minority stressors, negative affect, hazardous alcohol use, intrusiveness, and physical IPV perpetration was detected.

Discussion

The current paper aimed to review and systematize the available literature on IPV perpetration among sexual minority people and its associated factors. Seventy-eight studies were included in the systematic review.

Several variables were found to be related with IPV perpetration among sexual minority people, and differences and similarities were found between IPV among heterosexuals and sexual minority people. Most of the assessed socio-demographic variables seem to not influence IPV perpetration in most of the included articles. Specifically, age, gender, gender identity, employment, and income were generally found to be unrelated to IPV perpetration. In contrast, when looking at differences across sexual orientations, bisexual people were at increased risk of IPV perpetration in several studies (Bermea et al., 2018; NISVS, 2010). This result further underscores the double stigma associated to bisexual identity. The structural violence and the discrimination that seem to be conveyed by both the heterosexual and the lesbian and gay communities create additional stress and negative affect that can impact individual and relational wellbeing, ultimately leading to the perpetration of couple violence (Turell et al., 2018).

Many psychological factors were found to be related to IPV perpetration among sexual minority people. Depression was found to be related to IPV perpetration in several studies (Miltz et al., 2019; Sharma et al., 2020; Zavala, 2016). Two different theoretical perspectives can explain these findings. On the one hand, symptoms of depression can negatively influence coping and affect regulation mechanisms, which in turn can reduce the ability to manage conflicts and increase the likelihood of using violence toward the partner (Miltz et al., 2019). Accordingly, several studies identified an association between depression and relationship quality in both heterosexual (e.g., Morgan et al., 2018; Roberson et al., 2018) and sexual minority couples (e.g., Vencill et al., 2018; Whitton and Kuryluk, 2014). On the other hand, depression can be considered a consequence of IPV perpetration due to the psychological impact that this experience can entail (Sharma et al., 2020). Similarly, stress perception was associated to IPV perpetration in two studies (Craft et al.,

2008; McKenry et al., 2006). Both individual and family stress can impact psychological wellbeing and produce negative affect that needs to be released even through violent behaviors (Zavala, 2016). In contrast, symptoms of anxiety, PTSD, and loneliness were generally unrelated with IPV perpetration (Bacchus et al., 2016; Stults, Javdani, Greenbaum, Bartum, et al., 2015). Furthermore, several personality traits were found to be associated to IPV perpetration among sexual minority people. In particular, an abusive personality (Lantdolt and Dutton, 1997), hostility, emotional instability, and a negative worldview (Pepper and Sand, 2015) as well as higher scores on the Aggressive (Sadistic), Antisocial, Avoidant, Passive-Aggressive, Self-Defeating, Borderline, Paranoid, and Schizotypal personality scale and on the Alcohol-Dependent, Drug-Dependent, Bipolar (Manic Syndrome), and Delusional Clinical Syndrome scales (Fortunata and Kohn, 2003) were associated to couple violence perpetration. Although only few studies assessed the association between these variables and other research are needed, these preliminary findings seem to equate those emerged among heterosexual couples (Brasfield, 2014; Brem et al., 2018; Gildner et al., 2021; Spencer et al., 2019), highlighting the need to consider personality traits in clinical settings. Self-esteem was negatively associated to IPV perpetration as well. These results are in line with the disempowerment theory of couple violence (Archer, 1994). According to this perspective, feelings of inadequacy and unworthiness, as well as lack of self-esteem can promote the use of violence to exert control over a partner who is perceived as threatening or who reveals their insecurities (Archer, 1994; McKenry et al., 2006). Between psychological factors, adult attachment seems to take a main role in predicting IPV perpetration among sexual minority people. Attachment theory conceived family violence as the result of dysfunctional strategies of distance and affect regulation (Bartholomew and Allison, 2006; Bowlby, 1984; Fonagy, 1999). Accordingly, attachment anxiety was found to be related to IPV perpetration in several studies (Bartholomew, Regan, Oram, et al., 2008; Derlega et al., 2011; Gabbay and Lafontaine, 2017a). High levels of attachment anxiety entail fears of rejection and loss, which can result in violence toward the partner as a form of exaggerated protest for their unmet attachment needs, driven by the use of strategies of hyperactivation of the

attachment system (Bartholomew, Regan, Oram, et al., 2008; Gabbay and Lafontaine, 2017a). In contrast, conflicting results emerged regarding the association between attachment avoidance and IPV (Bartholomew, Regan, Oram, et al., 2008; Derlega et al., 2011; Gabbay and Lafontaine, 2017a; Gabbay and Lafontaine, 2017b). Although people with high levels of attachment avoidance can rely on IPV as a means of avoiding closeness and rejection (Gabbay and Lafontaine, 2017a), other studies are needed to confirm these hypotheses.

In addition to psychological factors, several relationship-level variables have also been found associated to IPV perpetration among sexual minority people. Specifically, while couple-level demographic factors (i.e., cohabitation, length of relationship, and having a child) were generally unrelated to IPV (Chong et al., 2013; Fortunata and Kohn, 2003; Sharma et al., 2020; Turell et al., 2018), relationship satisfaction/dyadic adjustment, conflict resolution skills, jealousy, and fusion/intrusiveness were associated to IPV perpetration in several studies (Balsam and Szymanski, 2005; Causby et al., 2015; Li et al., 2019; Mason et al., 2016; Milletich et al., 2014; Stephenson, Rentsch, et al., 2011; Telesco, 2003). These findings are in line with the model proposed by Bartholomew and Cobb (2010) to explain heterosexual IPV. As stated by the authors, regardless of personal dispositions to couple violence, those involved in mutually satisfying relationships, characterized by dyadic trust and a positive communication, are at lower risk of experiencing IPV. This theoretical perspective underlines the main role of stress within the couple as a predictive factor for IPV. Furthermore, considering the results found in several studies, lack of boundaries within the relationship (Causby et al., 2015; Mason et al., 2016; Milletich et al., 2014) and high levels of jealousy (Telesco, 2003) can promote IPV as well. In particular, people with high levels of enmeshment in their relationship can resort to abusive behaviors in order to restore a lost sense of oneness in the relationship following a partner's attempt at separation, or conversely, to create a self-other distance when individuation and separateness are threatened. These data further highlight the role of dysfunctional mechanisms of interpersonal distance regulation in IPV perpetration (Bartholomew and Allison, 2006; Bartle and Rosen, 1994; Bowlby, 1984). In contrast,

power dynamics within the couple seem to be unrelated to IPV perpetration among sexual minority people (Chong et al., 2013; Milletich et al., 2014).

Conflicting results emerged regarding the association between IPV perpetration and social- and community-level factors. Involvement in the LGBT community and support agencies was found to be positively related to IPV perpetration among sexual minority people (Wei, Cao et al., 2020). Sexual minority people involved in the LGBT community have a greater likelihood to engage in social interactions, which in turn can increase the probability to perpetrate violence toward a romantic or sexual partner (Wei, Cao et al., 2020). However, social support was generally unrelated to IPV perpetration (Reuter et al., 2015; Zavala, 2016). These findings are in contrast with several results emerged in studies conducted on heterosexual IPV (Gerino et al., 2018; Okuda et al., 2015; Richards and Branch, 2012), and further highlight the need to consider differences and similarities between these phenomena.

In line with these considerations, conflicting results emerged regarding the association between feminine and masculine gender expression, and IPV perpetration. While two studies identified a positive association between masculinity and IPV perpetration (Jacobson et al., 2015; McKenry et al., 2006), two other studies did not highlight significant results (Balsam and Szymanski, 2005; Telesco, 2003). The lack of significant results found in Telesco (2003) and Balsam and Szymanski (2005) demonstrated that the theory most commonly used to explain couple violence among heterosexual people, which conceives IPV as the result of endorsing a traditional masculinity which legitimizes the use of violence toward a subordinate partner (who exhibits feminine traits; Balsam and Szymanski, 2005; Telesco, 2003), may not be applicable within the LGB+ population (Balsam and Szymanski, 2005). However, these results could be influenced by methodological limitations (e.g., in Balsam and Szymanski (2005), only one item was used to assess masculinity and femininity) and other studies are necessary to understand the association between gender expression and gender role stereotypes, and the perpetration of IPV among sexual minority people.

Suffering violence in the family of origin was often found to be positively related to IPV perpetration among sexual minority people (Fortunata and Kohn, 2003; Schilit et al., 1991; Stults, Javdani, Greenbaumb, Bartum, et al., 2015; Toro-Alfonso and Rodríguez-Madera, 2004), although other studies did not confirm these results (Chong et al., 2013; McKenry et al., 2006; Milletich et al., 2014). From a psychoanalytic perspective, experiences of violence in the family of origin can result in feelings of unworthiness and in a lack of emotion regulation abilities, which can contribute to the use of violence within the relationship (Miltz et al., 2019). Furthermore, direct and indirect experiences of violence within the family of origin can serve as a model for conflict resolution that will be applied in future relationships (Zavala, 2016), according to the social learning theory (Felson and Lane 2009; Gover, Kaukinen, and Fox 2008; Mihalic and Elliott 1997). However, considering the studies included in the current review, primarily suffering violence within the family of origin, rather than witnessing parental violence, emerged as a risk factor for IPV perpetration. Although further data are needed to confirm these findings, most of the data available to date suggest that only direct experiences of violence in the family of origin contribute to IPV in adulthood (Bartholomew, Regan, Oram, et al., 2008; McKenry et al., 2006; Milletich et al., 2014; Reuter et al., 2015).

Paralleling findings of studies conducted in heterosexual couples (see Cafferky et al., 2018 for a meta-analytic review), several articles included in the current systematic review identified a positive association between substance use and IPV perpetration among sexual minority people (Bacchus et al., 2016; Bartholomew, Regan, Oram, et al., 2008; Davis et al., 2016; Fortunata and Kohn, 2003; Kelley et al., 2014; McKenry et al., 2006; Miltz et al., 2019; Schilit et al., 2008; Stults, Javdani, Greenbaumb, Kapadia, et al., 2015; Wei, Cao et al., 2020; Wong et al., 2010; Wu et al., 2015). As with other factors associated to IPV perpetration (e.g., mental health and couple satisfaction), two different theoretical perspectives can explain these findings. On the one hand, the psychoactive effect of drug and alcohol use and its neurological and psychological consequences can increase the risk of using violence to manage conflicts and stress within the relationship (Wei,

Cao et al., 2020). On the other hand, substance use can be conceived as a consequence of IPV perpetration. From this perspective, perpetrators of IPV can use substances to cope with the negative feelings related to the experience of couple violence (Lewis et al., 2018). A reciprocal relationship between these variables can exist as well (Lewis et al., 2018) and longitudinal studies are needed to confirm these hypotheses.

Furthermore, several studies found a positive association between sexual behaviors and IPV perpetration. Specifically, unprotected sex was related to IPV perpetration in five studies (Bogart et al., 2005; Finneran and Stephenson, 2014; Stephenson and Finneran, 2017; Stephenson, De Voux, et al., 2011; Stults et al., 2016). As stated by several authors (Stults et al., 2016; Stephenson and Finneran, 2017), abusers can endorse a more stereotypical masculinity that promote impulsivity and hypersexuality, which can result in at-risk sexual behaviors. In contrast, medical conditions such as HIV-positive status do not seem to be associated to IPV perpetration in several studies (Bartholomew, Regan, Oram, et al., 2008; Finneran and Stephenson, 2014; Stephenson and Finneran, 2016).

While similarities emerged between IPV in heterosexual and sexual minority couples, as highlighted through the current systematic review, several studies identified factors specifically associated to couple violence among sexual minority people. These seem to be mainly related to the adverse conditions experienced by sexual minority people. Several dimensions of the minority stress model elaborated by Meyer (1995; 2003) were found to be associated to IPV perpetration among sexual minority people. In particular, while conflicting results emerged regarding the relation between IPV perpetration and experiences of discrimination, perceived stigma, and sexual identity concealment (e.g., Balsam and Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Carvalho et al., 2011; Edwards and Sylaska, 2013; Kelley et al., 2014; Longares et al., 2018a; Miltz et al., 2019; Taylor and Nepl, 2019; Wei, Cao et al., 2020), internalized homonegativity was generally found to be associated to IPV (e.g., Balsam and Szymanski, 2005; Bartholomew, Regan, White, et al., 2008; Edwards and Sylaska, 2013; Kelley et al., 2014; Li et al., 2019; Miltz et al.,

2019). Although it is likely that sexual minority people are better able to cope with distal minority stressors (Balsam and Szymanski, 2005), proximal minority stressors and in particular high levels of internalized homonegativity negatively impact self-esteem, self-worth, and self-identity, resulting in internal conflicts, a negative self-image, and feelings of fear and shame (Bartholomew, Regan, Oram, et al., 2008; Frost and Meyer, 2009; Kubicek et al., 2015; Meyer and Dean, 1998; Telesco, 2003). As suggested by several authors (Bartholomew, Regan, Oram, et al., 2008; Byrne, 1996; Cruz and Firestone, 1998), these negative affects toward the self and in particular toward one's own sexual identity can be projected on the partner, resulting in IPV perpetration in order to destroy those negative parts of the self that have been expelled. In addition, the stress that can be associated to the status of sexual minority, and the accompanying emotional dysregulation (Hatzenbuehler, 2009; Sommantico and Parrello, 2021), seems to be regulated through the body by resorting to violent behaviors toward the partner. Accordingly, exploring the moderating role of mentalization or the mediating effect of emotional regulation abilities in the association between minority stress and IPV perpetration may further shed light on the complex dynamics that shape couple violence among sexual minority people. The application of the Psychological Mediation Framework (Hatzenbuehler, 2009) which highlights the role of emotion regulation in the relation between sexual minorities stressors and wellbeing seems to show promising results in this direction.

Only few studies explored the mechanism through which minority stress influences IPV perpetration. Mediation models have demonstrated a complex relation between minority stress, couple-level variables, negative affect, alcohol problems, and IPV perpetration (Balsam and Szymanski, 2005; Lewis et al., 2017; Mason et al., 2016; Milletich et al., 2014). Specifically, internalized homonegativity seems to negatively affect relationship quality and couple dynamics, and increase negative affect and alcohol problems, increasing the probability to perpetrate IPV. The structural violence experienced by sexual minority people and the lack of social acceptance of non-heterosexual relationships (Balsam and Szymanski, 2005; Frost, 2011) seem to result in lower

relationship quality, negative affect, and maladaptive behaviors which in turn promote IPV perpetration. More complex models are needed in order to further confirm these hypotheses.

Limitations and future directions

When considering the results found in the current systematic review, several limitations need to be accounted for. First, this is not a meta-analysis, thus no statistical conclusion can be drawn.

Second, only data on the perpetration of IPV have been considered, and results on factors associated to IPV victimization among sexual minority people need to be explored in further reviews.

Third, only quantitative data were considered by design. Exploring results drawn from qualitative studies can provide a broader comprehension of the phenomenon and need to be considered in future studies.

Fourth, the population of our interest consisted of cisgender sexual minority people, while studies mainly conducted on gender minorities were excluded. Future reviews focused on factors associated to IPV among gender minorities are needed.

Finally, only original research papers published in English and indexed in the main psychological databases were included. Exploring results from other kind of sources such as reports from national and international institutions or NGOs, as well as studies published in languages other than English can deepen our understanding of IPV among sexual minorities people. In addition, methodological limitations emerged when considering the studies included in the current systematic review, which need to be considered in future studies to improve our understanding of IPV among sexual minority people.

Differences in the operational definitions of IPV and sexual orientation emerged, which can affect the results found and limit comparability between the studies. Although most of the included articles used validated assessment tools, many others evaluated at least some forms of IPV using items developed by the authors. In addition, only a few studies included questions about LGB+-specific abuse tactics. These methodological limitations negatively influence the opportunity to

precisely detect couple violence among sexual minorities and need to be considered in future studies. The development of new tools aimed at assessing IPV among sexual minority people or the adaptation of instruments to date available for their use with this population are recommended.

Furthermore, differences were found between the included articles on criteria to enroll participants in the study. The various groups included under the umbrella-term sexual minority people can experience different forms of violence, and factors associated to IPV perpetration among self-identified LGB+ people can differ from those associated to IPV perpetrators among people who self-identify as heterosexual and report non-heterosexual sexual behaviors. How different definitions of sexual minority influence the results found among this broad population needs to be explored and controlled for in future studies.

Only few studies specified the type of relationship in which the violence occurred. This does not allow for firm conclusion regarding variables specifically associated to IPV in same-sex couples. How the type of relationship moderates or influences the results found within the studies aimed at assessing factors associated to IPV among sexual minority people needs to be considered.

In addition, only few studies used dyadic analysis techniques, and considering the interdependence between partners, future studies are needed to understand how characteristics of both partners can affect the risk of perpetrating IPV.

Moreover, all but one of the included studies have a cross-sectional design, which does not allow for firm conclusions about the causal direction of the associations found within the included studies. While drawing from different theoretical perspectives, many of the identified associated factors (e.g., adult attachment, personality traits, family of origin-related factors, and minority stress) are considered predictors rather than consequences of IPV perpetration. Longitudinal studies are needed to confirm these hypotheses.

In addition, the results of several included studies highlight a strong association between IPV victimization and perpetration, and a high occurrence of mutual violence among sexual minority people (e.g., Bartholomew, Regan, White, et al., 2008; Edwards and Sylaska, 2013). For

these reasons future studies need to assess both victimization and perpetration, and control for how they influence each other and the results found.

Only one study employed a cross-cultural design and most of the studies were conducted in the United States. Accordingly, other studies are needed to explore IPV perpetration and its associated factors in other geographic areas to fill these gaps.

Furthermore, only few studies were focused on ethnic minorities or people with a HIV-positive status. Drawing from an intersectional framework (Crenshaw, 1991), future studies should explore how multiple stigmatized dimensions of one's own personal identity impact the risk of IPV perpetration among sexual minority people.

Finally, more complex models (e.g., mediational, moderation, or structural equation models) are needed to understand the mechanism through which minority stress, and psychological and relational factors are related to IPV perpetration among sexual minority people.

Conclusions

The results of the current systematic review highlight the need to consider couple violence among sexual minority people through a multidimensional approach to account for the multitude of variables associated to IPV perpetration. On the one hand, conflicting results emerged regarding the association between gender expression and IPV perpetration. These findings show that the applicability of theories mainly used to understand IPV among heterosexual couples has not yet been demonstrated when considering IPV among sexual minority people. Other studies are needed to understand the role of adhering to traditional gender roles on IPV perpetration among sexual minority people.

On the other hand, the main role of psychological, relational and LGB+-specific factors emerged in many of the included studies. Specifically, internal working models and adult attachment style, as well as high levels of stress, couple dissatisfaction and fusion within the relationship seem to play a major role in the perpetration of IPV among sexual minority people. These findings highlight the impact of negative affect, and dysfunctional mechanisms of

interpersonal distance and affect regulation, and are in line with the conceptualization of couple violence provided by attachment theory (Bartholomew and Allison, 2006; Bowlby, 1984; Fonagy, 1999) and Bartle and Rosen (1994), which consider IPV as the result of dysfunctional strategies of self-other distance and affect regulation. These theoretical backgrounds allow for the overcoming of a gender-based conception of couple violence, fostering an understanding of violent phenomena beyond those typically perpetrated by men toward women in heterosexual relationships. This approach can guarantee the legitimacy of couple violence perpetrated and suffered by sexual minority people and enables the understanding of this complex phenomenon regardless of the gender or sexual orientation of the people involved.

In addition, the significant association found between minority stressors and IPV perpetration in many studies underlines the necessity to consider the structural violence experienced by sexual minority people and the stress that it entails as a possible explanation for the high levels of IPV identified in this population. In particular, internalized homonegativity and the negative affect it evokes need to be addressed in clinical settings, and prevention programs aimed at reducing social homonegativity and sexual stigma are needed to promote sexual minorities' individual and relational wellbeing.

The identified results in the current systematic review highlight the importance of appropriate screening processes, able to identify variables that contribute to IPV perpetration for each single case. This allows referral to care-providers who are better suited to address the specific involved factors. A multidimensional approach able to consider the multitude of variables associated to IPV perpetration is necessary to prevent violent behaviors and promote the treatment of perpetrators, with the final aim to reduce relapses. The role of psychological and LGB+-specific factors, as well as relationship dynamics need to be considered for clinical purposes, to reduce IPV perpetration among sexual minority people.

Training of stakeholders working with couple violence or sexual minority people is needed to increase professional skills in dealing with IPV among sexual minority people and increase

access to services, which is still limited by lack of awareness regarding this phenomenon and perceived stigma (Santoniccolo et al., 2021). The development of services and interventions based on empirical evidence, addressed to sexual minority perpetrators of IPV and able to take care of these complexities while adopting non-stigmatizing attitudes are needed as well. The emerging results in the current systematic review can provide an updated guide to develop policies in this direction.

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Chapter 2: Internalized Homonegativity, Emotion Dysregulation, and Physical Same-Sex Intimate Partner Violence Perpetration: A Psychological Mediation Framework-based Model³

Abstract

Introduction: Same-Sex Intimate Partner Violence (SSIPV) is still under-investigated despite its spreading. Unique risk factors, such as internalized homonegativity, have been found to be related to physical SSIPV perpetration. However, the mechanisms that regulate this association are still unclear. Drawing from the Psychological Mediation Framework (PMF), this paper aimed to explore the relationship between internalized homonegativity and physical SSIPV perpetration, assessing the mediating role of emotion dysregulation.

Method: 139 gay and lesbian participants involved in same-sex relationships participated in the study by completing a self-administered online questionnaire. Mediation analyses were used to assess both the direct and indirect effects.

Results: Internalized homonegativity was not directly associated with physical SSIPV perpetration. However, internalized homonegativity was positively associated with emotion dysregulation, which, in turn, was positively associated with physical SSIPV perpetration. The indirect effect of internalized homonegativity on physical SSIPV perpetration through emotion dysregulation was also confirmed.

Discussion: The results that emerged extend the application of the PMF to SSIPV. The data found can inform both preventive interventions and treatments targeting SSIPV perpetrators to reduce the phenomenon and limit recidivism.

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Keywords: Internalized homonegativity; Emotion dysregulation; Same-Sex Intimate Partner Violence; Psychological Mediation Framework; Gay; Lesbian; LGBT+; Sexual minority people

Introduction

Intimate Partner Violence (IPV) is a concerning public issue widespread regardless of socio-cultural background or sexual identity of the people involved (WHO, 2021). However, while great attention has been paid to IPV within heterosexual couples, IPV experienced in same-sex couples (i.e., Same-Sex Intimate Partner Violence; SSIPV) remains underestimated and poorly explored.

Although SSIPV prevalence is inconsistent throughout the literature (Walters & Lippy, 2016; Trombetta & Rollè, 2022) and methodological differences between studies limit the possibility of establishing firm conclusions (Rollè et al., 2018), no differences emerged in IPV prevalence between heterosexual and same-sex couples according to nationally representative data (Walters et al., 2013). More specifically, 36.3% of lesbian women and 24% of gay men have experienced at least one act of physical SSIPV during their lifetime, while lifetime psychological SSIPV was reported by 63% of lesbian women and 60% of gay men.

Although SSIPV includes multiple forms of violence, such as physical, psychological, sexual, and controlling violence, particular attention should be paid to physical SSIPV, given the severe consequences that it can entail (e.g. injuries, risk of suicide, and symptoms of anxiety and depression; Bartholomew et al., 2008a; Bermea et al., 2021; Robinson, 2002; Strickler & Drew, 2015), which can even go so far as Intimate Partner Homicide (IPH) in the most extreme cases. Accordingly, exploring factors associated with the perpetration of physical SSIPV can provide valuable information for preventing violence and limiting recidivism.

Despite the similarities between IPV in heterosexual and same-sex couples, sexual minority people face unique SSIPV perpetration risk factors (see Trombetta & Rollè, 2022 for a review in this field). Among these, minority stressors (Meyer, 2005), and in particular internalized homonegativity, seem to have a role. Internalized homonegativity refers to negative affect and

attitudes expressed toward one's own sexual orientation resulting from the heterosexist and homonegative attitudes that still permeate our societies (Meyer, 1993; 2005). Several studies have identified a positive association between internalized homonegativity and physicalSSIPV perpetration (Bartholomew et al., 2008b; Edwards & Sylaska, 2013; Kelley et al., 2014; Li et al., 2022; Stephenson & Finneran, 2016). However, the mechanisms that regulate this relationship are still unclear and poorly explored.

The development of the Psychological Mediation Framework (PMF) by Hatzenbuehler (2009) further contributed to the understanding of the complex relationship between minority stressors and general risk factors which can impact the wellbeing of sexual minority people. As proposed by the PMF, minority stress negatively influences general psychological processes, such as emotion regulation, which can, in turn, increase psychological distress vulnerability. Accordingly, recent studies (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014) confirmed the mediating role of emotional dysregulation in the association between internalized homonegativity and psychological distress (e.g., symptoms of depression and anxiety). While the PMF seems to be consistently supported by data regarding individual wellbeing, its application to the perpetration of violent behaviors in couple relationships is still unexplored, although preliminary results in this direction emerged onSSIPV victimization (Berke et al., 2022).

However, emotion regulation, which refers to the ability to understand, accept, and modulate emotion as well as to control impulse also according to personal goals (Gratz & Roemer, 2004), has been found to be related to couple violence in the heterosexual population. Several recent studies support an association between the lack of emotion regulation abilities and physical IPV perpetration (Berke et al., 2019; Conzemius et al., 2021; Evans et al., 2022; Gratz et al., 2009; Grigorian et al., 2019; Guzmán-González et al., 2016; Halmos et al., 2021; Lee et al., 2020; Neilson et al., 2021); however, there is currently no data available on same-sex couples.

In line with the literature reported above, a complex relationship between internalized homonegativity, emotion dysregulation, and couple violence in sexual minorities can be

hypothesized. Accordingly, this study aims to explore the association between internalized homonegativity and physicalSSIPV perpetration, investigating the mediating role of emotion dysregulation. The results that emerged can provide data at clinical level which can orientate the development of interventions tailored to SSIPV, which currently appear to be lacking (Rollè et al., 2021; Santoniccolo et al., 2021).

Hypotheses

The hypotheses for this study are as follows and they are presented in Figure 1:

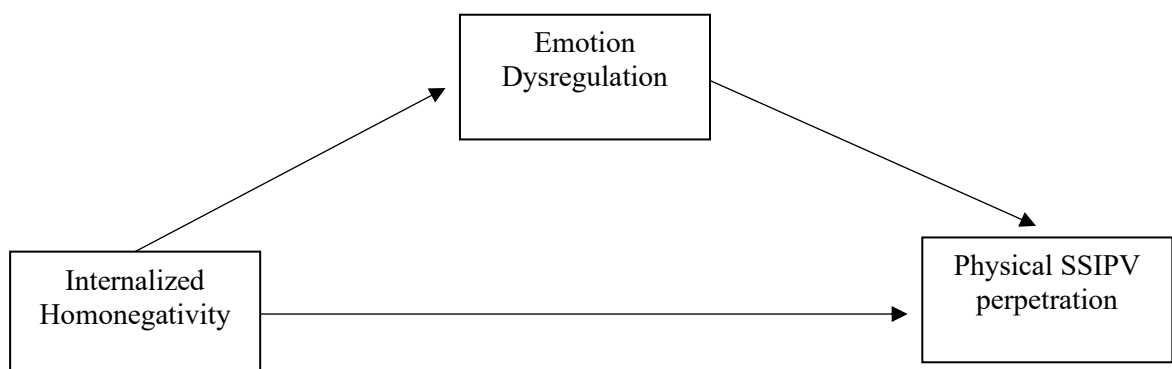
H1: Internalized homonegativity is expected to be directly and positively associated with physical SSIPV perpetration.

H2: Internalized homonegativity is expected to be directly and positively associated with emotion dysregulation.

H3: Emotion dysregulation is expected to be directly and positively associated with physical SSIPV perpetration.

H4: Emotion dysregulation is expected to mediate the association between internalized homonegativity and physical SSIPV perpetration.

Figure 1. Hypothesized model



Note: Mediation model with emotion dysregulation as mediator and age, sex, education level, and economic condition as controlling variables.

Method

Participants

A total of 139 participants (59% male), aged between 20 and 76 (mean age = 34.2, SD = 11.87), involved in same-sex couple relationships completed the questionnaire. The respondents' socio-demographic characteristics are presented in Table 1.

Table 1. Characteristics of the sample

	<i>N</i>	%
Sex		
Female	57	41
Male	82	59
Gender ^a		
Woman	55	40.1
Man	79	57.7
Transgender/Gender non-conforming	3	2.2
Sexual Orientation		
Lesbian	57	41
Gay	82	59
Relationship Duration ^b		
Less than 1 year	17	14.7
1-5 years	57	49.1
6-10 years	27	23.3
11-15 years	7	6
More than 15 years	8	6.9
Educational level		

Middle school diploma or less	9	6.5
High school diploma	47	33.8
Bachelor's degree	47	33.8
Master's degree or higher	36	25.9
Employment status		
Unemployed	3	2.2
Freelancer	25	18
Employee	56	40.3
Student	49	35.3
Homemaker	2	1.4
Retired	4	2.9
Economic satisfaction		
Insufficient	2	1.4
Unstable	15	10.8
Sufficient	78	56.1
Wealthy or higher	44	31.7

Note: $N = 139$. ^a2 missing values. ^b23 missing value.

Procedure

The study procedures are in accordance with the ethical standards of APA and the 1964 Declaration of Helsinki. The questionnaire was prepared by the research team, using validated scales whenever possible and translated into Italian. Data were collected from July 2021 to April 2022 through an online survey conducted on Lime Survey. The questionnaire contained general information about the study, an invitation to participate and a link to the questionnaire, which was distributed by the research team members to their personal, professional and social networks through email and word of mouth. Participation was voluntary and anonymous. Before beginning the questionnaire,

participants received an informed consent form describing the aims of the study and the content of the survey, along with the risks, benefits, privacy, names of research institutions, and contact information for the head of the study team. The questionnaire took approximately 15 minutes to complete. The study was approved by the Bioethical Committee of the University of Turin (n° 0429348).

Instruments

Internalized Homonegativity: The *Internalized Sexual Stigma for Lesbian and Gay Men (MISS-LG*; Lingiardi et al., 2012) was used to assess internalized homonegativity in our study. Each item was rated using a 5-point Likert-type scale, ranging from “*Totally disagree*” to “*Totally agree*”. According to Lingiardi et al. (2012), we obtained the total score by adding together all the items. In our sample, the Cronbach’s alpha coefficient of the total score was .73.

Emotion Dysregulation: The *Difficulties in Emotion Regulation Scale (DERS*; Gratz & Roemer, 2004) in its Italian version (Giromini et al., 2012; 2017) was used to assess emotion dysregulation. The DERS is composed of six subscales: Non-acceptance of emotional responses (*Non-acceptance*), Difficulties engaging in goal-directed behavior, Impulse control difficulties (*Impulse*), Lack of emotional awareness (*Awareness*), Limited access to emotion regulation strategies (*Strategies*), and Lack of emotional clarity (*Clarity*). Participants rated each item on a five-point Likert scale ranging from 1 (“*Almost never*”) to 5 (“*Almost always*”). For this study, the total score was considered, and its reliability was excellent (.94).

Physical SSIPV Perpetration: To assess physical SSIPV perpetration, the *Conflict Tactic Scale-Short form (CTS2S*; Straus & Douglas, 2004) was used. It consists of five dimensions (negotiation, injury, and physical, psychological, and sexual IPV), to which participants responded considering both victimization and perpetration. For this study, only the physical IPV perpetration subscale was considered. Participants rated each item on an eight-point Likert scale (0 = *This has never happened*; 1 = *Once in the past year*; 2 = *Twice in the past year*; 3 = *3–5 times in the past year*; 4 = *6–10 times in the past year*; 5 = *11–20 times in the past year*; 6 = *More than 20 times in*

the past year; 7 = Not in the past year, but it did happen before). Following Straus' and Douglas' (2004) scoring instructions, participant responses from 1 to 6 were recoded as 1 to indicate SSIPV perpetrated in the past year (i.e., current physical SSIPV perpetration), and responses of 0 and 7 were recoded as 0 to indicate no physical SSIPV perpetration. Participant scores were then added, providing the following scores: 0 (*no physical SSIPV perpetration*), 1 (*physical SSIPV perpetration*). Reliability was not calculated, in accordance with to the instrument's authors (Straus & Douglas, 2004).

The following socio-demographic variables were included as control variables, in accordance with the literature on IPV perpetration: sex, age, education level, and economic status.

Data Analysis

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS 28.0) and a mediation analysis was tested using Hayes' (2019) PROCESS (Version 4.1, Model 4) to test direct and indirect effects. Frequencies, means, and standard deviations were calculated to summarize the variables included in this study. Pearson's correlation (r) was used to test the relationship between variables, and the results were interpreted according to Cohen's (1988) conventions. The reliability of each scale was determined using Cronbach's alpha coefficient. Sex, sexual orientation, education level, and economic status were used in the model as control variables.

As recommended by Tabachnick and Fidell (2007), the studied variables were tested for the assumptions of normality and multicollinearity. As the data violated the multinormality condition, we used a robust estimator to test the significance of the model. To assess the mediation model according to our hypotheses we used bootstrap estimation to test the significance of the indirect effects (Hayes, 2019) with 5,000 samples, and we computed the bias-corrected 95% confidence interval (CI) by determining the effects at the 2.5th and 97.5th percentiles; when 0 was not included in the CI, the indirect effects were significant.

Results

Means and frequencies of the study variables are reported in Table 2. In the study sample, 5.8% of respondents had perpetrated at least one act of physicalSSIPV in the past 12 months.

Table 2. Means and frequencies of the study variables

Physical SSIPV Prevalence	
Perpetrators	5.8%
Non-perpetrators	94.2%
<i>Mean SD</i>	
Internalized Homonegativity	1.50 0.58
Emotion Dysregulation	2.17 0.56

Note: $N = 139$

From the socio-demographic variables assessed in the study (i.e. age, sex, sexual orientation, relationship duration, education level, and economic status), only economic status was negatively correlated to physical SSIPV perpetration ($r: -.251, p<.01$); no other socio-demographic variable was significantly correlated to SSIPV perpetration. Table 3 reports bivariate correlations among the study variables. The results showed a positive correlation between internalized homonegativity and emotion dysregulation ($r: .45, p<.01$), and between emotion dysregulation and physical SSIPV perpetration ($r: .20, p<.05$).

Table 3. Bivariate correlations between study variables

	1	2	3
1. Internalized Homonegativity	—		
2. Emotion Dysregulation	0.45**	—	
3. Physical SSIPV Perpetration	0.16	0.20*	—

Note: $N = 139$. ** $p < 0.01$; * $p < 0.05$

To test our hypotheses, we conducted a mediation model. Internalized homonegativity was the independent variable, emotion dysregulation the mediators, and physicalSSIPV perpetration the dependent variable. After checking for control variables and in accordance with the literature in this field, we included in the final model age, sex, education level, and economic status as covariates.

The hypotheses of this study were partially confirmed. In contrast to H1, no significant direct association emerged between internalized homonegativity and physicalSSIPV perpetration (b: -.42; se: .25; p .091). A direct and positive association emerged between internalized homonegativity and emotion dysregulation (b: 2.53; se: .44; p<.001) in accordance with H2, and a direct and positive association emerged between emotion dysregulation and physicalSSIPV perpetration (b: .06; se: .02; p<.05) in line with H3. In accordance with H4, the indirect effect was also significant. More specifically, a positive indirect effect emerged between internalized homonegativity and physicalSSIPV perpetration through the mediation of emotion dysregulation [b: .14; 95% CI: (.006; 19.11)]. The model showed excellent fit ($R^2_{\text{McFadden}}: .378$; p<.01).

With regard to the influence of the socio-demographic variables (age, sex, education level, economic status) included in the model, only education level was negatively associated with emotion dysregulation (b: -3.20; se: 1.6; p<.05), and only economic status was negatively associated with physicalSSIPV perpetration (b: -1.71; se: .84; p<.05). No other association between the socio-demographic variables and emotion dysregulation or physicalSSIPV perpetration emerged.

Discussion

In order to shed light on the mechanisms involved in the relationship between minority stress and violence within same-sex relationships, this paper aimed to assess the association between internalized homonegativity and physicalSSIPV perpetration, exploring the mediating role of emotion dysregulation. As far as we know, this was the first study to assess the application of the PMF to SSIPV perpetration.

Our results revealed a lower prevalence of physicalSSIPV perpetration compared to the literature in this field (Badenes-Ribera et al., 2015; Liu et al., 2021). In this study sample, only 5.8% of the participants were classified as perpetrators. Although our results may have been influenced by methodological issues (i.e. non-representative sample, well-educated, with good socioeconomic status; use of the short form of the CTS2), it should be recognized that there is a great dearth of studies focused onSSIPV including representative samples of the population of Italy, where this study was conducted. More generally, there are very few Italian studies onSSIPV (Fontanesi et al., 2020; Pistella et al., 2022; Tognasso et al., 2022). Nonetheless, recent research on Italian lesbian women reported a physicalSSIPV perpetration prevalence of 14.8% (Tognasso et al., 2022). The prevalence ofSSIPV in Italy requires further investigation, with representative studies needed to understand the pervasiveness of the phenomenon which seems to be underestimated at both social and research level.

The hypotheses proposed in this study were partially confirmed. In contrast with H1, internalized homonegativity was not associated with physicalSSIPV perpetration. While our results are at odds with some of the international literature in this field (Bartholomew et al., 2008b; Edwards & Sylaska, 2013; Kelley et al., 2014; Li et al., 2022; Stephenson & Finneran, 2016), further supported by a recent meta-analysis (Badenes-Ribera et al., 2019), this may be due to the low levels of internalized homonegativity within our sample. Moreover, although internalized homonegativity has been associated with a broad spectrum of violent behaviors in different studies, data on its association with specific forms of violence (i.e., physical, psychological, and sexual) are much more inconsistent in the literature (Trombetta & Rollè, 2022) and future studies are needed.

In accordance with H2 and in line with the literature on the PMF (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014), internalized homonegativity is positively associated with emotion dysregulation. As proposed by Hatzenbuehler (2009), chronic exposure to minority stressors can contribute to Ego depletion (Inzlicht et al., 2006). This process can negatively influence emotion regulation, promoting dysfunctional strategies used to alleviate

negative affect in times of frustration. The perpetration of violent behaviors may be one of these dysfunctional mechanisms of affect regulation. Drawing on psychodynamic literature, violence can be considered as an action-centered strategy used to defend the Self from threatening psychic contents (Fonagy, 1999; 2003) which performs a physiological function: to re-establish baseline autonomic function that is undermined by intense negative affect; and a psychodynamic function: to remove and destroy the source of the threat (Meloy, 1992). Negative and dysregulated affect, to which people with low emotion regulation skills may be more vulnerable, can take on such threatening character and thus promote violent behavior aimed at restoring psychic organization. As proposed by some authors, SSIPV perpetration could be the result of the projection of negative affect and attitudes related to one's own sexual identity onto the partner (Bartholomew et al., 2008b; Byrne, 1996; Cruz & Firestone, 1998). From this perspective, these dysregulated psychic contents defensively projected onto the partner may be the target of violent behaviors which have the unconscious goal of destroying these externalized contents and eradicating them permanently (Fonagy, 1999). In agreement with these theoretical considerations and with the literature on the relationship between emotional dysregulation and perpetration of IPV (Berke et al., 2019; Conzemius et al., 2021; Evans et al., 2022; Gratz et al., 2009; Grigorian et al., 2019; Guzmán-González et al., 2016; Halmos et al., 2021; Lee et al., 2020; Neilson et al., 2021), the data emerging from this study revealed an association between emotional dysregulation and perpetration of SSIPV, confirming the mediating role of emotional dysregulation in the relationship between internalized homonegativity and SSIPV, in accordance with H3 and H4, respectively.

Our results support, for the first time, the application of PMF to the perpetration of violent behavior within same-sex couples. In addition to having theoretical implications for understanding how stressors originating from belonging to a sexual minority intertwine with psychological processes, thus contributing to SSIPV perpetration, the data provide insights at clinical level. In line with the results of our study, it would be useful in the clinical setting to intervene on representations related to sexual identity (in both their affective and cognitive components) and to promote mature

and functional emotional regulation mechanisms in order to reduce vulnerability to violence perpetration, to restrict recidivism, and to promote individual and relational well-being more generally. For preventive purposes, implementing information and training interventions on LGBT+ issues and SSIPV can reduce stigma and promote awareness of LGBT+ issues (including violent couple dynamics), which indirectly can impact the spread of couple violence.

Limitations

This study has some limitations. Firstly, it has a cross-sectional design, which prevents firm conclusions from being reached with regard to the causal direction of the associations found.

Secondly, the sample was not representative of the Italian population, as the sample size was small and the participants were largely well-educated with good socioeconomic status. Furthermore, we only included gay and lesbian people, with analyses separated by sexual orientation not being conducted due to the low sample size. This limits the possible generalization of our results.

Thirdly, this study only considered internalized homonegativity, while more distal stressors, such as experiences of discrimination, perceived stigma, or sexual identity concealment, were not evaluated.

Finally, only physical violence was assessed in this study. Although this aspect does require special attention due to the often severe consequences it can entail, the lack of consideration of a broader spectrum of violent behaviors (i.e. psychological, sexual, controlling, and LGBT+-specific violence) limits our comprehension of the phenomenon.

Future directions

In light of the limitations reported above, longitudinal studies are needed to confirm the direction of the relationship identified here. In addition, future studies should include different sexual identities and consider the combination of multiple oppressed identity dimensions, taking an intersectional approach (Crenshaw, 1989). More generally, larger sample (when possible) representative of the population, are needed to support further and to extend the results that emerged from this study. In this regard, the absence of a direct association between internalized homonegativity and physical

SSIPV observed in this paper requires further attention, and other studies are needed to clarify this relationship, also considering the inconsistency in the literature with regard to the association between minority stressors and specific forms of IPV. Finally, future research should include also other variables of the minority stress model (experiences of discrimination, perceived stigma, internalized homonegativity, and sexual identity concealment; Meyer, 1995; 2003) to understand how both distal and proximal stressors interact in predicting SSIPV perpetration, further exploring the psychosocial mechanisms that intervene in this relationship. Future studies are needed to confirm the role of emotion dysregulation in SSIPV perpetration.

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Chapter 3: The Role of Distal and Proximal Minority Stressors, and Emotion Dysregulation in Same-Sex Intimate Partner Violence Perpetration⁴

Abstract

Objective: Interest in Same-Sex Intimate Partner Violence (SSIPV) has grown over recent decades. However, further research is needed to clarify the role of both distal and proximal minority stressors and the mechanisms that can mediate their association with SSIPV.

Accordingly, drawing on Hatzenbuehler's Psychological Mediation Framework (PMF) and a psychodynamic framework, this study aimed to assess the relationship between experiences of discrimination, internalized homonegativity, and physical SSIPV, exploring the mediating role of emotion dysregulation.

Method: 168 gay or lesbian people (39.9% female; mean age = 32.9, SD = 11.39) involved in same-sex relationships participated in the research by completing an online questionnaire.

Results: The results revealed that internalized homonegativity has an indirect effect on physical SSIPV through emotion dysregulation. In contrast, the direct association between distal and proximal minority stress and physical SSIPV as well as the indirect association between experiences of discrimination and physical SSIPV through emotion dysregulation was not significant.

Conclusion: The results support the application of the PMF to the SSIPV context, providing useful data at theoretical and clinical level. Future research is needed to gain a deeper understanding of the psychological mechanisms and processes that can intervene in the association between minority stressors and SSIPV.

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Keywords: Same-Sex Intimate Partner Violence; Sexual Minority people; Minority Stress; Psychological Mediation Framework; Internalized homonegativity

Introduction

Until a few decades ago, little attention was paid to Same-Sex Intimate Partner Violence (SSIPV), although research on this topic has recently been steadily increasing. SSIPV data has shown that the prevalence of the phenomenon is at a similar level to that found in heterosexual couples (Rollè et al., 2018; Walters et al., 2013). Given the serious health consequences involved, which can extend to partner death, physical violence is of particular importance. According to a study by Walters and colleagues (2013), in the United States 36.3% of lesbian women and 24% of gay men experienced physical SSIPV during their lifetime. Recent meta-analyses seem to suggest lower prevalence rates, with 18% of lesbian women (Badenes-Ribera et al., 2015) and 17% of men who have sex with men (MSM; Liu et al., 2021) having experienced physical couple violence. Nonetheless, these data emphasize the importance of understanding the perpetration risk factors in order to develop interventions that can be effective in reducing the phenomenon and limiting recidivism; current interventions in this field are scarce and perceived to be poorly effective (Rollè et al., 2021; Santoniccolo et al., 2021). Accordingly, this paper aims to explore the role of nonspecific and SSIPV-specific risk factors in physical SSIPV perpetration.

SSIPV perpetration appears to be influenced, on one hand, by nonspecific risk factors, such as childhood abuse, attachment, and substance abuse, while, on the other hand, it appears to be affected by SSIPV-specific risk factors which concern sexual minorities exclusively (Trombetta & Rollé, 2022). From these, the literature has paid particular attention to minority stress variables (Meyer, 1995; 2003). In particular, proximal stressors, and specifically internalized homonegativity appear to be associated with the perpetration of SSIPV in several studies (Balsam & Szimansky, 2005; Bartholomew et al., 2008; Edwards & Sylaska, 2013; Kelley et al., 2014; Li et al., 2022; Stephenson & Finneran, 2016; Tognasso et al., 2022). A meta-analysis confirmed these data by

demonstrating the effect, albeit small, of internalized homonegativity on SSIPV perpetration (Badenes-Ribera et al., 2017). However, although internalized homonegativity is generally found to be associated with the perpetration of IPV in a broad sense (not distinguishing between different forms of violence), the findings of the most recent studies on specific forms of violence, and physical violence in particular, appear to be more conflicting (e.g., Ayhan Balik & Bilgin, 2021; Li et al., 2019; Pepper & Send, 2015).

Fewer studies have been conducted to test the relationship between distal minority stressors and the perpetration of SSIPV, and the data in this regard are inconsistent. With specific reference to physical SSIPV, some studies highlight a relationship with discrimination experiences (Li et al., 2022; Swan et al., 2021), while others appear not to confirm these findings (Ayhan Balik & Bilgin, 2021; Stults et al., 2021; Whitton et al., 2021). Furthermore, there are few studies that have included both distal and proximal minority stressors in the same model in order to explore their independent effect on the perpetration of physical SSIPV. Further studies are therefore needed in order to understand how specific minority stressors, both distal and proximal, impact the risk of perpetrating specific forms of violence.

In addition, the mechanisms that regulate the relationship between minority stress and the perpetration of SSIPV remain poorly explored. In the few studies that have investigated this aspect (Balsam & Szymansky, 2005; Li et al., 2022; Milletich et al., 2014; Trombetta et al., 2023), the association appears to be mediated by psychological factors and relational characteristics (e.g., emotion dysregulation, dyadic adjustment, commitment in the relationship and self-other fusion/intrusiveness). In order to understand the mechanisms involved in the relationship between minority stress and perpetration of SSIPV, it may be useful to refer to the Psychological Mediation Framework (Hatzenbuehler, 2009). This model highlights the role of general psychological processes, such as emotional dysregulation, in the influence exerted by minority stress on the well-being of sexual minorities. According to Hatzenbuehler (2009), exposure to chronic minority stressors leads to ego depletion (Inzlicht et al., 2006) which reduces the capacity for emotional

dysregulation, in turn impacting the well-being of the individual. This hypothesis appears to be confirmed by several recent studies (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014).

The role of emotional regulation, which refers to the ability to understand, accept, and modulate emotion as well as to control impulse also according to personal goals (Gratz & Roemer, 2004), has also been highlighted with reference to the perpetration of violent behaviors within couple relationships. Many studies have demonstrated a positive association between emotion dysregulation and the perpetration of IPV within heterosexual couples (Conzemius et al., 2021; Evans et al., 2022; Gratz et al., 2009; Halmos et al., 2021; Lee et al., 2020; Neilson et al., 2021), while this relationship is poorly investigated within sexual minorities; however, the available data confirm that there is a relationship between the two variables in this population as well (Trombetta et al., 2023; Wei et al., 2020). In this context, it appears that the PMF can also be extended to violent dynamics. Only one previous study has explored this hypothesis (Trombetta et al., 2023) but it only assessed proximal minority stressors: the results indicate that internalized homonegativity has an indirect effect on the perpetration of isolation behaviors, mediated by emotional dysregulation. Further studies are needed to understand the applicability of PMF to other forms of SSIPV.

In light of the gaps present in the literature, this study aims to assess the relationship between minority stress and the perpetration of physical SSIPV within gay and lesbian couples, including both distal (experiences of discrimination) and proximal (internalized homonegativity) minority stressors, and to investigate the mechanisms that regulate this association, exploring the mediating role of emotional dysregulation.

The data obtained may provide further insights into the possible application of the PMF to understanding violent dynamics, which remains poorly investigated. In addition, the findings that emerged may have clinical implications, providing data to inform prevention interventions,

services, and treatment targeted at SSIPV perpetrators with the aim of reducing the prevalence of the phenomenon and limiting recidivism.

Hypotheses

H1: Experiences of discrimination are directly and positively associated with the perpetration of physical SSIPV;

H2: Internalized homonegativity is directly and positively associated with the perpetration of physical SSIPV;

H3: Experiences of discrimination are directly and positively associated with emotional dysregulation;

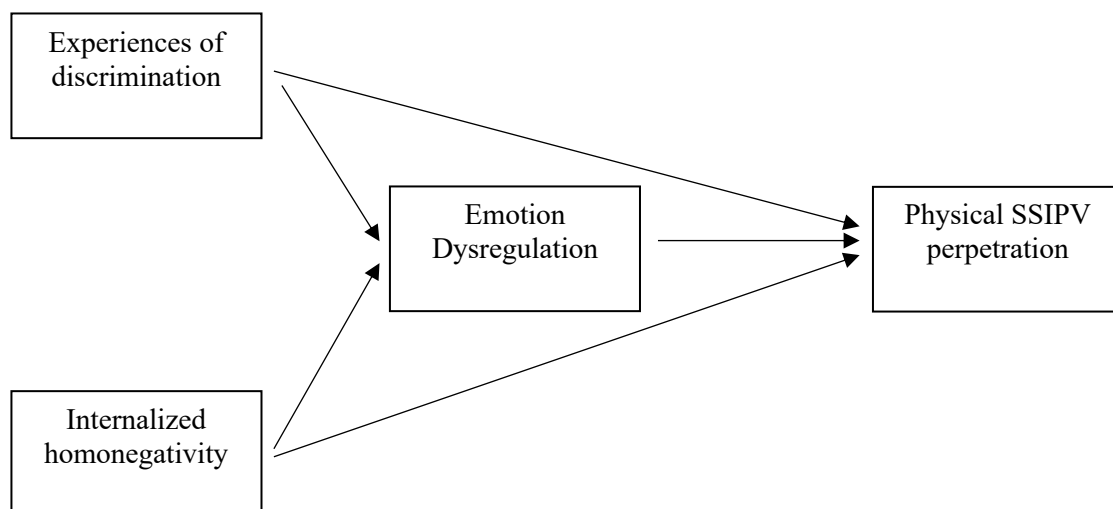
H4: Internalized homonegativity is directly and positively associated with emotional dysregulation;

H5: Emotional dysregulation is directly and positively associated with the perpetration of physical SSIPV;

H6: Emotional dysregulation mediates the relationship between experiences of discrimination and perpetration of physical SSIPV;

H7: Emotional dysregulation mediates the relationship between internalized homonegativity and the perpetration of physical SSIPV.

Figure 1. Hypothesized model



Note: Path analysis with emotion dysregulation as mediator.

Method

Participants

The current research is part of a larger online survey on the individual and relational well-being of sexual minority people in Italy, which involved 381 participants. Experiences of discrimination, internalized homonegativity, emotion dysregulation, positive and negative affect, satisfaction in couple relationships, experiences of physical, psychological, and sexual violence, and isolating behaviors were recorded. Previous findings drawn from this dataset are reported in Trombetta et al. (2023). To participate in the current study, participants had to self-identify as lesbian or gay, be involved in a same-sex couple relationship, and answer questionnaires on experiences of discrimination, internalized homonegativity, emotion dysregulation, and physical SSIPV. Two hundred and thirteen participants were excluded because they did not self-identify as lesbian or gay people (68), were not in a same-sex romantic relationship ($N = 130$) or had not entirely completed the questionnaires on the study variables ($N = 15$). A total of 168 Italian participants (39.9% female) aged between 20 and 76 (mean age = 32.9, $SD = 11.39$) took part in the research and completed the questionnaire. The socio-demographic characteristics of the participants are reported in Table 1.

Table 1. Characteristics of the sample

	<i>N</i>	%
Sex		
Female	67	39.9
Male	101	60.1
Gender		
Woman	65	38.7
Man	98	58.3

Transgender/Gender non-conforming	5	4
Sexual Orientation		
Lesbian	67	39.9
Gay	101	60.1
Educational level ^a		
Middle school diploma or less	9	5.9
High school diploma	52	34.6
Bachelor's degree	52	34
Master's degree or higher	39	25.5
Employment status		
Unemployed	3	2.2
Freelancer	31	18.5
Employee	66	39.3
Student	62	36.9
Homemaker	2	1.2
Retired	4	2.4
Economic satisfaction		
Insufficient	3	1.8
Unstable	17	10.1
Sufficient	96	57.1
Wealthy or higher	52	31

Note: $N = 168$. ^a15 missing values.

Procedure

The study procedures are in compliance with the ethical standards of APA and the 1964 Declaration of Helsinki. The questionnaire was prepared by the research team using validated scales. Data were

collected from July 2021 to June 2022 in Italy, through an online survey on Lime Survey. The questionnaire reported information on the study, an invitation to participate, and a link to the online questionnaire. The research was distributed by the research team members to their personal, professional and social networks through email and word of mouth. Participation was voluntary and anonymous. Before beginning the questionnaire, participants received an informed consent form describing the aims of the study and the content of the survey, along with the risks, benefits, privacy, names of research institutions, and contact information for the head of the study team. The questionnaire took approximately 15 minutes to complete. The study was approved by the Bioethical Committee of the University of Turin (n° 0429348).

Instruments

Experiences of discrimination: The Minority Stress Scale (MSS; Norcini Pala et al., 2017) was used to assess experiences of discrimination. The MSS comprises seven subscales: Structural Stigma; Enacted Stigma; Expectations of Discrimination; Sexual Orientation Concealment; Internalized Homophobia toward Others; Internalized Homophobia toward Oneself; Stigma Awareness. For this study, only the Enacted Stigma subscale was used. It was composed of three items which participants rated on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). All the items were added to obtain the total score. Cronbach's alpha coefficient was .76.

Internalized homonegativity: The *Internalized Sexual Stigma for Lesbian and Gay Men* (MISS-LG; Lingiardi et al., 2012) was used to assess internalized homonegativity. The MISS-LG was composed of six items which participants rated on a 5-point Likert-type scale, ranging from "Totally disagree" to "Totally agree". All the items were added to obtain the total score, in accordance with the authors' instructions (Lingiardi et al., 2012). Cronbach's alpha coefficient was .73.

Emotion dysregulation: The *Difficulties in Emotion Regulation Scale* (DERS; Gratz & Roemer, 2004) was used in its Italian version (Girromini et al., 2012; 2017) to assess emotion dysregulation. The DERS is composed of 36 items and six subscales: Non-acceptance of emotional

responses (*Non-acceptance*), Difficulties engaging in goal directed behavior, Impulse control difficulties (*Impulse*), Lack of emotional awareness (*Awareness*), Limited access to emotion regulation strategies (*Strategies*), and Lack of emotional clarity (*Clarity*). Each item was rated on a five-point Likert scale ranging from 1 ("*Almost never*") to 5 ("*Almost always*"). For this study, the total score was considered. Cronbach's alpha coefficient was (.94).

Physical SSIPV perpetration: The *Conflict Tactic Scale-Short form* (CTS2S; Straus & Douglas, 2004) was used to assess physical SSIPV perpetration. The CTS2S has 20 items and five dimensions (negotiation, injury, and physical, psychological, and sexual IPV), to which participants responded considering both victimization and perpetration in the current relationship. In this research, only the physical IPV perpetration subscale was considered. Participants rated each item on an eight-point Likert scale (0 = *This has never happened*; 1 = *Once in the past year*; 2 = *Twice in the past year*; 3 = *3–5 times in the past year*; 4 = *6–10 times in the past year*; 5 = *11–20 times in the past year*; 6 = *More than 20 times in the past year*; 7 = *Not in the past year, but it did happen before*). Following Straus' and Douglas' (2004) scoring instructions, participant responses from 1 to 7 were recoded as 1 to indicate lifetime SSIPV perpetration, while a response of 0 indicated no physical SSIPV perpetration. Participant scores were then added, providing the following scores: 0 (*no physical SSIPV perpetration*), 1 (*physical SSIPV perpetration*). In accordance with Straus and Douglas (2004), reliability was not calculated.

As additional information, in line with Strauss and colleagues (1996), the frequency of violence perpetrated was calculated for each form of IPV: the participants' responses were re-coded as 7 and 0 = 0, 1 = 1, 2 = 2, 3 = 4, 4 = 8, 5 = 15, and 6 = 25, and the individual frequency scores of each subscale were added together. The average frequency score of each subscale was then calculated for the subsample of participants classified as perpetrators.

Data Analysis

Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS 28.0) and Mplus 8.9 (Muthén & Muthén, 2017). Frequencies, mean scores, and standard deviations

were calculated to summarize the variables included. Pearson's correlation (r) was used to test the relationship between variables and the results were interpreted in line with Cohen's (1988) conventions. The reliability of each scale was assessed using Cronbach's alpha coefficient. A path analysis with mediation effect was performed to test the direct and indirect effects according to the hypotheses. To assess the mediation model, bootstrap estimation was used to test the significance of the indirect effects (Hayes, 2019) with 5,000 samples, and the bias-corrected 95% confidence interval (CI) was calculated by determining the effects at the 5th and 95th percentiles; the indirect effects were considered significant when 0 was not included in the CI and when the effect was statistically significant ($p < .05$).

Results

The frequencies and mean scores of the study variables are reported in Table 2. In the study sample, 7.7% had perpetrated at least one act of physical SSIPV during their lifetime. Among participants who were classified as perpetrators of SSIPV, the mean frequency of violent acts perpetrated was 1.08($SD = 1.32$). No gender differences emerged in physical SSIPV [$\chi^2(1, N = 168): 3.53; p .060$].

Table 2. Frequencies and mean scores of the study variables

Lifetime physical SSIPV prevalence	%	
Perpetrators	7.7%	
Non-perpetrators	92.3%	
	<i>Mean</i>	<i>SD</i>
Lifetime physical SSIPV frequency	1.08	1.32
Experiences of discrimination	1.90	0.71
Internalized homonegativity	1.55	0.64
Emotion dysregulation	2.21	0.56

Note: $N = 168$

The bivariate correlations among the study variables are reported in Table 3. A positive correlation was found between experiences of discrimination and emotion dysregulation ($r: .26, p < .001$), internalized homonegativity and emotion dysregulation ($r: .40, p < .01$), and emotion dysregulation and physical SSIPV perpetration ($r: .18, p < .05$).

Table 3. Bivariate correlations between the study variables

	1	2	3	4
1. Experiences of Discrimination	—			
2. Internalized Homonegativity	-0.01	—		
3. Emotion Dysregulation	0.26**	0.40**	—	
4. Physical SSIPV Perpetration	0.05	0.05	0.18*	—

Note: $N = 168$. ** $p < 0.01$; * $p < 0.05$

To test our hypotheses, we conducted a path analysis. Experiences of discrimination and internalized homonegativity were the independent variable, emotion dysregulation the mediator, and physical SSIPV perpetration the dependent variable.

The hypotheses in this study were partially confirmed. In contrast to H1 and H2, no significant direct association emerged between experiences of discrimination and SSIPV ($b: 0.01$; $se: 0.16$; $p .988$), and between internalized homonegativity and SSIPV ($b: -0.39$; $se: 0.18$; $p .833$). In line with H3 and H4, a direct and positive association emerged between experiences of discrimination and emotion dysregulation ($b: 0.27$; $se: 0.07$; $p < .001$), and between internalized homonegativity and emotion dysregulation ($b: 0.41$; $se: 0.05$; $p < .001$). In accordance with H5, a positive direct association emerged between emotion dysregulation and SSIPV ($b: 0.35$; $se: 0.17$; $p < .05$). Although, in contrast to H6, discrimination does not have a significant indirect effect on SSIPV [$b: 0.09$; 95% CI (0.021; 0.197); $p .089$], an indirect effect of internalized homonegativity on

SSIPV through the mediation of emotion dysregulation was observed, in line with H7 [b: 0.14; 95% CI(0.02; 0.24); $p < .05$]. The model explained 11.2% of the variance for SSIPV perpetration.

Discussion

This study aimed to assess the relationship between distal and proximal minority stressors and physical SSIPV perpetration, exploring the mediating role of emotion dysregulation.

In our sample, 7.7% of the participants involved had perpetrated at least one act of physical SSIPV during their lifetime. The study hypotheses were partially confirmed, and the preliminary results that emerged supported the application of the PMF to the SSIPV context. More specifically, in contrast with H1 and H2, both distal and proximal minority stressors were not directly associated with SSIPV perpetration. On the one hand, the data on internalized homonegativity appear to be at odds with several recent studies on the topic of SSIPV (Bartholomew et al., 2008; Badenes-Ribera et al., 2017; Edwards & Sylaska, 2013). However, when focusing specifically on research investigating physical violence, these data fit into a context of already conflicting findings (Ayhan Balik & Bilgin, 2021; Li et al., 2019; Pepper & Send, 2015). Future studies are therefore needed to investigate further the direct link between internalized homonegativity and the perpetration of physical SSIPV.

On the other hand, the absence of a significant association between experiences of discrimination and SSIPV identified in our study is consistent with data obtained in several previous studies (Ayhan Balik & Bilgin, 2021; Stults et al., 2021; Whitton et al., 2021), which point to the marginal role played by distal minority stressors in predicting the perpetration of physical violence. Nonetheless, further investigations seem necessary to look in more detail into the complex relationship that may exist between the perpetration of SSIPV and experiences of discrimination, which, being potentially traumatic, may have at least an indirect link to violent dynamics. Studies with a more complex operational definition of distal stressors might be helpful in exploring further these hypotheses. It may be the case that the low levels of both distal and proximal minority

stressors in our sample, as well as the small sample size, influenced the lack of association with physicalSSIPV observed in our data.

In line with H3 and H4, both distal and proximal stressors were associated with emotion dysregulation. These results are consistent with the hypotheses proposed by the PMF and the recent studies confirming the impact of minority stress on emotion dysregulation (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014). As proposed by Hatzenbuehler (2009), exposure to chronic stressors such as minority stress can progressively reduce self-control skills and resources for managing affects resulting from such stressors, through a process of ego depletion (Inzlicht et al., 2006) which can increase emotion dysregulation and thus the vulnerability to such content.

In accordance with H5 and in line with the literature in this field, our data confirmed an association between emotion dysregulation and SSIPV perpetration. However, the indirect effect of experiences of discrimination on SSIPV perpetration was not significant (H6), while this study identified an indirect effect of internalized homonegativity on SSIPV perpetration through emotion dysregulation (H7).

Our research thus seems to suggest that the PMF can be applied to the perpetration of physical violence, in line with the literature - albeit sparse - on the subject (Trombetta et al., 2023). However, this hypothesis appears to be confirmed only with reference to proximal minority stressors (i.e., internalized homonegativity). Our preliminary data seem to suggest the role played by the internalization of negative representations of one's sexual identity, rather than the potentially traumatic discriminatory experiences from which they can originate. These representations, and the attitudes and affects associated with them, appear to influence, in turn, the risk of perpetrating physical SSIPV by reducing emotional regulation skills. The ego depletion process produced by exposure to chronic minority stressors and, in particular, internalized homonegativity, may in fact limit the individual's ability to regulate intense and frustrating affective states, which, in the absence of functional modes of emotion regulation, may lead to the perpetration of violent behaviors in

order to modulate their intensity. Drawing from a psychodynamic perspective, it has been proposed that violence can be considered a reaction to a psychic threat aimed at defending the self (Fonagy, 1999; 2003). Accordingly, individuals with poor emotional regulation skills, in situations of frustration and intense affect that take on such threat character, may resort to dysfunctional action-centered emotional regulation mechanisms (Fonagy, 1999), such as violence, in order to reestablish baseline autonomic function and to eliminate the source of psychic threat (Meloy, 1992). Primitive defense mechanisms such as projection can have a role in the relationship between internalized homonegativity and the perpetration of SSIPV, as it has been suggested by several authors (Bartholomew et al., 2008; Byrne, 1996; Cruz & Firestone, 1998). Furthermore, the absence of a direct relationship between internalized homonegativity and SSIPV, which, instead, was totally mediated by emotion dysregulation, seems to emphasize further the involvement of the ego depletion process, consistent with the hypotheses formulated by some psychodynamic models which see the perpetration of violence being related, at least in part, to a fragile self (Fonagy, 1999; 2003; Yakeley, 2018; Yakeley & Meloy, 2012). Future research should focus on identifying the stimuli, cognitive and affective content, and contexts that may trigger - to a greater or lesser extent - the use of dysfunctional emotional regulation mechanisms, such as the perpetration of violence, in individuals with high levels of minority stress.

Although our results demonstrate the indirect effect of only proximal minority stressors, it should be clarified that the non-significant data on experiences of discrimination might be related to the small sample size. Indeed, the confidence interval did not include 0 (CI: 0.021; 0.197), as opposed to the p value, which instead was greater than .05, although it was close to it (p .089). With a larger sample, the indirect effect of discrimination experiences may become significant. Further studies involving larger samples are therefore necessary to be able to reach clearer conclusions in this regard.

Limitations

The results should be considered in light of some limitations. Firstly, the convenience and small sample size may have influenced the results found, particularly with regard to the absence of an indirect association between distal stressors and SSIPV and the prevalence of couple violence, which should therefore be taken with caution. In addition, the sample was drawn from the general population, which further limits the possible generalization of the results. This may apply with particular regard to services and clinical settings, where violent dynamics can assume even profoundly different characteristics. In fact, according to the data on the frequency of SSIPV in our sample, the highlighted dynamics appear to recall Johnson's (2008) Situational Couple Violence (SCV), a type of violence mainly found in research involving the general population which is characterized by non-controlling violent behaviors, usually episodic and of minor severity. Services and clinical settings, on the other hand, can involve more severe forms of violence, termed Intimate Terrorism (IT) by Johnson (2008), which are likely to escalate over time and are characterized by controlling behaviors. It would therefore be useful to distinguish the phenomenon into typologies and to test our hypotheses in view of this differentiation, which may be particularly important at clinical level.

In addition, although the model tested in this study is based on a well-established theoretical framework (i.e. the PMF), its cross-sectional design prevents conclusions from being drawn about the causal direction of the identified associations.

Finally, this study only considered physical violence among lesbian and gay people, limiting the possible generalization of the resulting data to other forms of SSIPV or to other populations, such as bisexual or gender minority people.

Future directions

As the main limitation of this study relates to the convenience and small sample size, future research should replicate our model while including larger samples. Efforts to recruit representative samples would help to increase the possible generalization of current considerations on SSIPV, which currently largely emerge from data collected with convenience samples and cross-sectional

designs (Trombetta & Rollé, 2022). In this regard, future research should explore our hypotheses through a longitudinal design, to confirm the causal direction hypothesized in this study. Replication of our study to include different sexual identities and differentiation by specific population could provide further insight regarding the generalizability of the data obtained. Similarly, future studies should include different forms of violence to test the validity of our hypotheses in the broader context of SSIPV. Particular attention should also be paid to separating couple violence into different typologies, as the phenomenon may, as suggested by Johnson (2008), be characterized by profoundly different dynamics, and thus it is arguable that different predictive pathways may also exist. By replicating our study with reference to different typologies of SSIPV, with a particular focus on the distinction between SCV and IT, as well as in clinical samples, this could enhance the utility of the preliminary findings emerged in terms of developing and implementing interventions targeting SSIPV perpetrators. In this regard, a recent theoretical extension of Johnson's typologies to the queer population (Bermea & van Eeden-Moorefield, 2023) could provide a valuable framework for future research in this direction.

More generally, future studies should explore the mediators and moderators of the relationship between minority stress and SSIPV, investigating the mechanisms involved in modulating the impact of distal and proximal stressors on the risk of perpetrating couple violence. Future experimental studies should pay attention to the cognitive and affective contents that can trigger emotional dysregulation by indirectly increasing the risk of perpetrating violence among sexual minority people.

Finally, future studies should include other sexual or gender minorities and evaluate our hypotheses considering other forms of SSIPV, such as psychological or sexual violence, to understand their usefulness for the broader spectrum of violence within same-sex couples.

Prevention and clinical implications

The preliminary results of this study support the application of the PMF to the perpetration of physical violence by demonstrating the indirect effect of homonegativity on SSIPV, mediated by

emotional dysregulation. The emerging data may provide useful theoretical insights to shed light on the complex psychological and social processes that can increase the risk of violence perpetration in same-sex relationships. In line with our findings, it would be useful to develop and implement interventions that can promote the development of positive self-representations and mature emotional regulation strategies, within a broader context of promoting individual and relationship well-being. Primary prevention interventions aimed at countering discrimination and heterosexist attitudes may be useful in indirectly reducing the risk ofSSIPV perpetration. The available services aimed atSSIPV perpetrators are currently scarce and are often perceived as poorly competent (Santoniccolo et al., 2021). The results that emerged from this study may help to address these limitations, although further studies are needed to support and investigate these preliminary findings.

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Dissertation Conclusion

Same Sex Intimate Partner Violence (SSIPV) is a phenomenon that has long been underestimated and delegitimized both socially and in research, with resulting negative effects on the people involved (Bartholomew et al., 2008; Bermea et al., 2021; Robinson, 2002; Strickler & Drew, 2015). Our knowledge about violent dynamics within same-sex couples needs to be deepened in order to promote greater social awareness and to establish competent services that can reduce the impact of this alarming phenomenon. Accordingly, this dissertation specifically aims to explore factors associated with the perpetration of SSIPV in order to provide indications at theoretical and clinical level.

In the first chapter, a systematic review was conducted which included 78 studies on the topic published in peer-reviewed journals. The results demonstrated the influence of multiple risk factors, both nonspecific and SSIPV-specific. On the one hand, the data revealed an association between the perpetration of SSIPV and psychological (e.g., individual and family stress, and personality traits) and relational factors (e.g., dyadic satisfaction, couple conflict, fusion/intrusiveness), experiences of IPV, violence suffered in the family of origin, substance abuse, and sexual behaviors (e.g., unprotected sex). On the other hand, the data highlighted the influence of sexual minority-specific factors, such as minority stress (Meyer, 1995; 2003).

However, methodological limitations may have affected the results found. In particular, many of the studies included were cross-sectional and included convenience samples recruited by snowball sampling within the general population.

Nonetheless, the results seem to highlight the need for a multidimensional approach to understanding and assessing the phenomenon in order to promote specific interventions according to the characteristics of the individual perpetrator at social, psychological, and relational level.

With respect to the effect of SSIPV-specific risk factors, according to the studies included in the systematic review, particular attention was paid to the role of minority stressors (Meyer, 1995; 2003). In particular, the literature seems to identify a positive association between internalized

homonegativity and SSIPV (Bartholomew et al., 2008; Edwards & Sylaska, 2013; Kelley et al., 2014; Li et al., 2022; Stephenson & Finneran, 2016). However, when looking more closely at these data, although there does appear to be a relationship between internalized homonegativity and SSIPV in the broad sense (not distinguishing between forms of violence), the data concerning the association with specific forms of violence (e.g., physical, psychological, sexual, or controlling SSIPV) are more conflicting. In relation to experiences of discrimination and perceived stigma, the findings of the included studies included also reported inconsistent data, although some studies revealed a positive association with the perpetration of SSIPV.

These findings thus seem to suggest the need for further studies on the topic in order to clarify the relationship between minority stressors and the perpetration of SSIPV. From this perspective, the mechanisms that may regulate this relationship also need to be further investigated. Only a few studies have explored the mediators between minority stress and SSIPV, highlighting the role of psychic and relational factors, such as dyadic adjustment (Balsam & Szymanski, 2005), couple fusion/intrusiveness (Milletich et al., 2014), and emotion dysregulation (Trombetta et al., 2023).

Drawing from these findings and formulating the research hypotheses from Meyer's minority stress model (1995; 2003) and Hatzenbuehler's Psychological Mediation Framework (PMF; 2009), the second chapter aimed to explore the relationship between internalized homonegativity and the perpetration of physical SSIPV, assessing the mediating role played by emotional dysregulation. An online questionnaire was filled out by 139 gay or lesbian participants involved in same-sex relationships; the questionnaire included the MISS (Lingiardi et al., 2012) for assessing internalized homonegativity, the DERS (Gratz & Roemer, 2004; Giromini et al., 2012; 2017) for emotional dysregulation, and the *physical violence* subscale of the CTS2S (Straus & Douglas, 2004). Mediation analyses were used to assess both direct and indirect effects. Internalized homonegativity was not directly associated with physical SSIPV perpetration. However, internalized homonegativity was positively associated with emotion dysregulation, which was, in

turn, positively associated with physicalSSIPV perpetration. The indirect effect of internalized homonegativity on physicalSSIPV perpetration through emotion dysregulation was also confirmed.

These data were further explored in the third chapter. Through a cross-sectional study, the relationship between distal minority stressors (i.e., experiences of discrimination), proximal minority stressors (i.e., internalized homonegativity), and the perpetration of physicalSSIPV was investigated, evaluating the mediating role of emotional dysregulation. The study included 168 gay or lesbian people (39.9% female; mean age = 32.9, SD = 11.39) involved in same-sex relationships. Participants responded to an online questionnaire which included the *enacted stigma* subscale of the Minority Stress Scale (MSS; Norcini Pala et al., 2017), the MISS (Lingiardi et al., 2012), the DERS (Gratz & Roemer, 2004; Giromini et al., 2012; 2017), and the *physical violence* subscale of the CTS2S (Straus & Douglas, 2004). Path analyses were used to assess direct and indirect effects.

The results revealed a lack of direct association between distal and proximal stressors and physicalSSIPV perpetration. In contrast, the direct association between distal and proximal minority stress and emotion dysregulation, as well as with physicalSSIPV, was significant. Furthermore, the indirect association between proximal stressors and physicalSSIPV through emotion dysregulation was significant, while the indirect effect of distal stressors onSSIPV through emotion dysregulation was not.

Despite the lack of a direct relationship between minority stressors and the perpetration of physicalSSIPV in both studies, our data suggest that the PMF can be applied to violence within same-sex couples. In particular, the results that emerged in the second chapter seem to support, in line with the PMF hypothesis and several recent studies on the topic (Mann et al., 2022; Pachankis et al., 2015; Rendina et al., 2017; Szymanski et al., 2014), the effect of internalized homonegativity on emotional regulation skills, which are, in turn, found to be associated with the perpetration ofSSIPV, in accordance with previous studies (Maloney et al., 2023; Neilson et al., 2023). The third chapter confirmed the indirect relationship between proximal minority stressors (i.e., internalized homonegativity) and the perpetration ofSSIPV, mediated by emotional dysregulation, while the

indirect relationship between distal minority stressors and SSIPV was not significant. According to Hatzenbuehler (2009), chronic exposure to minority stressors can involve an ego depletion process which erodes individual psychological resources of self-control and emotional regulation, increasing the vulnerability to negative affect. Higher levels of emotional dysregulation, in turn, appear to increase the risk of perpetrating physical violent behaviors, as emerged in this dissertation. In this sense, violence can be seen at least in part as a dysfunctional form of emotion regulation.

Although our data support the applicability of PMF to violent dynamics when considering the indirect effect of internalized homonegativity, this is not supported when considering distal minority stressors. However, it should be specified that in our study, experiences of discrimination were assessed with the *enacted stigma* subscale of the MSS (Norcini Pala et al., 2017), which only includes 3 items. A more complex instrument, as well as a larger sample size, may provide different results.

Indeed, it is interesting to note that on the one hand the p value approaches significance, albeit not significant, while on the other hand the bootstrap confidence interval does not include 0, suggesting a possible indirect relationship between the two variables. In view of the potentially traumatic nature of experiences of discrimination, it can be hypothesized that, at least in some circumstances, exposure to experiences of homonegative aggression and abuse may influence the risk of perpetrating violence, in line with some studies on the topic.

The results that emerged from the two research areas, in addition to providing preliminary data supporting the applicability of PMF to violent dynamics, appear to be in line with some reflections on physical violence drawn from a psychodynamic framework. In the psychoanalytic and psychodynamic fields, little attention has been paid to violence actually perpetrated in intimate relationships and by violent individuals more generally, who have traditionally been considered unsuitable to undergo the psychoanalytic process (Yakeley, 2018). Traditionally, the focus has primarily been on aggression and on violent phantasies. Since the works of Freud (1905; 1915;

1920), much debate has focused on the nature of aggression in terms of an innate and primary drive or as a reaction to frustration, and on the role of constitutional factors, on one hand, and environmental factors, on the other, in determining aggression (Bowlby, 1984; Glover, 1960; Klein, 1946; Winnicott, 1971).

However, perhaps also as a result of increased theoretical and clinical attention to patients with severe character pathology, psychodynamic reflections on violent behavior have been deepened in recent decades. In particular, recent models suggest an integration of the constitutional and innate component with the environmental dimension. For example, as proposed by Fonagy (2003), although aggression can be intended as innate, its dysfunctional drift which results in violence is facilitated by insecure and, in particular, disorganized attachment relationships as well as neglectful and abusive environments which hinder the development of the self. These contexts do not encourage inhibition of natural individual aggressive expression, and, instead, immature mechanisms of protest, emotional expression, and impulse control persist.

Moreover, partly due to the development of neuroscience and neurobiological knowledges, a bimodal classification of human violence has been proposed by several authors (Glasser, 1998; Meloy, 1992): firstly, affective/self-preservative violence, which is an immediate, primitive 'fight or flight' defensive reaction to a perceived threat to the physical or psychological self involving the activation of the autonomic nervous system, resulting in high arousal and anxiety; and secondly, predatory/sadomasochistic violence, which is a purposeful and calculating form of violence accompanied by an absence of emotional involvement and empathy for the victim. The first category seems to include IPV (Fonagy, 1999). It can thus be seen as a reaction and defense to an internal or external psychic threat, aimed at defending the fragile self (Fonagy, 1999; 2003). In this context, several authors have pointed to the role of insecure and disorganized attachment relationships (De Zulueta, 1994; Fonagy, 1999; 2003), persecutory internal objects () and destructive unconscious phantasies (Bateman, 1999; Hyatt-Williams, 1998; Kernberg, 1984; Perelberg, 1995), the father as third object (Perelberg, 1999), anxieties of enmeshment and

annihilation on the one hand (Glasser, 1996) and abandonment on the other (Fonagy, 1999), vulnerability to narcissistic threat and shame (Gilligan, 1996), and lack of mentalization (Fonagy, 1999), as precursors to violent behavior. Drawing from at least some of these considerations, Jessica Yakeley and colleagues (Yakeley, 2018; Yakeley & Meloy, 2012) recently proposed an integrated psychoanalytic model for the treatment of violent patients which provides useful insights from both a theoretical and clinical perspective, further emphasizing the importance of the unconscious meanings and intrapsychic dynamics underlying violent acts, as well as the fragility and immaturity of the self of perpetrators of violence. More specifically, according to the authors (Yakeley, 2018; Yakeley & Meloy, 2012), the perpetration of violent behavior can be seen as the complex interplay between: loss, trauma, and disruptions in attachment relationships; the internal object world; the construction of the superego; the capacity for symbolization and mentalization; phantasies; affect self-regulation; primitive ego defenses; reality testing; and neurobiological activation.

Although data confirmed the role of some of the above factors (e.g., trauma, insecure attachment, affect regulation, and mentalization), further studies are necessary to empirically confirm the theoretical considerations provided in the psychodynamic field. Moreover, while it can be hypothesized that these reflections also apply to the specifics of physical couple violence, concerning modes of psychic functioning that may be independent of the context in which the violence is perpetrated, it should be specified that these considerations were developed primarily within the broader field of violence (regardless of the relationship between the people involved), while future studies should focus on the specifics of IPV and SSIPV. Indeed, although there are similar psychic processes involved, the developmental pathways and specific affective vulnerabilities may differ at least in part - qualitatively and quantitatively - according to the characteristics of the phenomenon, the population, and the specific individuals involved. With this in mind, making a distinction in view of the motivations and meanings underlying violent behaviors (e.g., as a response to specific and different negative anxieties and affects, such as shame or

abandonment anxieties), and thus the different types of perpetrators, may be helpful in developing a personalized, appropriate, and effective clinical approach.

The distinction proposed by Johnson (2008) between typologies of IPV in the form of Situational Couple Violence (SCV) and Intimate Terrorism (IT) should also be included in psychodynamic considerations of violence in couple relationships. Indeed, these two typologies of violence - the former characterized by non-controlling violent behaviors, usually of minor severity and episodic, and the latter characterized by controlling behaviors and more severe forms of violence which tend to escalate over time - implying different violent dynamics may also involve different modes of psychological functioning. In this regard, while the above psychodynamic considerations above seem to apply to more severe cases of abuse, where a more complex and structured immaturity of the self might be present, less severe typologies of violence such as SCV might involve situational and limited deficits in emotion regulation related to situations of intense conflict in the intimate relationship. Important theoretical and clinical insights could be provided by exploring differences between IPV typologies, for example, in terms of Personality Organizations (Kernberg, 1984).

The role of emotional dysregulation in the relationship between minority stress and SSIPV highlighted in this dissertation seems to support at least some of these psychodynamic considerations. From this perspective, poor emotion regulation skills due to exposure to minority stressors may, in situations of particular frustration in which affects threaten the integrity of the self, increase the risk of resorting to dysfunctional emotional regulation mechanisms, such as violence, in order to eliminate the source of the threat and to restore baseline autonomic functioning (Meloy, 1992). This is in line with the hypotheses of Fonagy (1999) who sees violence as a pre-mentalistic body-centered mechanism aimed at defending the self from psychic disorganization.

In addition, the involvement of poor emotional regulation skills and the process of ego depletion supported by the findings of this dissertation appear to be in line with the idea of violence as an expression of a fragile self (Fonagy, 1999; 2003; Yakeley, 2018). From this perspective,

perpetrators of affective violence are more vulnerable to intense affects and psychic threat, and such affects promote the use of violence as a mechanism of externalization and psychic regulation. Moreover, the recourse to a more massive use of immature defense mechanisms (i.e., splitting, projection, projective identification) in violent individuals, related to such fragility of the self and proposed by some psychodynamic oriented authors (Fonagy, 1999; Gacono & Meloy, 1994; Hyatt-Williams, 1998), seems to be consistent with hypotheses which assume that the projection of homonegative attitudes onto the partner is one of the mechanisms involved in the relationship observed between internalized homonegativity and perpetration of SSIPV (Bartholomew et al., 2008; Byrne, 1996; Cruz & Firestone, 1998). Future research should look into the possible cognitive and affective triggers that may induce emotion dysregulation, use of primitive defense mechanisms, and violent behaviors in same-sex couples. Negative affects due to the internalization of negative representations related to one's sexual identity could play a role in this regard.

In addition to providing theoretical insights, the findings that emerged in the second and third chapters may also have some clinical implications. The results seem to suggest the possible utility of interventions aimed at developing more mature emotional regulation skills. Such interventions should consider the role of minority stress in the erosion of such skills and in particular the negative representations of self and others resulting from encounters with a heterosexist and structurally violent society. Drawing from object relations theory, Hertzmann (2011) considers internalized homonegativity as an internal object that "symbolically represents narratives expressing anti-homosexual attitudes and values" (Hertzmann, 2011, p. 350) and influences the development and maturation of identity and psychic integration. As proposed by Hertzmann (2011), through this internal object finds realization superego aggression directed toward the self or a partner. Irrespective of any considerations related to Freudian structural theory, the role played by persecutory internal objects in the risk of perpetrating violence has been highlighted by several psychodynamic authors (Bateman, 1999; Hyatt-Williams, 1998; Kernberg,

1984; Perelberg, 1995). By intervening on these internalized object relations and related affect, the risk of violence perpetration can potentially be influenced.

The process of ego depletion and the influence of poor emotion regulation skills highlighted in this dissertation also appear to be consistent with the psychoanalytic notion that violence is the result of a fragile self. These preliminary data, if further developed and confirmed, suggest that a psychodynamic approach may be useful for treating violent patients. The recent contribution of Yakeley and colleagues (Yakeley, 2018; Yakeley & Meloy, 2012) to the development of an integrated psychoanalytic model for the treatment of violent offenders may be helpful in this direction. From this perspective, the authors suggest a partial modification of the traditional psychoanalytic technique, including: avoiding the use of free associations and limiting transference interpretations, which can be misunderstood and destabilizing to the point of acting as triggers for violence; strengthening the ego by promoting understanding of the mental states involved in the violent act; encouraging the development of mental functions that promote tolerance of complex mental states, such as loss, remorse and concern, "to learn to insert feeling and thought between impulse and action" (Yakeley, 2018, p. 90).

As suggested by the authors (Yakeley & Meloy, 2012), group therapy may be more appropriate for violent offenders who may be threatened by the intimacy of individual therapy. In addition, group dynamics can help to observe triggers for violent behavior and promote mentalization about one's own and others' mental states. The recent adaptation of the Mentalization Based Treatment (MBT; Bateman & Fonagy, 2016) for patients with antisocial personality disorder (ASPD), i.e., Mentalization for Offending Adult Males (MOAM; Fonagy et al., 2020), and the related ongoing trial, may provide useful information also for the treatment of perpetrators of couple abuse.

However, while these clinical indications seem to apply to the most severe cases of abuse, less severe forms of IPV such as SCV (Johnson, 2008) may in fact require and be suitable for other

therapeutic approach (e.g., relational approach), as recently suggested (Tavistock Relationships, 2016).

It is critically important to develop specific interventions targeting perpetrators ofSSIPV in light of the current lack of available services and professional skills, which in general need to be enhanced with training interventions as well as through social community outreach. This can promote greater awareness of the phenomenon and its legitimization, which is necessary to deploy useful resources to combat a widespread phenomenon that impacts the well-being of sexual minority people.

In addition, taking preventive action to reduce discriminatory and homonegative social attitudes can have an indirect impact on the perpetration of violent behaviors within intimate relationships. In fact, despite the great progress made in recent decades in countering sexual discrimination, homonegative attitudes are still widespread and impact the well-being of individuals and the quality of their relationships, as widely demonstrated by scientific literature (D'Amore et al., 2019; Dürubaum et al., 2020; de Lange et al., 2022; Garro et al., 2022; Lasio et al., 2020; Mezzalira et al., 2022; Nguyen & Pepping, 2022; Pachankis et al., 2020; Pellicane & Ciesla, 2022; Pepping et al., 2019; Pistella et al., 2023; Santona & Tognasso, 2018).

In the Italian context, this mandate is particularly important. According to data from the “Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people 2019” (ILGA Europe, 2023), Italy is ranked 33rd out of 49 countries. This further emphasizes the need for preventive intervention to promote knowledge and awareness of LGBTQIA+ issues and to reduce discrimination in social and political spheres, as well as in healthcare services where homonegative attitudes sometimes further hinder the inalienable human right of access to services.

In conclusion, this dissertation has highlighted the multiple factors that may increase the risk of perpetrating violence within same-sex couples. The findings emphasize the need to consider the complexity produced by the intersection of social factors and psychological processes in understanding the dynamics and deeper meanings that lie behind the violent act.

Future studies should further investigate the link between violence in same-sex couples and, on the one hand,SSIPV-specific risk factors, such as minority stress and sexual identity development, and on the other hand, psychological functioning in terms of, for example, emotional regulation, mentalization, defense mechanisms, and Personality Organization more generally (Kernberg, 1984). It is crucial, both theoretically and clinically, to gain an understanding of the main triggers that lead to emotion dysregulation and thus the perpetration of violent behaviors in sexual minority people. Similarly, distinguishing perpetrator types and thus typologies of violence (e.g., Johnson, 2008) can further our understanding of the developmental, psychological, and social factors that lead to the use of violence. This can facilitate the development of the most specific and effective interventions possible, which currently appear to be scarce. In this context, the psychodynamic approach can offer a wealth of constructs and a depth of analysis that can further our understanding of the phenomenon, acting as a complementary discipline that does not replace the already rich and fruitful reflections provided, for example, by sociological and feminist theories.

In order to increase its contribution in this regard, as in numerous other fields, psychodynamic psychology should become slightly more scientific, subjecting its hypotheses to quantitative evaluation, in the hope that science will reciprocally also be willing to become slightly more psychodynamic. In this sense, the operationalization of complex psychodynamic constructs into measurable and thus scientifically assessable indicators, as well as the evaluation and comparison of the different models formulated in the psychodynamic field in relation to aggression, violence, and the most diverse phenomena in general, are certainly among the most important challenges of the future.

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