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**A Systematic Literature Review of Intimate Partner Violence Victimization: An
Inclusive Review Across Gender and Sexuality**

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Abstract

The traditional view of intimate partner violence (IPV) is that the perpetrator is male and the victim is female (Dobash, Dobash, Wilson & Daly, 1992). As a result of this, most research into victimisation experiences appears to be conducted with female victims of IPV (Morin, 2014), and research with male victims, and victims from the LGBTQ+ community is less common. The main aim of the current research was to conduct a systematic literature review to synthesise the literature base of IPV victimisation experiences to ascertain how abuse is experienced, and the effects of that abuse. The secondary aim was to investigate the prevalence of different victim groups, across gender and sexuality, in current research studies. The review highlighted that victims of IPV experience several different types of abuse and the negative mental and physical health outcomes associated with that abuse are significant. Additionally, it was found that the large majority of research studies included in the review were conducted with female victims in opposite-sex relationships, and were quantitative and cross-sectional in nature. The implications of these findings are discussed and suggestions for future research are put forward.

Keywords: systematic literature review, intimate partner violence, victim experience, gender, sexuality

Introduction

Violence and abuse that occurs in an intimate relationship has been a topic of interest since the feminist movement in the 1970's, however, it is only recently that the focus has been turned on to male victims and victims from the LGBTQ+ community. The Crown Prosecution Service (CPS) in the UK defines domestic violence as "...any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality" (CPS, 2017). While the CPS definition reflects domestic violence, the current review will use the term intimate partner violence (IPV) as it is the most commonly used within the literature, and the focus here will be on partner violence, rather than violence within the wider family. IPV is defined as "physical, sexual, or psychological harm by a current or former partner or spouse" (Centers for Disease Control and Prevention, 2017). Despite there being a focus on physical abuse in some studies, the effects of any type of abuse within a relationship can be significant and long lasting. Abusive behaviours can range from the overt, such as punching, kicking, or pushing (Jaffe & Schub, 2011) to the more covert behaviours such as isolation, threats, or stalking (Grose & Cabrera, 2011). Whilst non-physical forms of abuse have not historically received as much attention, more recently there has been recognition within research and policy to the significant impact it has; in 2015 a new law concerning coercive control was introduced in the UK that criminalises this behaviour in the absence of physical violence. This new law defines coercive behaviour as "...an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim" and controlling behaviour as "...a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and

regulating their everyday behaviour” (CPS, 2017). The addition of this new law further aids in understanding the complexity of IPV.

This complexity is also seen in the literature exploring the causes and nature of IPV. Some traditional gendered models (e.g., see Dobash & Dobash, 1979) have focused on the influence of patriarchy and the historically and socially constructed nature of coercive control that causes men’s violence towards women, seeing women’s violence as mostly self-defensive (Saunders, 1988). This control has also been seen as one of the factors implicated in different typologies of IPV; for example, Johnson’s (1995) typology distinguishes between violence that occurs in the absence of control, and that which occurs as part of a wider pattern of controlling abuse. Whilst power and control as a motive is one seen commonly within the literature on motivations, it is not the only such motivation; Langhinrichsen-Rohling, McCullars and Misra (2012) found power/control, self-defence, expression of negative emotion, retaliation, and jealousy as commonly cited motivations in their systematic review and there were very few gender specific differences found. This points to a need to fully understand the nature of the IPV and its motivations in order to ensure interventions are tailored appropriately for people within all types of relationships.

IPV has traditionally been investigated from the feminist perspective that the perpetrator is male and the victim is female (Dobash, Dobash, Wilson & Daly, 1992). This is demonstrated in both policy and practice, with awareness campaigns, offender treatment programs, and victim support services being developed according to this traditional view of IPV (male-to-female violence; Nayback-Beebe & Yoder, 2012). In contrast, evidence has been found of IPV being perpetrated by women in opposite-sex relationships (e.g. Carney, Buttell & Dutton, 2007), within same-sex relationships (e.g. Carvalho, Lewis, Derlega, Winstead & Viggiano, 2011), and in relationships where the victim is transgender (e.g. The Scottish Trans Alliance, 2010). However, it appears that the representation of victims of IPV within the

literature is weighted towards women in opposite-sex relationships. When looking at UK national crime statistics, of those who had experienced partner abuse since the age of 16, 9.6% were men and 19.9% were women (Office for National Statistics, 2018), which provides some indication of why the focus of most IPV research is on female victims. In order to provide adequate support services to victims of IPV, research must be conducted to investigate their experiences, across gender and sexuality. While some abuse may be impacted by both gender and sexuality, far too often these terms are wrongly conflated. It is important to consider the unique experiences associated with both gender and sexuality. This review will attempt to separate gender and sexuality when looking at victimisation.

Gender and IPV Victimisation

The majority of research into IPV victimisation focusses on female victims in opposite-sex relationships (Morin, 2014); likely as a result of the traditional gendered (or feminist) perspective that the perpetrator of IPV is male and the victim is female. Research has shown that the victimisation of women by their partners is a substantial issue worldwide (Garcia-Morero, Jansen, Ellsberg, Heise & Watts, 2006). The studies conducted on this population have covered many factors associated with female heterosexual IPV victimisation, such as the extent of injuries involved (e.g. Thompson, Saltzman & Johnson, 2003), help-seeking behaviour (e.g. Martin, Houston, Mmari & Decker, 2012), the impact of psychological abuse (e.g. Coker, Smith, Bethea, King & McKeown, 2000), the impact of IPV on pregnant women (e.g. Campbell, 2002) as well as investigations into trauma and PTSD (e.g. Browne, 1993). The wealth of literature conducted with female victims in opposite-sex relationships demonstrates a significant and long-lasting effect of abuse on women's wellbeing. In comparison, studies

involving male victims are much less prevalent, and the effects of IPV on men is not as well-researched.

The research that does exist on male victims of IPV in opposite-sex relationships demonstrates that their experiences are similar to the experiences of female victims in some ways, but there are also differences. Men are just as likely to experience IPV as women (Ferguson, 2011; Próspero & Vohra-Gupta, 2008), and in some cases, can experience it more often (Pengpid & Peltzer, 2016). In fact, a meta-analysis conducted by Archer (2000) revealed that women were significantly more likely to have used physical aggression against their partners than men. Contrary to popular belief, the abuse that men face (both physical and psychological) from their female partners can be extremely severe (Hines & Douglas, 2010). Male victimisation is also less visible in society, possibly as a result of the differences in coping strategies employed by male and female victims of IPV. Men are much less likely to access help from support services in general (Addis & Mahalik, 2003), possibly leading to a greater number of women seeking help, and in turn, less visibility of male victims of IPV. The abuse can also be as severe as the abuse experienced by female victims from male partners, however, because men are less likely to incur serious injuries from the abuse, their experience is not always perceived as serious (Dennison & Thompson, 2011; Nowinski & Bowen, 2012).

Male victims experience the same types of abuse as their female counterparts, however the execution of the abuse from their female partners may be different. Female perpetrators are more likely to use weapons to abuse their male partners (Cho & Wilke, 2010), so therefore the injuries that male victims sustain may be different from those sustained by women (Swan, Gambone, Caldwell, Sullivan & Snow, 2008). In terms of abuse that appears to be unique to male victims, it has been found that female perpetrators take advantage of systems that are designed for female victims, in order for them to be viewed as the victim, rather than the men (Hines, Brown & Dunning, 2007; Hines, Douglas & Berger, 2015). Hines et al. (2007) also

suggest female perpetrators will target men's vulnerabilities, such as attacking their groin. Much like female victims of IPV, male victims experience serious and long-lasting psychological effects of abuse, such as depression, PTSD, alcoholism, and self-blame (Hines & Malley-Morrison, 2001). However, women and men have been reported to cope with distress differently (Tamres, Janicki & Helgeson, 2002), with men externalising distress and women internalising distress (Afifi et al., 2009), a finding that suggests that seeking to compare men's and women's experiences of IPV victimisation may be neither appropriate or useful. This observed difference supports the call for further investigation into men's' experiences of IPV victimisation, and a departure from the traditional gendered view of relationship violence.

There is a limited amount of research concerning transgender people and IPV victimisation, however, what research already exists suggests that transgender people can experience more incidents of IPV than cisgender people (Langenderfer-Magruder, Whitfield, Walls, Kattari & Ramos, 2016). One report, which examines transgender peoples' experience of IPV in Scotland, provides information regarding the prevalence rates in the UK (The Scottish Trans Alliance, 2010). The research used a relatively small sample (n=60 in total) but it is one of the only studies that has specifically examined transgender peoples' experiences of IPV victimisation. Of the sample, 80% of the respondents stated that they had experienced abuse by a partner. However, only 60% of these people actually recognised the behaviour as abuse. The most common type of abuse experienced was transphobic emotional abuse (73% of participants). In terms of the impact that this abuse had, the majority of respondents (98%) reported experiencing at least one negative effect on their wellbeing; the most common negative effect being psychological or emotional problems (76%). These results demonstrate the significant impact IPV can have on transgender victims, but also highlights the fact that not all of them recognise their experience as abuse.

Transgender people can experience unique issues when facing IPV. When transgender people are victims of IPV they experience types of abuse that other victim groups experience, but some abuse can be targeted specifically at vulnerabilities that are associated with the person's gender identity (Brown, 2011). Some of these abusive tactics can include using inappropriate pronouns, telling the victim that they are not a "real" man/woman, ridiculing the victim's gender identity, denying access to medical treatment such as hormones, hiding tools that enable the person to express their gender identity, and threatening to "out" the victim to their family and friends (FORGE, 2011). There are also examples of an abuser taking advantage of the everyday difficulties a transgender person can experience. Transgender people can face employment discrimination and can therefore be financially dependent on their partner; this can in turn lead to the demanding of "compensation" in the form of forced participation in sex work or the drug trade (Goldberg, 2003). It is clear that, while transgender victims of IPV experience abuse that other victim groups experience, some abuse tactics take advantage of the vulnerabilities that this population already struggle with. Greater emphasis needs to be placed on investigating IPV in transgender populations, as often this victim group is amalgamated into studies on LGBTQ+ IPV victimisation, and their unique experiences are not explored fully. The differences in victimisation experiences, in terms of gender, further reinforce the concept of investigating how victims experience abuse across the gender spectrum in order to develop support services that are appropriate for all victim groups.

Sexuality and IPV Victimisation

Most research conducted on IPV victimisation is concerned with women in opposite-sex relationships (Morin, 2014). Indeed, the majority of all research conducted on IPV is conducted with people in opposite-sex relationships. Much like transgender people, the needs of people

in same-sex relationships who experience violence are under-researched. In reality, it is thought that violence in same-sex relationships occurs at similar rates as violence in opposite-sex relationships (Letellier, 1996). However, the rates of IPV victimisation in same-sex relationships are likely to be higher than reported, as LGBTQ+ victims are less likely to report abuse when it occurs; either as a result of not recognising their experience as abuse, or from a fear of discrimination from support services (Sylaska & Edwards, 2015). Some studies even state that people in same-sex relationships are at a greater risk of being a victim of IPV, than people in opposite-sex relationships (Messinger, 2011). Despite this high prevalence of IPV in same-sex relationships, the individual experiences of these victims are still not fully understood. In fact, there is a common misconception concerning same-sex IPV which still stems from the traditional feminist view of relationship violence. It is often thought that violence in male same-sex relationships is inevitable, because of the perception that most men are prone to violence, however violence in female same-sex relationships does not occur because women are thought to be inherently non-violent (Merrill, 1996). In reality, violence can occur in all relationships, regardless of the gender of the people involved, and it tends to occur at similar rates in female and male same-sex relationships (Carvalho et al., 2011). The idea that violence does not occur in female same-sex relationships is damaging, as it perpetuates the invisibility of this victim group, and often results in victims not recognising abuse (Davis & Glass, 2011).

Similarly, to victims who are transgender and male victims in opposite-sex relationships, victims in same-sex relationships have unique abuse experiences. Like for transgender victims, “outing” is a common form of abuse in same-sex relationships, where the perpetrator threatens to “out” their partner to their family, friends, or place of work (Halpern, Young, Waller, Martin & Kupper, 2004). In addition to this, the HIV status of men in same-sex relationships can be a factor in abuse. Letellier (1996) stated that perpetrators who were

HIV-positive often used their ill-health to manipulate the Criminal Justice System to their advantage, and that victims who were HIV-positive felt their only chance at a relationship was to stay with their abusive partner. In relation to this, victims of IPV in same-sex relationships may be at a higher risk of contracting HIV as the prevalence of sexual assault and unprotected sex (through coercion) is high (Heintz & Melendez, 2006). Much the same as with transgender victims, people in same-sex relationships experience the same abuse as other victim groups, but they also encounter abuse that can be targeted at their sexuality. These unique experiences, and the disparity in the amount of research conducted with each victim group, further legitimises investigating IPV in an inclusive way across gender and sexuality.

Aim of the Current Systematic Literature Review

Systematic literature reviews use thorough methods of appraising literature and are as rigorous as high quality primary research projects (Petticrew, 2001). The specific type of systematic literature review to be used in the current investigation is a systematic mixed studies review, which incorporates qualitative, quantitative, and mixed methods studies (Pluye & Hong, 2014). There have been many literature reviews on different areas of IPV victimisation, such as the experiences of female victims (e.g. Waldrop & Resick, 2004), the effects of male victimisation (e.g. Randle & Graham, 2011), victims from the LGB community (e.g. West, 2002), and transgender victims (e.g. Walker, 2015). However, this review is one of the first to investigate the experience of IPV victimisation across the spectrums of gender and sexuality, using a systematic approach. It is hoped that this review will also provide an accurate picture of the literature that currently exists on IPV victimisation across gender sexuality, and will highlight methodological gaps, as well as the imbalance in research between different victim groups.

The aim of the current systematic literature review was to synthesise the most recent research on IPV victimisation, across gender and sexuality. The focus of most IPV research is on female victims in opposite-sex relationships (Morin, 2014). While research on male victims in opposite-sex relationships is increasing (e.g. Drijber, Reijnders & Ceelen, 2013; Dutton & White, 2013; Hines et al., 2007; Próspero & Kim, 2009), there is still a dearth of published articles on victims from the LGB community, or victims who fall under the transgender umbrella in terms of gender identity (Ard & Makadon, 2011). This lack of research is a concern when research tends to inform the amount, and quality, of support provided to victims of IPV. It is also worrying when considering that a large majority of male victims and victims from the LGBTQ+ community do not recognise their experience as abuse (Donovan & Hester, 2010; Dutton & White, 2013; The Scottish Trans Alliance, 2010), which in turn means they are unlikely to respond to campaigns that still maintain that IPV is male-to-female violence. The main aim for this systematic mixed studies review was to investigate how victims of IPV experience abuse and what effect the abuse has. The review also planned to highlight the prevalence of different victim groups, in terms of gender and sexuality, that appear in primary research on IPV victimisation.

Method

Search Strategy

All articles were found by searching the CINAHL and PsycARTICLES databases, and by sifting through reference lists, in July 2016. CINAHL was chosen because it is a database for health research and it was thought that it would yield articles for the victimisation element of the search. PsycARTICLES was chosen because it holds journals that are specific to psychology. Table 1 below demonstrates the rationale for the chosen databases.

Table 1

Rationale for chosen databases

Database	Coverage	Rationale
PsycARTICLES	1894 to date 100,000 articles from 59 journals	Full text, peer-reviewed articles specific to psychology
CINAHL	1982 to date 329 full text journals	Health specific database which will target victimisation elements

Search concepts were developed according to the aim of the systematic literature review. Three main concepts were created: Domestic Violence, Sexuality and Gender, and Victimisation. Keywords for each of these concepts were collated and entered into CINAHL and PsycARTICLES respectively. Table 2 shows the search concepts and the keywords used in the systematic searches.

Table 2

Search concepts and keywords used (with appropriate Boolean operators)

Search 1 Concept:	Search 2 Concept:	Search 3 Concept:
Domestic Violence	Sexuality and Gender	Victimisation
Subject Heading:	Subject Heading:	Subject Heading:
In CINAHL: (MM “Domestic Violence”)	In CINAHL: (MH “Sexuality” and MM “Gender Identity”)	In CINAHL: (MM “Victims”)
In PsycARTICLES: N/A	In PsycARTICLES: N/A	In PsycARTICLES: N/A
Keywords:	Keywords:	Keywords:
“domestic violence”	“same sex”	victim*
“intimate partner violence”	“same-sex”	battered
“partner aggress*”	homosexual*	patient*
“partner violence”	lesbian*	
“partner abuse”	gay*	
“domestic abuse”	“opposite sex”	
“intimate partner abuse”	“opposite-sex”	
	heterosexual*	
	straight	
	LGBT	
	transgender*	
	trans	
	transsexual*	
	wom?n	
	female*	
	wife	
	wives	
	male*	
	husband*	
	m?n	

For each search concept, the keywords and subject headings were entered and combined with “OR”. Once all three search concepts had been entered, they were combined with “AND” and the following search limiters were applied: within the past 10 years, full text articles, and peer-reviewed journal articles. These limiters were chosen in order to look at the most recent literature, which was fully accessible, and had been peer-reviewed. Peer-reviewed articles were chosen as they would be more likely to meet the standards of the quality assessment used (please see Quality Assessment below). This resulted in 1,306 articles from CINAHL and 91 articles from PsycARTICLES. The reference lists of relevant literature reviews were sifted, which resulted in a further 19 articles. When all three were combined, 1,416 journal articles were found to be relevant. After removing duplicates this was further reduced to 712 articles. The abstracts of these remaining journal articles were sifted for relevance (please see Inclusion Criteria section below) and the remaining articles totalled 373. Finally, these articles were read through thoroughly to further ascertain their relevance to the aim of the systematic literature review, resulting in 153 articles. Quality assessment (using the Mixed Methods Appraisal Tool; MMAT) was then carried out on each article and articles were excluded on the basis of quality (see Quality Assessment section below). This resulted in the final number of articles being 106. Table 3 below illustrates each stage of the search strategy and the resulting amount of hits.

Table 3

Results of the search strategy implemented in July 2016

Database Searches and Number of Results		
Literature Search	CINAHL	PsycARTICLES
Search 1: Domestic violence (subject heading and keywords combined with OR)	14,032	838
Search 2: Sexuality and Gender (subject headings and keywords combined with OR)	1,675,704	37,278
Search 3: Victimization (subject heading and keywords combined with OR)	1,186,474	17,791
Search 4: 1, 2, and 3 combined with AND and limited to the last 10 years, full text articles, and journal articles	1,306	91
Search 5: Search for relevant literature in reference lists		19
Combined Relevant Literature		1,416
Relevant After De-duplication		712
Relevant After Abstract Sift		373
Relevant After Inclusion and Exclusion Criteria Applied		153
Final Articles (after quality assessment)		106

Inclusion and Exclusion Criteria

Research inclusion was limited to full-text, peer reviewed journal articles published between 2006 and 2016. In order to determine the attention paid to each victim group for IPV, only articles that were presenting primary research were included. For the same reason, the data used in each piece of research had to be retrieved exclusively from victims (with the exception

of control groups), rather than being concerned with the general perceptions towards different victim groups, or being from practitioners who work with victims. The articles had to investigate the actual experiences of adult IPV victims, even if that was in conjunction with investigating their perpetration as well, rather than the prevalence rates of IPV. In addition to this, it was decided that any studies examining the predictors of IPV would be excluded, meaning that the focus of the review would be the experiences of abuse and the effect abuse had on victims. All of these inclusion and exclusion criteria combined resulted in journal articles that, together, represent the experiences of IPV victims from across the gender and sexuality spectrums.

Quality Assessment

In order to assess the quality of the articles obtained during the search, a quality assessment tool was used. As the current systematic review was a mixed studies review, the Mixed Methods Appraisal Tool (MMAT; Pluye et al., 2011) was used. The MMAT is designed to assess the quality of quantitative, qualitative, and mixed methods studies concurrently (Pace et al., 2011). The MMAT was pilot tested with a second reviewer and agreement on scores was calculated using Cohen's κ . Fifteen (10%) of the articles were assessed by both reviewers and, according to Landis and Koch's (1977) guidelines, there was fair agreement ($\kappa = .352, p < .05$). Disagreements were as a result of the interpretation of the questions on the MMAT. After discussion, clear agreement was reached on interpretation and the principal researcher continued the quality assessment with the remainder of the articles. Each article was scored according to the MMAT guidelines (Pluye et al., 2011) from one star (low quality) to four stars (high quality). It was deemed that any article scoring two stars or less would be excluded. The rationale for this was that it was thought to be important to be accessing accurate experiences

of IPV, and that accurate results would be more likely to be found in higher quality studies. As a result of this exclusion strategy the original 153 articles were reduced to 106 articles. Results of the quality assessment can be found in Table 4 below.

Table 4

Results of MMAT quality assessment

Study Type	Qualitative	Quantitative	Mixed Methods	Total
Number (%)	21 (13.73%)	128 (83.66%)	4 (2.61%)	153 (100%)
1 star = * (%)	-	8 (80%)	2 (20%)	10 (6.54% of total)
2 star = ** (%)	4 (11.11%)	31 (86.11%)	1 (2.78%)	36 (23.53% of total)
3 star = *** (%)	9 (12%)	65 (86.67%)	1 (1.33%)	75 (49.02% of total)
4 star = **** (%)	8 (25.81%)	23 (74.19%)	-	31 (20.26% of total)
No. Included (%)	17 (16.04%)	88 (83.02%)	1 (0.94%)	106 (69.28% of total)
No. Excluded (%)	4 (8.51%)	40** (85.11%)	3 (6.38%)	47 (30.72 % of total)

**one paper scored 0, so does not appear on star ratings, but was excluded

Analytic Strategy

Data extraction was conducted on the 106 articles that resulted from the quality assessment. In order to review the articles in a critical manner, details of the methodology of the articles were focused on, in addition to the actual findings of the studies (a summary of data extraction can be found in Appendix 1). During data extraction, a further six articles were excluded, as on further examination they did not adhere to the inclusion and exclusion criteria outlined earlier. This resulted in the final number of articles being 100, on which analysis was conducted. The

final articles were examined for themes that appeared across the data extraction set, both in terms of methodology (e.g. sample, design, methodology, measures) and findings (experiences of IPV victims). As well as overarching themes, unique findings were highlighted where appropriate to the review question. The current review utilised qualitative analysis only, because of the heterogeneity of the study methodologies and outcome measures.

Results

In total 100 articles were included in the final data extraction and analysis and were reviewed in a critical manner. The following section presents the themes that appear across the 100 articles, and highlights some aspects that are more unique and may have only appeared in a few of the articles reviewed. The first part of this section describes the results in terms of the methodologies and samples used in the articles. The second part of this section discusses the findings of the reviewed articles in terms of the experiences of IPV victims.

Methodology and Sample

As highlighted earlier in the quality assessment section, the majority of studies reviewed were quantitative in nature (the exact figures for this can be seen in Table 5 below).

Table 5

Results by Methodology of Study (total articles = 100)

Methodology	Quantitative	Qualitative	Mixed Methods
Number of articles	83	16	1
% of articles	83%	16%	1%

In comparison to the number of quantitative studies, the number of qualitative and mixed methods studies is extremely low, especially mixed methods studies ($n = 1$). This implies that the majority of the studies within this review are not accessing detailed individual experiences of victimisation. This is further supported by the high number of quantitative, cross-sectional ($n = 67$) studies that are included. Cross-sectional research is unlikely to access individual abuse experiences and is also unlikely to be able to capture the long-term effects of that abuse. As a result of the weighting towards quantitative research in the reviewed articles, the majority of this section focuses on aspects of quantitative methodology and sampling.

In terms of how the studies captured IPV victimisation, some measured a total score of IPV which only identifies how many participants experienced abuse or how often they experienced it (e.g. Brown, Weitzen & Lapane, 2013; Williams, Wyatt, Myers, Green & Warda, 2008; Zahn et al., 2012), whereas others measured different forms of IPV victimisation (e.g. Chan & Zhang, 2011; Cripe, Sanchez, Gelaye, Sanchez & Williams, 2011; Pantalone, Schneider, Valentine & Simoni, 2012). Even studies that measured different types of abuse only looked at sexual, physical, and psychological abuse, which excludes other types such as, coercive control, and financial and legal abuse. Even then, psychological abuse was relatively uncommon in the measurement of abuse in the reviewed articles ($n = 28$), which is worrying as studies that did measure it often found it was the most common type of abuse experienced (e.g. Sabina & Straus, 2008; Siemieniuk et al., 2013). In addition to this, only three studies (Hines & Douglas, 2011; Hines & Douglas, 2016; Lawrence, Yoon, Langer & Ro, 2009) differentiated between different types of psychological, such as controlling behaviours. Again, limiting how IPV victimisation is measured in this way, may also limit how accurately it can be assessed, and does not account for someone experiencing multiple different types of abuse, and how different types of abuse can interact with each other. Also, if abuse is not consistently

measured across studies, drawing wider conclusions about how abuse is experienced becomes difficult.

The different measurement tools used to examine IPV victimisation may explain some of the differences observed. Some studies used very short measures of IPV victimisation (e.g. Eaton et al., 2008; Kim, Park & Emery, 2009), with some even only using one question to assess it (e.g. Kunst, Bogaerts & Winkel, 2010). This again relates to the accessibility of victimisation experiences, as it is unlikely that these simplistic measures can access the complexity that is IPV victimisation. The studies that used more complex measures of IPV victimisation usually either used a version of the Conflict Tactics Scale (Straus, 1979; Straus, Hamby, Boney-McCoy & Sugarman, 1996; e.g. Clements & Ogle, 2007; Flanagan, Gordon, Moore & Stuart, 2015; Hellmuth, Gordon, Moore & Stuart, 2014) or a measure that has been especially developed for use with female victims of IPV, such as the Women's Experience of Battering scale or questions from the WHO Multicountry Study on Women's Health and Domestic Violence (e.g. Bonomi, Anderson, Rivara & Thompson, 2007; Eldoseri, Tufts, Zhang & Fish, 2014; Johri et al., 2011). The measures that are especially designed for use with female victims may be restricted when measuring male victims' experiences and also the experiences of victims from the LGBTQ+ community. The Conflict Tactics Scale (Straus, 1979) and its various versions has long been deemed a reliable way of measuring both IPV victimisation and perpetration, however it may be limited when measuring specific abuse experiences related to LGBTQ+ relationships, such as "outing" (Halpern et al., 2004) or using a person's gender identity against them (Brown, 2011). In addition to the lack of inclusivity, not all studies use the Conflict Tactics Scale in the same way. Some examine the individual subscales of the measure (e.g. Desmarais, Pritchard, Lowder & Janssen, 2014; Flanagan et al., 2015), which gives a more detailed view of IPV victimisation. However, some research only uses some of the subscales (e.g. Beeble, Bybee & Sullivan, 2007; Crane, Pilver & Weinberger,

2014), and other studies use a complete score of IPV calculated from all of the subscales (e.g. Clements & Ogle, 2007; Crouch, Thomsen, Milner, Stander & Merrill, 2009). This implies that the Conflict Tactics Scale is not always utilised in a standardised way across all research.

The lack of consistency in measurement tool selection or implementation procedure coupled with the sampling and recruitment strategies may influence the conclusions that can be drawn from this review. There were many studies that utilised data collected for other, often larger, research projects (e.g. Gao et al., 2010; Martinez-Torteya, Bogat, von Eye, Levendosky & Davidson, 2009; Williams et al., 2008). This may be problematic as the participants were not recruited for the purpose of the current study, and therefore, the sample may not be appropriate for accurately accessing the experiences of IPV victims. For example, Martinez-Torteya et al. (2010) used data originally collected as part of the Pacific Islands Families study (The National Institute for Public Health and Mental Health Research (NIPHMHR), n.d) which follows a cohort of children born at Middlemore Hospital in 2000. This study was designed with the developmental stages of the children in mind, rather than the experiences of their mothers, therefore it may not accurately capture all aspects of IPV for these women. When samples were purposefully recruited for the study, they were often recruited from help-seeking populations, such as shelter residents or community support users (e.g. Cerulli, Poleshuck, Raimondi, Veale & Chin, 2012; Clements & Ogle, 2007; Eisikovits & Band-Winterstein, 2015). This excludes victims of IPV who do not seek help and also eliminates the option of investigating whether there are differences between those who seek help and those who do not.

In terms of the gender of the participants, the most common type of sample in the reviewed studies was made up of women in opposite-sex relationships (70%). Full details of the studies by gender and sexuality can be seen in Table 6 below.

Table 6

Results by Gender and Sexuality of Sample (total articles = 100)

Sample	Number of articles	% of articles
Women in opposite sex relationships only	70	70%
Men in opposite sex relationships only	4	4%
Opposite sex couples only	3	3%
Women and men in opposite sex relationships	12	12%
Women and men in both opposite and same sex relationships	2	2%
LGBTQ+	3	3%
Sexual minority women and men	1	1%
Sexual minority women only	2	2%
Sexual minority men only	3	3%

In fact, there were only seven studies that focused on the IPV victimisation experiences of men only, and there were no studies in the current review that looked specifically at victims who were transgender. Transgender victimisation was included, but it was amalgamated into studies that looked at the experiences of LGBTQ+ victims in general (e.g. Bornstein, Fawcett, Sullivan, Senturia & Shiu-Thornton, 2006; Reuter, Newcomb, Whitton & Mustanski, 2016; Whitton, Newcomb, Messinger, Byck & Mustanski, 2016). Studies that looked at male and female victims in the same analysis were not common, and when men and women were both included in a study, those studies tended to be conducted in Western countries (e.g. Ackerman & Field, 2011; DiBello, Preddy, Øverup & Neighbors, 2016; Kunst et al., 2010). This would imply that there may be cultural differences in the way that IPV is perceived by both the general public and researchers. In terms of the qualitative studies that were included in the current review, most of them were conducted with female samples (e.g. Bostock, Plumpton & Pratt,

2009; Cerulli et al., 2012); meaning the in-depth individual experiences of men and some members of the LGBTQ+ community may not be fully supported in the literature.

Regarding the sexuality of the samples used in the studies included in the current review, the majority were conducted with individuals in opposite-sex relationships. In fact, where couples were recruited, every study looked at opposite-sex relationships only (e.g. Lawrence et al., 2009; Renner, Habib, Stromquist & Peek-Asa, 2014; Scott & Babcock, 2010). In addition to this, some studies included people in same-sex relationships, however, it sometimes felt like they were not purposefully recruited as there were often not enough participants to justify the analysis (e.g. Ackerman & Field, 2011), or sexuality was not included within the analysis at all (e.g. Anderson, Dial, Ivey & Smith, 2011). In terms of how participants were recruited for studies, some sampling methods for the LGBTQ+ community could be considered somewhat unethical. Some researchers utilised a street-intercept method (e.g. Bimbi, Palmadessa & Parsons, 2007) which may not be completely anonymous, and others recruited their participants from HIV clinics (e.g. Pantalone, Hessler & Simoni, 2010; Pantalone et al., 2012; Siemieniuk et al., 2013) which may unintentionally perpetuate the stigma associated with HIV in the LGBTQ+ community.

Victimisation Experiences

As well as common themes in terms of methodology and sample, there were also similarities when looking at the experiences of IPV victims in the studies. When examining the effects of IPV in general, all aspects of victims' lives were impacted. The types of abuse demonstrated in the studies included in this review were physical, emotional, sexual, social and financial, among others; the effects of these different types of abuse were accordingly wide-ranging. In addition to this, in some studies it appeared that where different types of abuse were

experienced together, the effects of that abuse were worse (e.g. Bonomi et al., 2007; Desmarais et al., 2014; Exner-Cortens, Eckenrode & Rothman, 2013), suggesting a cumulative effect. This has important implications for assessment within service provision in ensuring that victims receive tailored and holistic support to help with their range of needs; specifically, those experiencing multiple types of abuse may require additional help and support.

When couples were recruited for the study, bidirectional abuse was often found (e.g. Lawrence et al., 2009; Renner et al., 2014) suggesting that abuse within a relationship does not always have defined victim and perpetrator roles; indeed, previous systematic reviews have demonstrated the prevalence of this type of abuse (see Langhinrichsen-Rohling, Misra, Selwyn & Rohling, 2012). This distinction holds important implications as it presents contextual information to further understand the abuse and the nature of it; this is information that should be integrated into intervention strategies (Bates, 2016). The dyadic nature means understanding individual motivations as well as relationship dynamics which are critical in understanding the meaning of the violence. Tailoring the interventions and responding to need means recognising that some victims may also be perpetrators, and that this should inform the intervention put in place. This is especially important considering evidence that bidirectionally abusive relationships involve more severe aggression which often results in more serious injuries (e.g., Whitaker, Haileyesus, Swahn & Saltzman, 2007). This dyadic nature of IPV presents significant implications for considering risk too; Dutton and Corvo (2006) raised questions about the need to consider this in assessment within IPV interventions, specifically around the interactive nature of couples' violence which holds implications for the power dynamic, lethality potential, and treatment.

Some of the most commonly researched effects of IPV victimisation were centred around the impact abuse has on the mental health of victims. IPV victimisation had a negative impact on mental health outcomes, such as posttraumatic stress disorder (PTSD; e.g. Dardis,

Amoroso & Iverson, 2016; Desmarais et al., 2014; Fedovskiy, Higgins & Paranjape, 2008), depression (e.g. Gomez-Beloz, Williams, Sanchez & Lam, 2009; Hines & Douglas, 2016; Hughes, Cangiano & Hopper, 2011), anxiety (e.g. Cerulli et al., 2012; Clements & Ogle, 2007), suicidal thoughts (e.g. Ali, Mogren & Krantz, 2013; Exner-Cortens et al., 2013), eating disorders (e.g. Lacey, Sears, Matsuko & Jackson, 2015; Svavarsdottir & Orlygsdottir, 2009), social connectedness (e.g. Bonomi et al., 2007; Cerulli et al., 2012), and loneliness (e.g. Eisikovits & Band-Winterstein, 2015; Kunst & van Bon-Martens, 2011). In addition to these mental health outcomes, it was found that IPV victimisation also negatively affected relationship satisfaction (e.g. Ackerman & Field, 2011; DiBello et al., 2016). Finally, one mental health outcome that was only associated with female IPV victims was postnatal depression (e.g. Gao, Paterson, Abbott, Carter & Iusitini, 2010; Hellmuth et al., 2014). In fact, throughout all the articles reviewed the most predominant mental health outcomes investigated were PTSD ($n = 24$) and depression/postnatal depression ($n = 41$).

While the mental health outcomes of IPV victimisation were well documented, so were the physical health outcomes. Experiencing IPV victimisation can have direct physical outcomes, such as injury (e.g. Cerulli et al., 2012; Eldoseri et al., 2014; Hines & Douglas, 2016; Hines & Douglas, 2011; Weaver, Resnick, Kokoska & Etzel, 2007) and sexually transmitted infections (STIs; e.g. Sormanti & Shibusawa, 2008). However, some physical health outcomes can be less direct, such as migraine (e.g. Cripe et al., 2011), sexual issues (e.g. Akyüz, Sahiner & Bakir, 2008; Crouch et al., 2009; Hellemans, Loeys, Buysse, Dewaele & De Smet, 2015), low health related quality of life (HRQoL; e.g. Pantalone et al., 2010; Pantalone et al., 2012; Svavarsdottir, Orlygsdottir & Gudmundsdottir, 2015), and HIV complications (e.g. Siemieniuk et al., 2013). In addition to these effects, women also experienced pregnancy complications as a result of IPV victimisation. Some of these complications included low birth weight (e.g. Shneyderman, & Kiely, 2013), miscarriage (e.g. Johri et al., 2011), and excessive bleeding (e.g.

Rahman, Nakamura, Seino & Kizuki, 2013). These pregnancy effects relate to the findings of some studies that state that IPV continues throughout women's pregnancies (e.g. Das et al., 2013; Desmarais et al., 2014; Flanagan et al., 2015). As well as physical health outcomes, the reviewed articles revealed that some of the effects of IPV victimisation can be behavioural. In particular, it appeared that IPV victimisation was associated with certain risky health behaviours, such as substance misuse (e.g. Bimbi et al., 2007; de Dios, Anderson, Caviness & Stein, 2014; Gilbert, El-Bassel, Chang, Wu & Roy, 2012), smoking (e.g. Crane et al., 2014; Exner-Cortens et al., 2013; Rhodes et al., 2009), and alcohol abuse (e.g. DiBello et al., 2016; Eaton et al., 2008; Gao et al., 2010).

While the previous themes were relatively common across the reviewed articles, some important points were dependent on the characteristics of the participants involved. There may be some differences in experiences according to the culture that the research was conducted in. Some studies that were conducted in cultures with less gender empowerment indicated that female victims believed that IPV was justified in some way (e.g. Das et al., 2013), did not seek help for abuse as often (e.g. Eldoseri et al., 2014), and tolerated abuse as a result of societal norms (e.g. Hayati, Eriksson, Hakimi, Högberg & Emmelin, 2013). In terms of gender in relation to IPV experiences, in the studies where men and women were included in the analysis together, similar experiences of victimisation tended to be found (e.g. Ackerman & Field, 2011; Lawrence et al., 2009; Sabina & Straus, 2008). Studies that included the experiences of transgender people indicated that they were more likely to experience abuse than cisgender people (e.g. Reuter et al., 2016; Whitton et al., 2016). Regarding sexuality, one study, included in the current review, suggested that people in same-sex relationships report similar levels of IPV victimisation as people in opposite-sex relationships (e.g. Hellemans et al., 2015), and others concluded that IPV victimisation is more prevalent in the LGBTQ+ community than in opposite sex relationships and for cisgender people (e.g. Bimbi et al., 2007; Reuter et al., 2016;

Whitton et al., 2016). Finally, there were some effects of IPV that may be unique to the LGBTQ+ community, such as difficulty recognising abuse, lack of LGBTQ+ community awareness of IPV, isolation from the LGBTQ+ community, and experiencing marginalisation in multiple forms (e.g. Bornstein et al., 2006; Whitton et al., 2016). One study highlighted that these effects of IPV may be more pronounced in people who identify as bisexual or transgender as they can often be marginalised within the LGBTQ+ community itself (Bornstein et al., 2006), suggesting that even within the LGBTQ+ community there may be differences in experiences.

Discussion

The overarching aim of the current systematic review was to synthesise the current research on IPV victimisation experiences, across gender and sexuality. The secondary aim of the review was to highlight the prevalence of different victim groups in the current literature. By doing this it was hoped that the main research aim would be addressed of how victims of IPV experience abuse and what effect the abuse has. The findings of the current systematic literature review were separated into two sections: methodology and sample, and victimisation experiences. This was deemed necessary as many methodological and sampling issues were highlighted while attempting to answer the research question concerning the experiences of IPV victims.

In terms of methodology the main finding was that the majority of studies ($n = 83$) included in the review were conducted using quantitative methods, and of these quantitative studies, most were cross-sectional in nature ($n = 67$). Quantitative research tends to be more common generally, especially in psychology (Rennie, Watson & Monteiro, 2002), however it is important to investigate phenomena qualitatively in order to understand them in more detail.

Another theme that emerged from the review was that a lot of research is limited in the way that abuse is measured, both in the types of abuse investigated and in the measures that are used to capture abuse experiences. Only a small number of the studies included in the review specifically examined psychological abuse, which is of concern when those that did include it stated that it was the most common form of relationship abuse (e.g. Sabina & Straus, 2008; Siemieniuk et al., 2013). In addition to this, some of the commonly used measures implemented in IPV victimisation research may not be appropriate for all victim groups, either because they are designed for use with female victims, or because they do not capture some of the abuse that male victims or victims from the LGBTQ+ community experience. Donovan and Hester (2014) developed the COmparing Heterosexual and Same sex Abuse in Relationships (COHSAR) research approach, which addresses how to capture IPV in same-sex relationships, however there was no evidence that any of the studies included in this review had utilised the approach; instead relying on measures that were perhaps not always adequate for the samples recruited.

In terms of the samples and sampling techniques used in the studies in the review, the majority of the research was conducted with female victims in opposite-sex relationships ($n = 70$). In contrast to this, seven studies looked exclusively at male victims of IPV and 11 studies involved participants from the LGBTQ+ community. There were no studies in the current review that looked exclusively at transgender victims of IPV. It is more than likely that this heavy weighting towards female victims in opposite-sex relationships is as a result of the traditional view of IPV as male-to-female relationship abuse (Graham-Kevan, 2007). In addition to this, Western countries were more likely to have conducted research that moved away from this traditional view, and countries where there is less empowerment for women focussed on violence against women, possibly meaning that less gender equality could result in more violence against women from men (Eldoseri et al., 2014). Finally, in terms of methodological and sampling themes, many research studies recruited from help-seeking

populations. This excludes victims who have not accessed mainstream support services, or victims who do not recognise their experience as abuse, for example, some male victims or victims from the LGBTQ+ community (Donovan & Hester, 2010; Dutton & White, 2013; The Scottish Trans Alliance, 2010). Also, it is probable that some male victims, or victims from the LGBTQ+ community, do not attempt to access support, as appropriate support is not as mainstream as support services for female victims (Walker, 2015).

As well as themes centring around the methodologies and sampling of the research studies included in the review, an examination of the victimisation experiences of the participants yielded several themes as well. First of all, while the effects of any type of relationship abuse were significant, it was found that multiple types of abuse have a cumulative effect. This is important when considering that it is likely that someone will experience more than one type of IPV (Garcia-Morero et al., 2006). When generally looking at the effect that IPV has on victims, the findings revealed that victims can suffer from a multitude of different mental and physical issues as a result of the abuse they experience. The most commonly reported negative mental health outcomes of IPV were PTSD and depression or postnatal depression. In terms of negative physical health outcomes, the most researched issues tended to be injury and health related quality of life. It appeared that there were far more negative mental health outcomes than negative physical health outcomes, which could imply that they may have a more significant and long-lasting effect. When looking specifically at women, many of the studies included in the review investigated pregnancy complications that women can experience as a result of IPV.

With the exception of pregnancy complications, when women and men were compared on IPV victimisation they appeared to have similar experiences. However, while this highlights that IPV can be experienced by anyone, it may not be appropriate to compare men and women in this way as they are likely to conceptualise IPV victimisation differently, (Hines & Malley-

Morrison, 2001) with men externalising distress and women internalising distress Afifi et al., 2009); therefore, such a comparison may not be accessing victimisation experiences accurately. The little data that was available on transgender victims indicated that they are more likely to experience relationship abuse than cisgender people. Similarly, people in same-sex relationships are often found to be more at risk of experiencing IPV than people in opposite-sex relationships. In both cases, it is probable that this is as a result of these populations being more vulnerable because of the marginalisation that they can often experience in daily life (Lombardi, Wilchins, Priesing & Malouf, 2001; Scourfield, Roen & McDermott, 2008). Finally, it is important to note that the unique experiences of male victims and victims from the LGBTQ+ community were occasionally highlighted, however, not enough to be able to understand their experiences fully. When considering the research question for this review, it can be answered on behalf of female victims in opposite-sex relationships, but not on behalf of more underrepresented victim groups.

Limitations

Whilst significantly contributing to knowledge, the current systematic literature review has limitations. Firstly, the search strategy only utilised two databases to access research articles. Including databases from other disciplines may have yielded more varied findings than those presented here. However, the two databases were chosen specifically for their relevance to the research question and to the subject discipline of the review. Secondly, the date range applied to the search results (2006-2016) may have been too restrictive, resulting in the exclusion of time periods where research with certain populations may have peaked (e.g. Steinmetz's (1977) work on "The Battered Husband Syndrome). On a practical level, the date range was implemented in order to keep the number of articles manageable. In addition to this, it was

decided that it was important to restrict the review to the most recent research available, in order for the conclusions reached to be relevant to current practice in the field of IPV. Thirdly, the fact that the current systematic review was a mixed studies review meant there was no opportunity to include any quantitative analysis (e.g. meta-analysis). On reflection, this would not have been entirely appropriate anyway, as a result of the heterogeneity of the study methodologies and samples. Finally, there was only fair agreement between reviewers on the chosen quality assessment tool (MMAT), which could have had an effect on the number and type of articles that were then included in the final review. While this bias could not be completely avoided, this level of agreement was as a result of differing interpretation of the criteria, which was addressed in discussion between the two reviewers. After the discussion of the criteria, agreement was reached on interpretation.

Future Directions

The main issue arising from the current systematic review is that some IPV victim groups are significantly underrepresented in the literature. It is important, moving forward, that male victims and victims from the LGBTQ+ community are included more often in IPV research. Initially, in-depth studies for each victim group would be useful in order to understand more fully how these groups experience abuse. However, this should be extended in the future so that studies into IPV include all gender and sexuality victim groups so that IPV is investigated in an inclusive way. Without this representation the traditional feminist viewpoint, that men are perpetrators and women are victims, will be further perpetuated. In particular, the experiences of transgender victims of IPV need to be investigated more thoroughly, as there is very little research available on this particular victim group. Furthermore, researching IPV in a more gender and sexuality inclusive way would further assist in this shift away from

traditional conceptualisations of IPV, by acknowledging that all incidents of IPV have the common theme of being violence within a relationship, rather than being driven by gender norms or patriarchy. When considering the high proportion of quantitative research that was present in the current review, an increase in the amount of qualitative research conducted with IPV victims would be welcome. Quantitative research merely highlights prevalence rates, group differences, and outcomes associated with IPV victimisation experiences. Qualitative research is more likely to yield data that highlights types of abuse not previously investigated or the individual experiences and voices of IPV victims. Finally, the field of IPV victimisation research would be improved by measures being developed or adapted to include unique forms of abuse that may be experienced by different victim groups. This would ensure that victimisation experiences would be accessed accurately and effectively.

Implications

The implications of the findings of this systematic review are significant. First of all, victim groups such as male victims and victims from the LGBTQ+ community are neglected in the literature which may result in researchers themselves being unaware of their existence. This is likely to further support the traditional male-to-female relationship violence viewpoint. In addition to this, it is probable that research informs the amount and type of support that is available to victims of IPV. The heavy weighting towards female victims in the literature has possibly resulted in the uneven distribution of IPV victim support services (Walker, 2015). As mentioned earlier in this review, crime statistics do support this weighting towards female victims, however there can be barriers associated with reporting IPV that may prevent some victims from coming forward, which would in turn affect these crime statistics. This disparity in the provision of support services could also be as a result of the political focus on preventing

violence against women, especially in the UK with the governments Ending Violence against Women and Girls Strategy (HM Government, 2016). Finally, because the experiences of under researched victim groups are not readily available, it is unlikely that, when a male victim or a victim from the LGBTQ+ community does try to access support, the services are not adequate enough to support them and understand their unique experiences of abuse. With an increase in the amount of research that is conducted on underrepresented victim groups, the result will hopefully be that a greater number of victims can be helped and supported.

Conclusion

In conclusion, the current systematic review has highlighted the distinct and significant effect IPV can have on victims, both mentally and physically. It has also emphasised the need for further improvement on the current literature base. The large majority of research used quantitative research methods and samples of female victims in opposite-sex relationships. This results in the investigation of rich individual experiences and certain victim groups, such as male victims and victims from the LGBTQ+ community, being underrepresented. This in turn has the effect of marginalising a significant number of IPV victims, and ensures that the traditional view of IPV being male-to-female abuse is perpetuated. In terms of the research question, it is evident that the experiences of abuse, and the effect that abuse has on victims, can only be answered on behalf of female victims. In order to answer this question for all victim groups, across gender and sexuality, much more research needs to be conducted. It is important that the full spectrum of gender and sexuality be included in IPV research, as this will hopefully in turn result in greater resources being available to victim support services in order to support every victim of IPV, regardless of their gender or sexuality.

References

- Ackerman, J., & Field, L. (2011). The gender asymmetric effect of intimate partner violence on relationship satisfaction. *Violence & Victims, 26*(6), 703-724.
- Addis, M. & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5-14 doi: 10.1037/0003-066X
- Afifi, T., MacMillan, H., Cox, B., Asmundson, G., Stein, M. & Sareen, J. (2009). Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. *Journal of Interpersonal Violence, 24*(8), 1398-1417 doi: 10.1177/0886260508322192
- Akyüz, A., Şahiner, G., & Bakir, B. (2008). Marital violence: Is it a factor affecting the reproductive health status of women?. *Journal of Family Violence, 23*(6), 437-445.
- Ali, T. S., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects: A population-based study among married women in Karachi, Pakistan. *International Journal of Behavioral Medicine, 20*(1), 131-139.
- Anderson, A., Dial, S., Ivey, D., & Smith, D. (2011). Gender and violence in dyadic relationships. *American Journal of Family Therapy, 39*(3), 242-254.
doi:10.1080/01926187.2010.532000
- Archer, J. (2000). Sex differences in aggression between heterosexual partners: A meta-analytic review. *Psychological Bulletin, 126*(5), 651-680 doi: 10.1037//0033-2909.126.5.651

- Ard, K. & Makadon, H. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of General Internal Medicine*. 26 (8). 630-633. doi: 10.1007/s11606-011-1697-6
- Bates, E. A. (2016) Current controversies in intimate partner violence: Overlooking bidirectional violence. *Journal of Family Violence*. 31 (8) 937-940.
doi:10.1007/s10896-016-9862-7
- Bimbi, D. S., Palmadessa, N. A., & Parsons, J. T. (2008). Substance use and domestic violence among urban gays, lesbians and bisexuals. *Journal of LGBT Health Research*, 3(2), 1-7.
- Bonomi, A., Anderson, M., Rivara, F., & Thompson, R. (2007). Health Outcomes in Women with Physical and Sexual Intimate Partner Violence Exposure. *Journal of Women's Health*, 16(7), 987-997. doi:10.1089/jwh.2006.0239
- Bornstein, D., Fawcett, J., Sullivan, M., Senturia, K. & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence. *Journal of Homosexuality*, 51(1), 159-181. doi: 10.1300/J082v51n01_08
- Bostock, J., Plumpton, M., & Pratt, R. (2009). Domestic violence against women: understanding social processes and women's experiences. *Journal of Community & Applied Social Psychology*, 19(2), 95-110.
- Brown, N. (2011). Holding tensions of victimisation and perpetration: Partner abuse in trans communities. In J. Ristock (Ed.), *Intimate Partner Violence in LGBTQ Lives* (pp. 153-168). Oxon, UK: Routledge.

- Brown, M. J., Weitzen, S., & Lapane, K. L. (2013). Association between intimate partner violence and preventive screening among women. *Journal of Women's Health, 22*(11), 947-952. doi:10.1089/jwh.2012.4222
- Browne, A. (1993) Violence against women by male partners: Prevalence, outcomes and policy implications. *American Psychologist, 48* (10), 1077-1087, doi: 10.1037/0003-066X.48.10.1077
- Campbell, J. C. (2002) Health consequences of intimate partner violence. *Lancet, 359*, 1331-1336, doi: 10.1016/S0140-6736(02)08336-8
- Carney, M., Buttell, F. & Dutton, D. (2007). Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior, 12*, 108-115
- Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence, 26*(7), 501-509. doi:10.1007/s10896-011-9384-2
- Centers for Disease Control and Prevention. (2017). *Intimate Partner Violence*. Retrieved on 7th June 2017 from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- Cerulli, C., Poleshuck, E., Raimondi, C., Veale, S., & Chin, N. (2012). 'What fresh hell is this?' Victims of intimate partner violence describe their experiences of abuse, pain, and depression. *Journal of Family Violence, 27*(8), 773-781. doi:10.1007/s10896-012-9469-6

- Chan, K. L., & Zhang, Y. (2011). Female victimization and intimate partner violence after the May 12, 2008, Sichuan earthquake. *Violence & Victims, 26*(3), 364-376. doi:10.1891/0886-6708.26.3.364
- Cho, H. & Wilke, D. (2010). Gender differences in the nature of the intimate partner violence and effects of perpetrator arrest on revictimisation. *Journal of Family Violence, 25*, 393-400.
- Clements, C., & Ogle, R. (2007). A comparison study of coping, family problem-solving and emotional status in victims of domestic violence. *Journal of Psychological Trauma, 6*(1), 29-37.
- Coker, A. L., Smith, P. H., Bethea, L., King, M. R. & McKeown, R. E. (2000) Physical Health Consequences of Physical and Psychological Intimate Partner Violence. *Archives of Family Medicine, 9*(5), 451-457, doi: 10.1001/archfami.9.5.451
- Crane, C. A., Pilver, C. E., & Weinberger, A. H. (2014). Cigarette smoking among intimate partner violence perpetrators and victims: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *The American Journal on Addictions, 23*(5), 493-501.
- Cripe, S. M., Sanchez, S. E., Gelaye, B., Sanchez, E., & Williams, M. A. (2011). Association between intimate partner violence, migraine and probable migraine. *The Journal of Head & Face Pain, 51*(2), 208-219. doi:10.1111/j.1526-4610.2010.01777.x
- Crouch, J. L., Thomsen, C. J., Milner, J. S., Stander, V. A., & Merrill, L. L. (2009). Heterosexual intimate partner violence among Navy personnel: Gender differences in incidence and consequences. *Military Psychology, 21*(S2), 1-15

The Crown Prosecution Service. (2017). *Domestic Abuse Guidelines for Prosecutors*.

Retrieved on 8th January 2019 from <https://www.cps.gov.uk/legal-guidance/domestic-abuse-guidelines-prosecutors>

Dardis, C. M., Amoroso, T., & Iverson, K. M. (2017). Intimate partner stalking:

Contributions to PTSD symptomatology among a national sample of women veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(S1).

Das, S., Bapat, U., More, N. S., Alcock, G., Joshi, W., Pantvaidya, S., & Osrin, D. (2013).

Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health*, 13(1), 817.

Davis, K. & Glass, N. (2011). Reframing the heteronormative constructions of lesbian partner violence. In J. Ristock (Ed.), *Intimate Partner Violence in LGBTQ Lives* (pp. 153-168). Oxon, UK: Routledge.

de Dios, M. A., Anderson, B. J., Caviness, C. M., & Stein, M. (2014). Intimate partner violence among individuals in methadone maintenance treatment. *Substance Abuse*, 35(2), 190-193.

Dennison, S. & Thompson, C. (2011). Intimate partner violence: The effect of gender and contextual factors on community perceptions of harm, and suggested victim and criminal justice responses. *Violence and Victims*, 26 (3), 347-363.

Desmarais, S. L., Pritchard, A., Lowder, E. M., & Janssen, P. A. (2014). Intimate partner abuse before and during pregnancy as risk factors for postpartum mental health problems. *BMC Pregnancy and Childbirth*, 14(1), 132.

DiBello, A. M., Preddy, T. M., Øverup, C. S., & Neighbors, C. (2017). Understanding the context of romantic partner relational victimization: Links between relationship

satisfaction, depressive symptoms, and alcohol-related problems. *Psychology of Violence*, 7(4), 543-552. doi:10.1037/vio0000064

Dobash, R.E., & Dobash, R.P. (1979). *Violence against wives: A case against the patriarchy*. London: Open Books

Dobash, R. P., Dobash, R. E., Wilson, M. & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social Problems*, 39(1), 71-91.

Donovan, C. & Hester, M. (2010). 'I hate the word "victim"': An exploration of recognition of domestic violence in same sex relationships. *Social Policy and Society*, 9(2), 279-289 doi: 10.1017/S1474746409990406

Donovan, C. & Hester, M. (2014). *Domestic violence and sexuality: What's love got to do with it?* Bristol, UK: Policy Press

Drijber, B., Reijnders, U. & Ceelen, M. (2013). Male victims of domestic violence. *Journal of Family Violence*, 28, 173-178 doi: 10.1007/s10896-012-9482-9

Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, 11(5), 457-483

Dutton, D. & White, K. (2013). Male victims of domestic violence. *New Male Studies: An International Journal*, 2(1), 5-17

Eaton, L., Kaufman, M., Fuhrel, A., Cain, D., Cherry, C., Pope, H., & Kalichman, S. C. (2008). Examining factors co-existing with interpersonal violence in lesbian relationships. *Journal of Family Violence*, 23(8), 697-705.

- Eisikovits, Z., & Band-Winterstein, T. (2015). Dimensions of suffering among old and young battered women. *Journal of Family Violence, 30*(1), 49-62. doi:10.1007/s10896-014-9655-9
- Eldoseri, H. M., Tufts, K. A., Zhang, Q., & Fish, J. N. (2014). Adverse health effects of spousal violence among women attending Saudi Arabian primary health-care clinics. *Eastern Mediterranean Health Journal, 20*(11), 717-725.
- Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal associations between teen dating violence victimization and adverse health outcomes. *Pediatrics, 131*(1), 71-78.
- Fedovskiy, K., Higgins, S., & Paranjape, A. (2008). Intimate partner violence: how does it impact major depressive disorder and post traumatic stress disorder among immigrant Latinas?. *Journal of Immigrant and Minority Health, 10*(1), 45-51.
- Ferguson, C. (2011). Love is a battlefield: Risk factors and gender disparities for domestic violence among Mexican Americans. *Journal of Aggression, Maltreatment & Trauma, 20*, 227-236 doi: 10.1080/10926771.2011.546829
- Flanagan, J. C., Gordon, K. C., Moore, T. M., & Stuart, G. L. (2015). Women's stress, depression, and relationship adjustment profiles as they relate to intimate partner violence and mental health during pregnancy and postpartum. *Psychology of Violence, 5*(1), 66-73. doi:10.1037/a0036895
- FORGE. (2011). *Transgender & SOFFA Domestic Violence/Sexual Assault Resource Sheet*. Retrieved on 6th June 2017 from www.forge-forward.org/publications-resources/anti-violence-publications/page/7/

- Gao, W., Paterson, J., Abbott, M., Carter, S., & Iusitini, L. (2010). Pacific Islands Families Study: intimate partner violence and postnatal depression. *Journal of Immigrant & Minority Health, 12*(2), 242-248. doi:10.1007/s10903-008-9190-y
- Gao, W., Paterson, J., Abbott, M., Carter, S., Iusitini, L., & McDonald-Sundborn, G. (2010). Impact of current and past intimate partner violence on maternal mental health and behaviour at 2 years after childbirth: evidence from the Pacific Islands Families Study. *Australian & New Zealand Journal of Psychiatry, 44*(2), 174-182. doi:10.3109/00048670903487126
- Garcia-Morero, C., Jansen, H., Ellsberg, M. Heise, L. & Watts, C. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. *Lancet, 368*, 1260-1269 doi: 10.1016/S0140-6736(06)69523-8
- Gilbert, L., El-Bassel, N., Chang, M., Wu, E., Roy, L., Gilbert, L., & ... Roy, L. (2012). Substance use and partner violence among urban women seeking emergency care. *Psychology of Addictive Behaviors, 26*(2), 226-235. doi:10.1037/a0025869
- Goldberg, J. (2003). *Trans People in the Criminal Justice System: A Guide for Criminal Justice Personnel*. Retrieved on 7th June 2017 from <http://www.jibc.ca/search/gss/trans%20people%20criminal%20justice>
- Gomez-Beloz, A., Williams, M., Sanchez, S., & Lam, N. (2009). Intimate partner violence and risk for depression among postpartum women in Lima, Peru. *Violence & Victims, 24*(3), 380-398.

- Graham-Kevan, N. (2007). Domestic violence: research and implications for batterer programmes in Europe. *European Journal on Criminal Policy & Research*, 13, 213-225.
- Grose, S. & Cabrera, G. (2011). Intimate partner violence: Psychological aspects. *Cinahl Information Systems*.
- Halpern, C., Young, M., Waller, M., Martin, L. & Kupper, L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *Journal of Adolescent Health*, 35(2), 124-131.
- Hayati, E., Eriksson, M., Hakimi, M., Högberg, U., & Emmelin, M. (2013). 'Elastic band strategy': women's lived experience of coping with domestic violence in rural Indonesia. *Global Health Action*, 6(1), 1-12
- Heintz, A. & Melendez, R. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual and transgender individuals. *Journal of Interpersonal Violence*, 21(2), 193-208
- Hellemans, S., Loeys, T., Buysse, A., Dewaele, A., & De Smet, O. (2015). Intimate partner violence victimization among non-heterosexuals: prevalence and associations with mental and sexual well-being. *Journal of Family Violence*, 30(2), 171-188.
- Hellmuth, J. C., Gordon, K. C., Moore, T. M., & Stuart, G. L. (2014). The moderating effect of women's alcohol misuse on the relationship between intimate partner violence victimization and postpartum depression. *American Journal on Addictions*, 23(6), 613-615. doi:10.1111/j.1521-0391.2014.12137.x

- Hines, D. A., Brown, J. & Dunning, E. (2007) Characteristics of callers to the domestic abuse helpline for men. *Journal of Family Violence*, 22, 63-72, doi:10.1007/s10896-006-9052-0.
- Hines, D. & Douglas, E. (2010). A closer look at men who sustain intimate terrorism by women. *Partner Abuse*, 1(3), 286-313 doi: 10.1891/1946-6560.1.3.286
- Hines, D. A., & Douglas, E. M. (2011). Symptoms of posttraumatic stress disorder in men who sustain intimate partner violence: A study of helpseeking and community samples. *Psychology of Men & Masculinity*, 12(2), 112-127. doi:10.1037/a0022983
- Hines, D. A., & Douglas, E. M. (2016). Relative influence of various forms of partner violence on the health of male victims: Study of a help seeking sample. *Psychology of Men & Masculinity*, 17(1), 3-16.
- Hines, D., Douglas, E. & Berger, J. (2015). A self-report measure of legal and administrative aggression within intimate relationships. *Aggressive Behavior*, 41, 295-309 doi: 10.1002/ab.21540
- Hines, D. & Malley-Morrison, K. (2001). Psychological effects of partner abuse against men: A neglected research area. *Psychology of Men & Masculinity*, 2(2), 75-85
- HM Government. (2016). Ending violence against women and girls. Retrieved 26th March 2018 from <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>
- Hughes, H. M., Cangiano, C., & Hopper, E. K. (2011). Profiles of distress in sheltered battered women: Implications for intervention. *Violence and Victims*, 26(4), 445-460.

Jaffe, S. & Schub, T. (2011). Intimate partner violence: Physical abuse. *Cinahl Information Systems*.

Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57, 282-94. doi: 10.2307/353683

Johri, M., Morales, R. E., Boivin, J., Samayoa, B. E., Hoch, J. S., Grazioso, C. F., & ... Arathoon, E. G. (2011). Increased risk of miscarriage among women experiencing physical or sexual intimate partner violence during pregnancy in Guatemala City, Guatemala: cross-sectional study. *BMC Pregnancy & Childbirth*, 11(1), 49. doi:10.1186/1471-2393-11-49

Kim, J., Park, S., & Emery, C. (2009). The incidence and impact of family violence on mental health among South Korean women: results of a national survey. *Journal of Family Violence*, 24(3), 193-202.

Kunst, M., Bogaerts, S., & Winkel, F. (2010). Domestic violence and mental health in a Dutch community sample: The adverse role of loneliness. *Journal of Community & Applied Social Psychology*, 20(5), 419-425. doi:10.1002/casp.1040

Kunst, M. J., & van Bon-Martens, M. J. (2011). Examining the link between domestic violence victimization and loneliness in a Dutch community sample: A comparison between victims and nonvictims by Type D personality. *Journal of Family Violence*, 26(5), 403-410.

Lacey, K. K., Sears, K. P., Matusko, N., & Jackson, J. S. (2015). Severe physical violence and Black women's health and well-being. *American Journal of Public Health*, 105(4), 719-724.

Lansi, J. & Koch, G. (1977). The measurement of observer agreement for categorical data.

Biometrics, 33, 159-174

Langenderfer-Magruder, L., Whitfield, D., Walls, N., Kattari, S. & Ramos, D. (2016).

Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: Comparing rates of cisgender and transgender victimisation. *Journal of Interpersonal Violence*, 31(5), 855-871. doi: 10.1177/0886260514556767

Langhinrichsen-Rohling, J., McCullars, A., & Misra, T. A. (2012). Motivations for men and

women's intimate partner violence perpetration: A comprehensive review. *Partner Abuse*, 3(4), 429-468. doi: 10.1891/1946-6560.3.4.429

Langhinrichsen-Rohling, J., Misra, T. A., Selwyn, C. & Rohling, M. L. (2012). Rates of

bidirectional versus unidirectional intimate partner violence across sample, sexual orientations, and race/ethnicities: A comprehensive review. *Partner Abuse*, 3 (2), 199-230, doi:10.1891/1946-6560.3.2.199.

Lawrence, E., Yoon, J., Langer, A., & Ro, E. (2009). Is psychological aggression as detrimental

as physical aggression? The independent effects of psychological aggression on depression and anxiety symptoms. *Violence & Victims*, 24(1), 20-35.

Letellier, P. (1996). Twin epidemics: Domestic violence and HIV infection among gay and

bisexual men. In C. Renzetti & C. Miley (Eds.), *Violence in Gay and Lesbian Domestic Partnerships* (pp. 69-81). Binghamton, NY: Harrington Park Press

Loke, A., Wan, M. & Hayter, M. (2012). The lived experience of women victims of intimate

partner violence. *Journal of Clinical Nursing*. 21. 2336-2346. doi: 10.1111/j.1365-2702.2012.04159x

- Lombardi, E., Wilchins, R., Priesing, D. & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101. doi: 10.1300/J082v42n01_05
- Martin, C. E., Houston, A. M., Mmari, K. N. & Decker, M. R. (2012) Urban teens and young adults describe drama, disrespect, dating violence and help-seeking preferences. *Maternal and Child Health Journal*, 16(5), 957-966, doi: 10.1007/s10995-011-0819-4
- Martinez-Torteya, C., Bogat, G., von Eye, A., Levendosky, A., & Davidson WS, 2. (2009). Women's appraisals of intimate partner violence stressfulness and their relationship to depressive and posttraumatic stress disorder symptoms. *Violence & Victims*, 24(6), 707-722.
- Merrill, G. (1996). Ruling the exception: Same-sex battering and domestic violence theory. In C. Renzetti & C. Miley's (Eds.), *Violence in Gay and Lesbian Domestic Partnerships* (pp. 9-21). New York: Harrington Park Press
- Messinger, A. (2011). Invisible victims: Same-sex IPV in the national violence against women survey. *Journal of Interpersonal Violence*, 26(11), 2228-2243 doi: 10.1177/0886260510383023
- Morgan, K., Williamson, E. Hester, M., Jones, S. & Feder, G. (2014). Asking men about domestic violence and abuse in a family medicine context: Help seeking and views on the general practitioner role. *Aggression and Violent Behavior*. 19. 637-642. doi: 10.1016/j.avb.2014.09.008
- Morin, C. (2014). Re-traumatized: How gendered laws exacerbate the harm for same-sex victims of intimate partner violence. *New England Journal on Criminal & Civil Confinement*. 40 (2). 477-497.

Nayback-Beebe, A. & Yoder, L. (2012). The lived experiences of a male survivor of intimate partner violence: A qualitative case study. *MEDSURG Nursing*, 21(2) 89-95

The National Institute for Public Health and Mental Health Research. (n.d.). Pacific Islands Families Study. Retrieved 3rd January 2019 from: <https://niphmhr.aut.ac.nz/research-centres/centre-for-pacific-health-and-development-research/pacific-islands-families-study>

Nowinski, S. & Bowen, E. (2012). Partner violence against heterosexual and gay men: Prevalence and correlates. *Aggression and Violent Behavior*, 17, 36-52.

Office for National Statistics. (2018). *Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017*. Retrieved on 7th January 2019 from: <https://www.mankind.org.uk/wp-content/uploads/2018/04/35-Key-Facts-Male-Victims-March-2018-1.pdf>

Pace, R., Pluye, P., Bartlett, G., Macauley, A., Salsberg, J., Jagosh, J. & Seller, R. (2011). Testing the reliability and efficiency of the pilot mixed methods appraisal tool (MMAT) for systematic mixed studies review. *International Journal of Nursing Studies*. doi: 10.1016/j.ijnurstu.2011.07.002

Pantalone, D. W., Hessler, D. M., & Simoni, J. M. (2010). Mental health pathways from interpersonal violence to health-related outcomes in HIV-positive sexual minority men. *Journal of Consulting and Clinical Psychology*, 78(3), 387-397.
doi:10.1037/a0019307

Pantalone, D., Schneider, K., Valentine, S., & Simoni, J. (2012). Investigating partner abuse among HIV-positive men who have sex with men. *AIDS & Behavior*, 16(4), 1031-1043. doi:10.1007/s10461-011-0011-2

- Pengpid, S. & Peltzer, K. (2016). Intimate partner violence victimisation and associated factors among male and female university students in 22 countries in Africa, Asia and the Americas. *African Journal of Reproductive Health*, 20(1), 29-39
- Petticrew, M. (2001). Systematic reviews from astronomy to zoology: Myths and misconceptions. *British Medical Journal*, 322(7278), 98-101
- Pluye, P. & Hong, Q. (2014). Combining the power of stories and the power of numbers: Mixed methods research and mixed studies reviews. *Annual Review of Public Health*, 35, 29-45. doi: 10.1146//annurev-publhealth-032013-182440
- Pluye, P., Robert, E., Cargo, M., Bartlett, G., O’Cathain, A., Griffiths, F., Boardman, F., Gagnon, M.P., & Rousseau, M.C. (2011). Proposal: A mixed methods appraisal tool for systematic mixed studies reviews. Retrieved on [date] from <http://mixedmethodsappraisaltoolpublic.pbworks.com>. Archived by WebCite® at <http://www.webcitation.org/5tTRTc9yJ>
- Próspero, M. & Kim, M. (2009) Mutual partner violence: Mental health symptoms among female and male victims in four racial/ethnic groups. *Journal of Interpersonal Violence*, 24 (12) 2039-2056, doi:10.1177/0886260508327705.
- Próspero, M. & Vohra-Gupta, S. (2008). The use of mental health services among victims of partner violence on college campuses. *Journal of Aggression, Maltreatment & Trauma*, 16(4), 376-390 doi: 10.1080/10926770801926450
- Rahman, M., Nakamura, K., Seino, K., & Kizuki, M. (2013). Are survivors of intimate partner violence more likely to experience complications around delivery? Evidence from a national Bangladeshi sample. *The European Journal of Contraception & Reproductive Health Care*, 18(1), 49-60.

- Randle, A. & Graham, C. (2011). A review of the evidence on the effects of intimate partner violence on men. *Psychology of Men & Masculinity*, 12 (2), 97-111. doi: 10.1037/a0021944
- Renner, L. M., Habib, L., Stromquist, A. M., & Peek-Asa, C. (2014). The association of intimate partner violence and depressive symptoms in a cohort of rural couples. *Journal of Rural Health*, 30(1), 50-58. doi:10.1111/jrh.12026
- Rennie, D., Watson, K. & Monteiro, A. (2002). The rise of qualitative research in psychology. *Canadian Psychology*, 43(3), 179-189 doi: 10.1037/h0086914
- Reuter, T. R., Newcomb, M. E., Whitton, S. W., & Mustanski, B. (2017). Intimate partner violence victimization in LGBT young adults: Demographic differences and associations with health behaviors. *Psychology of Violence*, 7(1), 101-109. doi:10.1037/vio0000031
- Rhodes, K. V., Houry, D., Cerulli, C., Straus, H., Kaslow, N. J., & McNutt, L. A. (2009). Intimate partner violence and comorbid mental health conditions among urban male patients. *The Annals of Family Medicine*, 7(1), 47-55.
- Sabina, C., & Straus, M. (2008). Polyvictimization by dating partners and mental health among U.S. college students. *Violence & Victims*, 23(6), 667-682.
- Saunders, D. G. (1988). Wife abuse, husband abuse, or mutual combat? A feminist perspective on the empirical findings. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 90-113). Newbury Park, CA: Sage.
- Scott, S., & Babcock, J. (2010). Attachment as a moderator between intimate partner violence and PTSD symptoms. *Journal of Family Violence*, 25(1), 1-9. doi:10.1007/s10896-009-9264-1

- Scourfield, J., Roen, K. & McDermott, L. (2008). Lesbian, gay, bisexual and transgender young people's experiences of distress: Resilience, ambivalence and self-destructive behaviour. *Health and Social Care in the Community*, 16(3), 329-336 doi: 10.1111/j.1365-2524.2008.00769.x
- Shneyderman, Y., & Kiely, M. (2013). Intimate partner violence during pregnancy: victim or perpetrator? Does it make a difference?. *BJOG: An International Journal of Obstetrics & Gynaecology*, 120(11), 1375-1385.
- Siemieniuk, R., Miller, P., Woodman, K., Ko, K., Krentz, H., & Gill, M. (2013). Prevalence, clinical associations, and impact of intimate partner violence among HIV-infected gay and bisexual men: a population-based study. *HIV Medicine*, 14(5), 293-302. doi:10.1111/hiv.12005
- Sormanti, M., & Shibusawa, T. (2008). Intimate partner violence among midlife and older women: a descriptive analysis of women seeking medical services. *Health & Social Work*, 33(1), 33-41.
- Steinmetz, S. K. (1977). The battered husband syndrome. *Victimology*, 2(3-4), 499-509.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 75-88.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised conflict tactics scales (CTS2) development and preliminary psychometric data. *Journal of Family Issues*, 17(3), 283-316.
- Svavarsdottir, E., & Orlygsdottir, B. (2009). Intimate partner abuse factors associated with women's health: a general population study. *Journal of Advanced Nursing*, 65(7), 1452-1462. doi:10.1111/j.1365-2648.2009.05006.x

- Svavarsdóttir, E. K., Orlygsdóttir, B., & Gudmundsdóttir, B. (2015). Reaching out to women who are victims of intimate partner violence. *Perspectives in Psychiatric Care, 51*(3), 190-201.
- Swan, S., Gambone, L., Caldwell, J., Sullivan, T. & Snow, D. (2008). A review of research on women's use of violence with male intimate partners. *Violence and Victims, 23* (3), 301-314.
- Sylaska, K. & Edwards, K. (2015). Disclosure experiences of sexual minority college student victims of intimate partner violence. *American Journal of Community Psychology, 55*, 326-335 doi: 10.1007/s10464-015-9717-Z
- Tamres, L., Janicki, D. & Helgeson, V. (2002). Sex differences in coping behaviour: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review, 6*(1), 2-30
- The Scottish Trans Alliance. (2010). Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse. Retrieved on 2nd June 2017 from www.scottishtrans.org/resources/research-evidence/
- Thompson, M. P., Saltzman, L. E. & Johnson, H. (2003) A Comparison of Risk Factors for Intimate Partner Violence-Related Injury Across Two National Surveys on Violence Against Women. *Violence Against Women, 9*(4), 438-457, doi: 10.1177/1077801202250955
- Waldrop, A. & Resick, P. (2004). Coping among adult female victims of domestic violence. *Journal of Family Violence, 19*(5), 291-302
- Walker, J. (2015). Investigating trans people's vulnerabilities to intimate partner violence/abuse. *Partner Abuse, 6*(1), 107-125, doi: 10.1891/1946-6560.6.1.107

- Williams, J., Wyatt, G., Myers, H., Green, K., & Warda, U. (2008). Patterns in relationship violence among African American women: future research and implications for intervention. *Journal of Aggression, Maltreatment & Trauma, 16*(3), 296-310.
- Weaver, T. L., Resnick, H. S., Kokoska, M. S., & Etzel, J. C. (2007). Appearance-related residual injury, posttraumatic stress, and body image: Associations within a sample of female victims of intimate partner violence. *Journal of Traumatic Stress, 20*(6), 999-1008.
- West, C. (2002). Lesbian intimate partner violence: Prevalence and dynamics. *Journal of Lesbian Studies, 6*(1), 121-127 doi: 10.1300/J155v06n01_11
- Whitaker, D. J., Haileyesus, T., Swahn, M., & Saltzman, L. S. (2007). Differences in frequency of violence and reported injury between relationships with reciprocal and nonreciprocal intimate partner violence. *American Journal of Public Health, 97*(5), 941–947.
- Whitton, S., Newcomb, M., Messinger, A., Byck, G. & Mustanski, B. (2016). A longitudinal study of IPV victimisation among sexual minority youth. *Journal of Interpersonal Violence, 1*-34. doi: 10.1177/0886260516646093
- Zhan, W., Hansen, N., Shaboltas, A., Skochilov, R., Kozlov, A., Krasnoselskikh, T., & ... Abdala, N. (2012). Partner violence perpetration and victimization and HIV risk behaviors in St. Petersburg, Russia. *Journal of Traumatic Stress, 25*(1), 86-93. doi:10.1002/jts.21658