

Disclosure Experiences of Sexual Minority College Student Victims of Intimate Partner Violence

Kateryna M. Sylaska¹ · Katie M. Edwards¹

Published online: 7 April 2015

© Society for Community Research and Action 2015

Abstract Although research on disclosure following intimate partner violence (IPV) victimization is burgeoning, sexual minority young adults' (lesbian, gay, bisexual, queer, questioning, etc.; LGBQ+) experiences have not received equal attention. The current study employed the minority stress framework to examine disclosure experiences of LGBQ+ college students across the United States reporting physical IPV victimization within their current relationship ($n = 77$). Participants completed measures assessing minority stress and IPV disclosure, and answered open-ended questions regarding the most and least helpful persons/responses to disclosure or reasons for non-disclosure. Results indicated that approximately one-third (35 %) of victims disclosed to at least one person, with friends being the most common recipients. Thematic analyses indicated that talking or listening to the victim was considered the most helpful response and not understanding the situation least helpful. Reasons for non-disclosure centered on themes of the victims' perception that the IPV was not a big deal. Quantitative findings regarding physical IPV disclosure indicated that non-disclosers experienced greater minority stress than disclosers. The current study suggests the presence of differences between sexual minority (i.e., LGBQ +persons) and non-sexual minority persons, as well as between LGBQ+ young adults/college students and older adults and presents a theoretical structure (i.e., minority stress framework) through which these differences may be understood.

Keywords Intimate partner violence · Same-sex relationships · Disclosure · Social support · Minority stress

Introduction

Intimate partner violence (IPV) is an endemic problem in our society; and increasingly, researchers focus on the importance of understanding how various social identities (e.g., gender, sexual orientation) intersect with experiences of IPV. Although specific rates vary based on different methodologies employed (e.g., samples, measurement, time frame), overall research indicates that IPV occurs at roughly equal or higher rates among sexual minority (lesbian, gay, bisexual, queer, questioning, etc.; LGBQ+) individuals than heterosexual individuals (e.g., Messinger 2011; Walters et al. 2013).

Minority Stress Among Sexual Minority College Students

Researchers have argued that the IPV experiences of LGBQ+ persons are unique in several ways (e.g., stigma of being a sexual minority in heterosexist society, threats of social isolation if sexual minority status is revealed; Brown 2008; Duke and Davidson 2009; Lewis et al. 2012; McKenry et al. 2006), and that these observed differences may be understood through Meyer's (2003) minority stress framework. The minority stress framework may be particularly useful in conceptualizing the social and community influences on sexual minority young adults. Of particular relevance to sexual minority college students (the focal population of the current study) is the campus community, an environment which may vary in the degree to which minority stress influences (e.g., heterosexism, discrimination, victimization related to sexual

✉ Kateryna M. Sylaska
kateryna.sylaska@wildcats.unh.edu

¹ Department of Psychology, University of New Hampshire, Durham, NH 03824, USA

identity) are prevalent. Although some research indicates that sexual minority students generally perceive their campus community climate to be a positive one (e.g., Fine 2011), a body of work indicates that there is substantial variation in campus climate for LGBQ+ students (e.g., Rankin et al. 2010).

Indeed, several recent studies have examined the the experience of minority stress (e.g., internalized homonegativity, sexual identity concealment, perceptions and experiences of discrimination) on college campuses, emphasizing that social support can serve as a protective factor in the face of minority stress to buffer against negative impacts on academic outcomes (e.g., Woodford and Kulick 2015), and support psychological well-being and resiliency (e.g., Kosciw et al. 2015). Similar findings regarding social support and well-being and resiliency are also noteworthy among non-college student samples of sexual minority young adults (e.g., Detrie and Lease 2007; Zimmerman et al. 2015). Thus, the effects of social support in counteracting the negative effects of minority stress are not unique to college student samples; rather, the campus community climate structures a means of understanding variations in minority stress and may frame points of intervention for improving social support experiences of sexual minority college students.

Minority Stress and IPV Disclosure

Outside of campus communities specifically, minority stress has been examined as it relates to intimate partner violence. Of particular relevance to the current study, prior research has demonstrated that minority stress variables increase risk for IPV victimization and perpetration among LGBQ+ individuals (e.g., Balsam 2001; Balsam and Szymanski 2005; Carvalho et al. 2011). In addition to the influence minority stress has on victimization and perpetration of IPV, qualitative research has documented themes consistent with minority stress in IPV survivors' accounts of their help-seeking and disclosure processes. Across this research, survivors describe their perception of significant barriers preventing or discouraging disclosure to informal social supports (e.g., friends, family) as being related to their sexual identity status. For example, Irwin (2008) found that for some lesbian women, shame surrounding their own sexuality made them feel they could not disclose their IPV experiences. Other community samples of sexual minority men and women have underscored the fear that their sexual identity would be exposed as a reason for not disclosing IPV (Irwin 2008; St Pierre and Senn 2010).

Additionally, several qualitative studies have documented that the perceptions of stigma towards sexual minorities serves as a barrier to disclosing IPV experiences (St Pierre and Senn 2010; Walters 2011). Motivations for

non-disclosure were not just centered on perceptions of existing stigma, but also arose from a concern for the larger LGBQ+ community's image, and a fear of perpetuating discrimination of the LGBQ+ community; thus, participants also remained silent in an attempt to maintain positive, violence-free images of LGBTQ+ relationships (Hassouneh and Glass 2008; Ristock 2003; Turell and Herrmann 2008; see also Duke and Davidson 2009, for a discussion). Thus, although sexual minority college students express an interest in programming, education, and efforts directed at increasing awareness of IPV experiences among sexual minority individuals (Gaskins and Yankowski 2007), campus communities are also likely meeting with the resistance of distrust and isolation produced by a history of minority stress experiences (Brown 2008).

In conjunction with understanding victims' reasons for nondisclosure, it is imperative that we also understand the experiences of those who engage in forms of help-seeking. Having a clearer understanding of IPV disclosure and others' reactions following disclosure is especially important given that disclosure (and specifically positive reactions to disclosure) is associated with positive health outcomes among IPV survivors (see Sylaska and Edwards 2014, for a review). However, we found only one, older study that presented overall rates of disclosure among lesbian victims of IPV; among a sample of 100 community women identifying as lesbian victims of IPV, 78 % disclosed their experiences to another individual (Renzetti 1988). Renzetti's (1988) reported rate of disclosure is consistent with the range observed among samples of heterosexual victims (Sylaska and Edwards 2014).

Research assessing LGBTQ+ victims' disclosure of IPV has revealed that informal supports (specifically friends, followed by family members) are the most common recipients of disclosure and that these recipients are considered among the most helpful or supportive (Irwin 2008; McClennen et al. 2002; Merrill and Wolfe 2000; Renzetti 1988). However, little research has examined the specific reactions that are perceived as helpful or unhelpful to LGBQ+ victims of IPV. Renzetti (1988) indicated that the lesbian women in her sample found emotional and practical forms of support (e.g., providing a safe place to stay) as among the most helpful responses encountered. Alternatively, the sexual minority women interviewed by Turell and Herrmann (2008) indicated that being told to leave, in the absence of informational/emotional and practical support to help with this process, was unhelpful. Overall, this limited research suggests that LGBQ+ survivors of IPV reported that responses to disclosure perceived as helpful (e.g., emotional support, practical support) were important in facilitating their process of ending the relationship, with negative responses (e.g., being told to leave with no emotional support) hindering the leaving process (Irwin 2008;

Renzetti 1988; Turell and Herrmann 2008). These findings are consistent with research on reactions to IPV among heterosexual IPV victims (Sylaska and Edwards 2014).

With regard to formal support (e.g., doctors, counselors/therapists, law enforcement, community services) disclosure, victims generally report that formal supports are less helpful than informal supports (McClennen et al. 2002; Renzetti 1988). However, victims who encountered formal support services that specialized in helping LGBQ+ victims reported even more positive experiences with these formal supports than with their informal supports (Merrill and Wolfe 2000; Renzetti 1988). Thus, LGBQ+ individuals experience the added barrier of needing formal service providers who are sensitive to their unique needs.

Current Study

The current study sought to expand our understanding of the disclosure experience of LGBQ+ victims of IPV in a number of ways. First, we sought to explore the incidence and experiences of disclosure through a minority stress framework. Although this model has been used in understanding the incidence of IPV within LGBQ+ relationships, and themes consistent with minority stress theory can be observed in disclosure experiences noted within qualitative research, prior research has not applied the minority stress framework explicitly to the process of IPV disclosure. Second, although research on IPV in general (i.e., not specific to the LGBQ+ community) has documented the especially high rates of victimization occurring in mid-to-late adolescence (Fass et al. 2008; Miller 2011; Rennison and Welchans 2000; Smith et al. 2003), few studies have examined IPV experiences among LGBQ+ individuals within this age group (e.g., Jones and Raghavan 2012; Porter and Williams 2011), and none have explored LGBQ+ young adults' experiences with disclosure following IPV victimization. Given that there are documented differences in IPV disclosure experiences among adolescents and young adults compared to middle- and older- adults (see Sylaska and Edwards 2014 for a review), it is important that research is conducted specific to LGBQ+ adolescent and young adult experiences of IPV disclosure.

Thus, with the current study the researchers sought to explore the disclosure experiences of college students currently involved in a same-sex relationship characterized by physical IPV utilizing a mixed methodological approach. Specifically, the current study had four goals: (1) to survey the rates and recipients of disclosure among young adult LGBQ+ IPV victims; (2) to explore what was helpful and unhelpful to victims who had disclosed their IPV victimization; (3) to examine victims' barriers to disclosure; and (4) to analyze the role of minority stress in

victims' decisions to disclose. Following these study goals, we hypothesized that:

1. Most victims would disclose their victimization experiences to at least one individual.
2. Victims would cite empathic and practical support as the most helpful responses, whereas advice in the absence of other forms of support would be viewed as least helpful.
3. Victims' reasons for non-disclosure would reveal themes consistent with the minority stress framework.
4. Victims who did not disclose their IPV experiences would have higher scores on measures of minority stress than victims who disclosed.

Methods

Participants

Participants utilized in analyses for the current paper were obtained from a larger sample of 391 young adults currently involved in a same-sex relationship and attending a college or university in the United States (see Procedure section for more information on recruitment). Inclusion criteria for the overall study required that participants to be between the ages of 18 and 25, currently attending a college or university in the U.S., and currently involved in a romantic relationship with someone of the same sex. However, only participants reporting physical IPV victimization within their current relationship were included in the current analyses ($n = 77$).¹

Slightly more than half of the sample identified as a man (51.9 %), 42.9 % identified as a woman, 3.9 % identified as gender queer, and 1.3 % identified as transman. The majority of participants identified as gay or lesbian (75.3 %), 19.5 % identified as queer, and 2.6 % identified as bisexual. The average age of participants was 21.23 years ($SD = 1.93$), and ranged from 18 to 25 years. Over two-thirds of the sample (68.8 %) were Caucasian, 11.7 % were African American/Black, 7.8 % were Hispanic/Latino(a), 6.5 % were Asian or Pacific Islander, and 5.2 % were two or more races. Over half (54.5 %) reported that their family income level was less than \$50,000 per year; 27.3 % reported that it was between \$50,000 and \$100,000; and 18.2 % reported that it was \$100,000 or greater.

About two-thirds (67.5 %) of the sample attended public colleges/universities, another quarter of the sample

¹ Characteristics of the full sample ($N = 391$) with details regarding IPV victimization and perpetration rates are presented elsewhere (Edwards and Sylaska 2013).

(23.4 %) attended private, non-religiously affiliated colleges/universities, 7.8 % attended private, religiously affiliated colleges/universities, and 1.3 % attended a professional/trade college. Geographically, participants attended colleges/universities predominantly in the Midwest (31.2 %), Northeast (29.9 %) and West (24.7 %), with less representation from colleges/universities in the Southeast (14.3 %). The sample was fairly evenly split by class standing; 19.5 % were in their first-year, 20.8 % were in their second-year, 22.1 % were in their third-year, 16.9 % were in their fourth-year, 10.4 % were fifth-year or above, and 10.4 % were graduate students.

The sample predominantly reported that they were currently involved in a monogamous dating relationship (82.9 %), with 13.2 % reporting that they were partnered in an open relationship, and 3.9 % reporting that they were married, in a civil union, or domestic partnership with their partner. Length of participants' current relationship ranged from 1 month to 6 years, with an average length of 19.30 months ($SD = 15.96$); 37.7 % indicated that they were cohabitating with their current romantic partner.

Procedure

Participants provided informed consent prior to beginning the online survey. The survey could be completed in approximately 30 min, and participants were debriefed fully upon completion. Participants completing the survey also had the opportunity to enter themselves into a raffle to win one of ten \$100 gift cards. The research project and all procedures were approved by the university's institutional review board, and carried out by the researchers in full compliance with approved protocol.

Researchers employed several methods for recruiting a large and diverse sample of college/university-attending young adults currently involved in a same-sex relationship. E-mails were sent to (1) relevant personnel or administrative staff at a random sample of 250 colleges/universities across the US, and (2) members of the Consortium of Higher Education for LGBT Professionals requesting the online survey link, inclusion criteria, and other study information be distributed to relevant listservs or distribution lists. Over half (59.7 %) of participants reported hearing about the study through one of these two methods. Additionally, the researchers created Facebook advertisements (33.8 % was recruited via Facebook), posted on websites visited by LGBTQ+ youth, and employed snowball sampling methods by asking participants to share the survey link with other qualifying young adults (6.5 % was recruited by one of these other means).²

² Regarding differences by recruitment status: men were more likely than women to report hearing about the survey through Facebook;

Measures

IPV Within Current Relationship

The physical aggression subscale of the Revised Conflict Tactics Scale (CTS2; Straus et al. 1996) was used to assess participants' experiences of physical (12 items; e.g., "my partner twisted my arm or hair") IPV. Participants indicated the number of times their current romantic partner had performed each action during their relationship from 0 (*Never*) to 6 (*More than 20 times*). Participants who reported any physical IPV victimization were included in the current analyses. Frequency of physical victimization ranged from 1 to 108 incidents, with an average of 11.8 ($SD = 21.71$).

Disclosure

After completing of the physical aggression subscale of the CTS2, participants answered a series of follow-up questions based on their victimization experiences. Participants indicated their most severe or upsetting physical IPV experience and were directed to respond to the follow-up questions thinking of this specific experience.

Disclosure Recipients Participants were asked "With whom did you talk about this experience other than the person who did this to you?" and responded by checking each box to indicate all of the individuals to whom they disclosed. Participants were able to select among the following choices: I did not talk to anyone about the experience; straight friend(s); LGBT friend(s); sibling(s); parent(s); campus faculty or staff; counselor/therapist; medical doctor; law enforcement officer (e.g., police officer); priest, minister, etc.; other.

Open-Ended Questions Participants who reported that they had disclosed to at least one individual were asked about the most and least helpful reactions following disclosure (i.e., "which of the sources did you find were most helpful and what made them most helpful?" and "which (if any) sources did you find least helpful and what made them least helpful?"). Non-disclosers were asked one open-ended question about their reasons for not disclosing (i.e., "please explain why you decided not to tell anyone about the experience."). For all open-ended questions, respondents were provided with a large text box to type their answer; answers were not limited in length. Thirty-five

Footnote 2 continued

students who identified as queer and students in their fifth year/beyond or graduate students were more likely than students who did not identify as queer and those in their first four years of college to report hearing about the study through a campus e-mail/listserv.

percent of participants' responses to the open ended questions were missing or not interpretable (e.g., "all were helpful" in referring to least helpful person/response).³

Coding of the responses to open-ended questions was completed by the first author and five undergraduate students⁴ extensively trained in qualitative thematic analyses; additionally, the second author was consulted throughout the process. Researchers employed thematic analysis to derive themes from the data using an inductive approach with a focus on exploring the semantic level in analyses of themes (Braun and Clarke 2006). Coders began by familiarizing themselves with the data, generated initial codes and identified responses emblematic of the initial codes, and then collectively decided on a list of themes best characterizing the data and initial codes in an iterative process. The research team discussed any inconsistencies until consensus was reached and all agreed upon final codes or themes.

Minority Stress Constructs We employed several previously established scales to measure aspects of minority stress experienced by participants to ascertain how minority stress related to IPV disclosure.

Internalized Homonegativity Internalized homonegativity (IH) was assessed with the five-item internalized homonegativity subscale of the Gay, Lesbian, and Bisexual Identity Scale (GLBIS; Mohr and Fassinger 2000). Participants indicated the extent they felt negatively about their LGBTQ+ identity (e.g., "I would rather be straight if I could") on a scale from 1 (*Strongly disagree*) to 7 (*Strongly Agree*). Mean scores were computed, with higher scores indicating higher levels of internalized homonegativity. Alpha reliability was .88 for the current sample.

Need for Privacy The Need for Privacy (NP) subscale from the GLBIS (Mohr and Fassinger 2000) was also utilized in the current study. This six-item subscale measured participants' views that sexual orientation is private and that such information should be controlled based on negative consequences that could arise (e.g., "if you are not careful about who you come out to, you can get very hurt") on a scale from 1 (*Strongly disagree*) to 7 (*Strongly Agree*). Mean scores were calculated for the subscale, with higher scores reflecting stronger need for privacy. Cronbach's alpha was .84.

Identity Concealment Identity concealment was measured by the 11-item Outness Inventory (OI; Mohr and

Fassinger 2000). Participants indicated the degree to which they are open about their sexual identity with a list of individuals/groups of individuals representing friends, family members, work-related persons, religious community members, and strangers on a scale of 1 (*person definitely does not know about your sexual orientation status*) to 7 (*person definitely knows about your sexual orientation status and it is openly talked about*) with an option to indicate that the item was not applicable (*not applicable to your situation; there is no such person or group of people in your life*). Mean scores were computed for relevant items and this score was reversed so that higher scores would indicate higher levels of identity concealment. Cronbach's alpha for the current sample was .94.

Stigma We measured participants' perceptions of external prejudice or discrimination based on sexual identity using the 11-item Stigma Scale (SS; Martin and Dean 1987). Participants indicated the degree to which they agreed with 11 statements (e.g., "most people think less of a person who is LGBT") on a scale from 1 (*Strongly disagree*) to 6 (*Strongly Agree*). Mean scores were computed, with higher scores indicating greater perceptions of stigma. The reliability coefficient for the current sample was .85.

Results

Rates and Recipients of Disclosure

Roughly one-third ($n = 27$; 35.1 %) of physical IPV victims disclosed their IPV experiences to another individual, failing to support our first hypothesis that the majority of IPV victims would disclose. Disclosure did not vary by gender, sexual orientation, or any other demographic variables or recruitment method.

All participants who disclosed their physical IPV experiences, did so to at least one informal support, with most citing friends (both LGBT and heterosexual) as the disclosure recipient. Overall, 7.8 % ($n = 6$) of participants disclosed to at least one formal support in addition to their informal support(s); of formal supports, counselors or therapists were the most common recipient ($n = 5$). Thus, our second hypothesis that informal supports (and specifically friends) would be the most common sources of support was also supported. Table 1 presents the rates of disclosure by type of social support.

Helpful and Unhelpful Disclosure Experiences

Regarding the most helpful responses, participants commonly reported that the provision of empathic support (43 %; $n = 9$) and the disclosure recipients' talking or

³ For each set of responses, we probed for differences between open-ended question responders and non-responders on demographic and other measures used in the current study. We found that there were no differences on these variables between responders and non-responders.

⁴ Although a group this large is somewhat atypical for thematic coding, for learning and research experience purposes, several students were included in the coding process.

Table 1 Rates of disclosure to informal and formal social supports

Disclosure recipient	Disclosing (<i>n</i>)	Disclosing (%)
Any informal	27	35
Heterosexual friend	19	25
LGBT friend	19	25
Siblings	4	5
Parents	11	14
Other (informal)	2	3
Any formal	6	8
Campus faculty/staff	1	1
Counselor/therapist	5	6
Medical doctor	1	1
Law enforcement officer	2	3

listening to the victim (38 %; $n = 8$) were most helpful. Other helpful responses cited were providing practical support to the victim (24 %; $n = 5$) and giving advice (14 %; $n = 3$). Sample responses for each are presented in Table 2.

Although few participants indicated unhelpful responses, coders detected a theme of recipients not understanding the situation (24 %; $n = 5$). Other unhelpful responses involved recipients providing advice or trying to take control of the situation (10 %; $n = 2$). See Table 3 for sample responses. The themes obtained here lend support to our second hypothesis, that empathic and practical forms of support would be considered the most helpful responses and advice would be considered unhelpful.

Reasons for Non-disclosure

Among participants ($n = 50$; 64.9 %) who did not disclose their IPV experiences, perceiving the situation as “no big deal” or explaining the violence as not serious was the most commonly cited reason for nondisclosure (83 %; $n = 24$), followed by the perception that their IPV experiences were a private matter (21 %; $n = 6$), and concerns about others’ reactions (21 %; $n = 6$). The theme of having no one to tell (7 %; $n = 2$) was also noted during analysis. Sample responses for each of the nondisclosure categories are presented in Table 4. Although there were no explicitly identified themes of minority stress that were selected for the final list of themes during analysis, during coding of responses, some participants’ responses appear to illustrate constructs which overlap with minority stress (e.g., “I’m also not very open to other people about my relationships”), and other responses did not provide the detail necessary to indicate minority stress, above general concern (e.g., “What happens in my relationship is my personal business”). Therefore, the extent of support for Hypothesis 3 is inconclusive with the current data.

Non-disclosure and Minority Stress

A series of *t*-tests were computed to examine the role of minority stress variables in victims’ decisions to disclose IPV.⁵ Among participants who had experienced physical IPV, those who did not disclose IPV scored significantly higher on measures of identity concealment and need for privacy than those who disclosed IPV, $t(75) = 2.90$, $p = .005$, $d = .69$ and $t(74) = 2.76$, $p = .007$, $d = .68$, respectively. Although marginally significant ($t(74) = 1.95$, $p = .056$), a moderate effect ($d = .48$) was also observed for internalized homonegativity; non-disclosers of physical IPV had higher scores on internalized homonegativity than disclosers of physical IPV. There were no differences on perceived stigma associated with sexual minority status between disclosers and non-disclosers. Overall, Hypothesis 4 was supported as participants who disclosed reported lower levels on several minority stress markers than participants who had not disclosed; see Table 5 for descriptive statistics for each minority stress variable by disclosure status.

Discussion

The purpose of the current study was to examine disclosure of IPV victimization experiences among LGBQ+ college students. Whereas there is a growing body of literature focusing on IPV disclosure among heterosexual individuals and a few studies focusing on IPV disclosure among LGBQ+ community adults, this is the first study to examine IPV disclosure among a sample of LGBQ+ young adults. The current study demonstrated that LGBQ+ young adult IPV victims are less likely to disclose their experiences than not, and that informal supports (specifically friends) were the most common recipients of disclosure. Whereas empathic support was perceived as most helpful, disclosure recipients who failed to understand the situation were considered least helpful. For those who did not disclose, bivariate relationships indicated that physical IPV victims’ non-disclosure was related to several markers of minority stress; however, minority stress themes were not explicitly obtained from thematic analysis of open-ended responses.

Results indicate that, contrary to prior research, the majority of victims were unlikely to disclose their physical IPV victimization experiences to another person. The disclosure rate obtained in the current sample (i.e., 35 %) is roughly half the rate observed in previous research on lesbian women recruited from the community (78 % disclosed; Renzetti 1988) and among samples of heterosexual

⁵ Frequency of violence did not differ by disclosure status.

Table 2 Themes for most helpful responses, percentages, and illustrative examples

Theme (%)	Illustrative example(s)
Empathic support (43 %)	“Friends and family because you know that they love you no matter what and will always be there for you” “It was helpful to have their [friends’] support” “[Friends] understand him and me the best”
Talking or listening (38 %)	“I discussed my partner’s controlling behavior with a few of my LGBT friends. I talked to them mostly because they know my partner well and would better understand the context of the arguments/disagreements...My LGBT friends allowed me to vent so that I could talk to my girlfriend about her controlling-ness with less anger on my part” “It was helpful to talk about because I was able to explain the situation building up to the experience” “My friends....we talked [it] over completely”
Practical support (24 %)	“[Friends] helped both me and my partner come to terms with what happened” “[Friends] asked me if I was okay....and made sure that I understood that it wasn’t okay and asked me what they could do to help me”
Giving advice (14 %)	“She [friend] told me that I really should be having the discussion with my partner. I agreed, did so, and we worked things out and came to a compromise good for both of us in regards to the conflict we were engaging in” “Their [friends’] advice....helped me feel more able to bring up the minor incident of physical aggression with my partner”

Table 3 Themes for least helpful responses, percentages, and illustrative examples

Theme (%)	Illustrative example(s)
Not understanding the situation (24 %)	“When someone called the police, for example, when he was drunk and came home kicking me, and beating my face, I opened the door and the police put me in handcuffs and dragged me off. Just because I am bigger than my partner doesn’t mean I’m the aggressor, but that’s what they thought. I was bloodied and bruised and they took me because they thought i was ‘the man’ in our relationship” “Family that don’t understand my experiences” “Talking to parents made it least help [sic] because all they do is tell me that I probably asked for it”
Giving advice or taking control of the situation (10 %)	“In the past I have sought advice/help from my straight friends and have found them to be less helpful. Their personal experiences with men who are controlling them seem to be more threatening than my experiences with women and their advice tends to be majorly off the mark” “They [medical personnel] push for legal action and sometimes it isn’t required”

college students (e.g., 75 % reported by Edwards et al. 2012). This lower rate may reflect differences in sampling methodologies between the current study and Renzetti’s (1988), given that we recruited from a national sample of college students and participants reported only disclosure experiences following physical IPV within current relationships, whereas Renzetti employed a community sample who answered retrospectively about experiences with IPV. Given that disclosure rates did not differ by gender in our sample, it is possible that LGBQ+ victims of IPV disclose at rates lower than their heterosexual peers, as would be predicted by minority stress theory (Brown 2008). Future research is needed to compare directly rates of IPV disclosure among heterosexual and LGBQ+ young adult victims, as well as potential explanatory mechanisms (e.g., minority stress) of differences in disclosure rates, if they indeed exist.

Consistent with Renzetti’s (1988) findings, participants reported that empathically supportive responses were most

helpful, and engaging in practical forms of support (i.e., helping with problem solving) was also frequently cited as a helpful response. Results demonstrating the relatively common provision of empathic support and talking/listening to the victim are particularly promising given the importance associated with social support in prior research (e.g., Detrie and Lease 2007; Woodford and Kulick 2015; Zimmerman et al. 2015). Although our study did not measure more distal outcomes following the provision of social support, it is noteworthy that participants report receiving these reactions, and that they are subjectively recognizing the helpfulness that is provided with these reactions.

In contrast, responses that demonstrated that the disclosure recipient did not understand the situation was the dominant theme of unhelpful responses. Thus, the absence of empathic support is particularly salient to victims in considering unhelpful responses. It is also interesting that the theme of “advice” was noted for both the most and

Table 4 Themes for reasons for non-disclosure, percentages, and illustrative examples

Theme (%)	Illustrative example(s)
“No big deal” (83 %)	“It was very minor. He was drunk and annoyed (I was being kind of annoying). He didn’t mean to hurt me” “Because it was really not that severe” “It wasn’t a big deal—just got caught up in the moment” “I believed that it was not a huge issue and did not need to be talked about”
Private matter (21 %)	“No one’s business but our own” “Personal business, felt they wouldn’t understand situation” “It’s something people don’t need to know and as we were together it was a secret to most as we were in the same Sorority. Secrets make for unwanted attention from people sometimes that causes jealousy” “I’m also not very open to other people about my relationships”
Concerns about others’ reactions (21 %)	“Worried about being judged or having the people I tell think my [girlfriend] was a bad person” “I knew people would make it something it was not” “I didn’t want to spread something about my lover even if it may be something that is true, when it goes from one person to another it becomes far worse” “Because I do not want anyone to think badly of my fiancé”
No one to tell (7 %)	“I had no one to tell” “I had no one whom I can confidently talk to about my relationship”

Table 5 Means and standard deviations for minority stress variables by disclosure status

Variable	Overall	Discloser (<i>n</i> = 27; 35 %)	Non-discloser (<i>n</i> = 50; 65 %)
Internalized Homonegativity ^a	1.96 (1.24)	1.61 (0.94)	2.17 (1.35)
Need for Privacy ^a	4.21 (1.41)	3.65 (1.07)	4.54 (1.50)*
Identity Concealment ^a	3.18 (1.40)	2.60 (1.32)	3.52 (1.35)*
Stigma ^b	3.11 (0.81)	3.19 (0.91)	3.07 (0.76)

Standard deviations are presented in parentheses

* $p < .05$

^a Measured on a scale from 1 to 7

^b Measured on a scale from 1 to 6

least helpful response following disclosure. The mixed perceptions of the provision of advice have been noted in other studies assessing IPV disclosure among general, largely heterosexual, samples (e.g., Edwards et al. 2012). This finding may also be explained by Turrell and Herrmann’s (2008) study in which lesbian victims reported that it was unhelpful to be told to leave when this advice was not situated within a larger structure of emotional and practical support. Thus, perhaps the provision of advice is helpful when it is a part of an empathic process guided by the victim, but unhelpful when it reflects a support who is unsympathetic to the victim and seeking to take charge of the situation or find a quick fix to the problem, disregarding the feelings and wishes of the victim.

When minority stress variables were examined as they related to nondisclosure of IPV experiences in the quantitative analyses, we found that a number of internalized minority stress indicators were higher among non-disclosers (i.e., identity concealment, need for privacy, and

internalized homonegativity) than disclosers for physical IPV victims. It is possible that the internalization of minority stress (as measured by internalized homonegativity, need for privacy, and identity concealment) is related to disclosure, whereas external markers of stress (e.g., stigma, acts of discrimination) only influence disclosure insofar as they reinforce internalized markers of minority stress. That is, experiencing stigma may not influence disclosure independent of the shame or behavioral consequences (manifested in internalized markers of minority stress) which may result on an individual basis. Future research is needed to replicate, extend, and understand better the complex relationships among minority stress variables and different types of IPV, and especially in different sexual minority communities. Such research would lay the groundwork for campus climate-based intervention efforts to counteract the negative effects of minority stress on the victims’ decision not to disclose. Employing the community readiness framework (Plested et al. 2005), Turrell et al.

(2012) have framed an attempt to conceptualize and address IPV among sexual minority adults at the community-level. Future research may benefit from exploring the applicability of this model within campus community settings to address minority stress factors with a focus on prevention as well as providing helpful interventions for victims.

Limitations and Future Research

The current study employed a mixed methodological framework to assess LGBQ+ IPV victims' disclosure experiences. Although the presence of the open-ended questions is a strength that allowed for participants' elaboration of their experiences in their own words, only 65 % of IPV victims completed any portion of these questions, and the online nature of the study prevented additional probing of responses. However, participants who responded to the open-ended questions generally did not differ from participants who did not respond. Thus, it is unlikely that the less than optimal overall response rate influenced the patterns that emerged from the current study. Future work should employ mixed methodological techniques in formats that encourage the likelihood of the completion of qualitative portions as well as responses richer in detail and elaboration.

Second, the current research was designed to evaluate the most/least helpful response following disclosure. Although this information is invaluable as we seek to understand the ways support services should address the needs of IPV victims in general, and LGBQ+ victims specifically, it is also important to evaluate their perceptions of each support. This is especially crucial with regard to formal supports because formal supports present a more readily addressed population for intervention and educational efforts. Similarly, future research would benefit from expanding on reasons for non-disclosure to different types of support. That is, reasons for not disclosing to family members may take one form, whereas reasons for not disclosing to a counselor may reflect different themes. The current study was unable to assess these potentially important areas that are currently undocumented in existing research due to low cell sizes in these individual groups.

Third, the current study identified differences in the role of minority stress by type of IPV. Future research should replicate and extend this finding using a theoretically-driven framework, such as minority stress. This would be particularly useful in light of the unclear findings related to non-disclosure and minority stress (specifically, the "need for privacy" theme) obtained from thematic analysis of participants' responses. Future work should employ mixed-methodological techniques to assess participants' reasons for non-disclosure and how these may be related to specific aspects of minority stress, especially given the lower rates

of disclosure observed in the current sample of LGBQ+ young adults than identified in other populations. Research guided by the minority stress theory, specifically, may be especially useful in understanding the similarities and the sources of difference between LGBQ+ victims of IPV and heterosexual victims of IPV. Such an understanding is indispensable in education and intervention efforts for IPV victims as a whole, and providing support and services which are sensitive to the experiences and needs of victims.

Conclusion

Overall, this research frames both the similar and unique experiences of LGBQ+ young adults when considered alongside research on older, community samples of LGBQ+ adults and heterosexual samples of young adults. These parallels traverse both the most common sources of support sought, but also the nature of responses following disclosure and reasons for non-disclosure. Notably, the findings of the current research also indicate a number of areas that may outline the unique experiences of LGBQ+ young adults (e.g., considering their relationship and IPV experiences as private, and the potential influence of minority stress factors on the decision to disclose physical IPV victimization). Future research should continue to explore the utility of the minority stress framework in conceptualizing these differences and informing best practices for IPV community intervention and support services in relevant and meaningful ways.

Acknowledgments We thank Amaya Birk, Annie Crossman, Ryan Hebert, Amanda Mead, and Arianna Schaaff for their assistance coding the qualitative responses.

References

- Balsam, K. F. (2001). Nowhere to hide: Lesbian battering, homophobia and minority stress. *Women & Therapy, 23*, 25–37.
- Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly, 29*, 258–269.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. doi:10.1191/1478088706qp063oa.
- Brown, C. (2008). Gender-role implications on same-sex intimate partner abuse. *Journal of Family Violence, 23*, 457–464. doi:10.1007/s10896-008-9172-9.
- 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*, 501–509. doi:10.1007/s10896-011-9384-2.
- Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality, 53*, 173–199. doi:10.1080/00918360802103449.

- Duke, A., & Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18, 795–816.
- Edwards, K., Dardis, C., & Gidycz, C. A. (2012). Women's disclosure of dating violence: A mixed methodological study. *Feminism & Psychology*, 22, 507–517. doi:10.1177/0959353511422280.
- Edwards, K. M., & Sylaska, K. M. (2013). The perpetration of intimate partner violence among LGBTQ college youth: The role of minority stress. *Journal of Youth and Adolescence*, 42, 1721–1731. doi:10.1007/s10964-012-9880-6.
- Fass, D. F., Benson, R. I., & Leggett, D. G. (2008). Assessing prevalence and awareness of violent behaviors in the intimate partner relationship of college students using internet sampling. *Journal of College Student Psychotherapy*, 22(4), 66–75. doi:10.1080/87568220801952248.
- Fine, L. E. (2011). Minimizing heterosexism and homophobia: Constructing meaning of out campus LGB life. *Journal of Homosexuality*, 58, 521–546. doi:10.1080/00918369.2011.555673.
- Gaskins, J. L., & Yankouski, B. (2007). Addressing same-sex domestic violence in colleges and universities: GLBTQ student perspectives. *Division 44 Newsletter*, 23(2), 13–15.
- Hassouneh, D., & Glass, N. (2008). The influence of gender role stereotyping on women's experience of female same-sex intimate partner violence. *Violence Against Women*, 14, 310–325.
- Irwin, J. (2008). (Dis)counted stories: Domestic violence and lesbians. *Qualitative Social Work*, 7, 199–215. doi:10.1177/1473325008089630.
- Jones, C. A., & Raghavan, C. (2012). Sexual orientation, social support networks, and dating violence in an ethnically diverse group of college students. *Journal of Gay & Lesbian Social Services*, 24, 1–22. doi:10.1080/10538720.2011.611107.
- Kosciw, J. G., Palmer, N. A., & Kull, R. M. (2015). Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *American Journal of Community Psychology*, 55, 167–178. doi:10.1007/s10464-014-9642-6.
- Lewis, R. J., Millentich, R. J., Kelley, M. L., & Woody, A. (2012). Minority stress, substance use, and intimate partner violence among sexual minority women. *Aggression and Violent Behavior*, 17, 247–256. doi:10.1016/j.avb.2012.02.004.
- Martin, J. L. & Dean, L. (1987). *Summary of measures: Mental health effects of AIDS on at-risk homosexual men*. Unpublished manuscript.
- McClennen, J. C., Summers, A. B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay & Lesbian Social Services*, 14, 23–49.
- McKenry, P. C., Serovich, J. M., Mason, T. L., & Mosak, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence*, 21, 233–243. doi:10.1007/s10896-006-9020-8.
- Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help-seeking, and why they stay. *Journal of Homosexuality*, 39, 1–30.
- Messinger, A. M. (2011). Invisible victims: Same-sex IPV in the National Violence Against Women Survey. *Journal of Interpersonal Violence*, 26, 2228–2243. doi:10.1177/0886260510383023.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. doi:10.1037/0033-2909.129.5.674.
- Miller, L. M. (2011). Physical abuse in a college setting: A study of perceptions and participation in abusive dating relationships. *Journal of Family Violence*, 26, 71–80. doi:10.1007/s10896-010-9344-2.
- Mohr, J. J., & Fassinger, R. E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33, 66–90.
- Plested, B., Edwards, R., & Jumper-Thurman, P. (2005). *Community readiness: A handbook for successful change*. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.
- Porter, J., & Williams, L. M. (2011). Intimate violence among underrepresented groups on a college campus. *Journal of Interpersonal Violence*, 26, 3210–3224. doi:10.1177/0886260510393011.
- Rankin, S. R., Weber, G., Blumenfeld, W., & Frazer, M. S. (2010). *2010 State of higher education for LGBT people*. Charlotte, NC: Campus Pride.
- Rennison, C. M., & Welchans, S. (2000). *Bureau of justice statistics special report: Intimate partner violence*. Retrieved from <http://bjs.ojp.usdoj.gov>
- Renzetti, C. M. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. *Journal of Interpersonal Violence*, 3, 381–399. doi:10.1177/088626088003004003.
- Ristock, J. L. (2003). Exploring dynamics of abusive lesbian relationships: Preliminary analysis of a multisite, qualitative study. *American Journal of Community Psychology*, 31, 329–341.
- Smith, P. H., White, J. W., & Holland, L. J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health*, 93, 1104–1109.
- St Pierre, M., & Senn, C. Y. (2010). External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: An application of the Barriers Model. *Violence and Victims*, 25, 536–552. doi:10.1891/0886-6708.25.4.536.
- 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, 283–316. doi:10.1177/019251396017003001.
- Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse*, 15, 3–21. doi:10.1177/1524838013496335.
- Turell, S. C., & Herrmann, M. M. (2008). "Family" support for family violence: Exploring community support systems for lesbian and bisexual women who have experiences abuse. *Journal of Lesbian Studies*, 12, 211–224. doi:10.1080/10894160802161372.
- Turell, S., Herrmann, M., Hollander, G., & Galletly, C. (2012). Lesbian, gay, bisexual, and transgender communities' readiness for intimate partner violence prevention. *Journal of Gay & Lesbian Social Services*, 24, 289–310. doi:10.1080/10538720.2012.697797.
- Walters, M. L. (2011). Straighten up and at like a lady: A qualitative study of lesbian survivors of intimate partner violence. *Journal of Gay & Lesbian Social Services*, 23, 250–270. doi:10.1080/10538720.2011.559148.
- Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Woodford, M. R., & Kulick, A. (2015). Academic and social integration on campus among sexual minority students: The impacts of psychological and experiential campus climate. *American Journal of Community Psychology*, 55, 13–24. doi:10.1007/s10464-014-9683-x.
- Zimmerman, L., Darnell, D. A., Rhew, I. C., Lee, C. M., & Kaysen, D. (2015). Resilience in community: A social ecological development model for young adult sexual minority women. *American Journal of Community Psychology*, 55, 179–190. doi:10.1007/s10464-015-9702-6.