



Advancing an Integrated Theory of Sexual Minority Alcohol-Related Intimate Partner Violence Perpetration

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Abstract

Intimate partner violence (IPV) is a prevalent and serious public health problem. Alcohol use and misuse is one of the most well-known antecedents of IPV perpetration. However, minimal research examined whether alcohol use increases the risk for IPV perpetration among individuals who identify as a sexual minority (i.e., lesbian, gay, bisexual, or another non-heterosexual identity [LGB+]). This is particularly concerning given that rates of IPV and alcohol use are as high, if not higher, in LGB+ populations relative to their heterosexual peers. In this article we provide a brief review of existing alcohol-related IPV research among LGB+ populations, advance an integrated model of alcohol-related IPV perpetration among LGB+ populations, and discuss avenues for future research on this topic. Our review identified limited research on alcohol-related IPV perpetration among LGB+ populations, with no longitudinal or event level research on this topic. Incorporating tenets of minority stress models with models of alcohol-related IPV (i.e., I^3 and Alcohol Myopia Theory), we propose an integrated theory of alcohol-related IPV perpetration among LGB+ populations. Based on the limited information available in the literature, our integrated theoretical model suggests several avenues for future research on alcohol-related IPV perpetration among LGB+ populations. We discuss these future areas for research and the importance of incorporating sexual minority stress frameworks into these investigations.

Keywords Intimate partner violence · Alcohol · Sexual minority · Longitudinal · Minority stress

Intimate partner violence (IPV), including psychological, physical, and sexual aggression, is a serious and prevalent public health problem. Although there are a multitude of risk factors for perpetrating IPV, research supports alcohol as one of the most robust predictors of IPV perpetration across adolescent (Rothman et al. 2011), young adult (Shorey et al. 2011), and adult populations (Foran and O'Leary 2008). Moreover, research is clear that young adults who identify as a sexual minority (i.e., lesbian, gay, bisexual, or another non-heterosexual identity [LGB+]) are at equal or even greater risk for IPV perpetration and victimization (Edwards et al. 2015a, b) and alcohol use (Dermody et al. 2014) relative to their heterosexual peers. Despite this risk for IPV and alcohol use,

there is no published research on the temporal or longitudinal associations between drinking and IPV perpetration among LGB+ populations, hindering our knowledge of factors to target in IPV prevention programs for LGB+ populations. That is, temporal and longitudinal research provides critical information on antecedents to IPV perpetration, which provides information on the factors to target in IPV prevention and intervention programs (e.g., alcohol). This is particularly important due to prior research demonstrating that LGB+ populations are critical of violence prevention programs because of their heteronormative biases (Worthen and Wallace 2017). Specifically, most prevention programs for violence have been developed based on data from primarily heterosexual populations, with these programs failing to take into consideration factors that may be unique to LGB+ populations (e.g., minority stress experiences).

Thus, there is a serious need for studies that examine both the temporal and longitudinal relationships between alcohol use and IPV perpetration among LGB+ populations, while simultaneously considering the impact of sexual minority stress (i.e., stressors specific to identifying as a sexual minority, such as harassment, discrimination, and internalized homophobia)

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on this relationship. We believe that, despite strong evidence in primarily heterosexual populations that alcohol is a contributing cause of IPV perpetration (Leonard 2005; Leonard and Quigley 2017), we should not presume that this research generalizes to LGB+ populations and that empirical research is needed to determine these associations in LGB+ populations. Indeed, the Institute of Medicine (2011) concluded that research is needed on risk mechanisms among minority populations, which will inform the development of culturally sensitive interventions. Research on alcohol-related IPV perpetration among LGB+ populations will provide crucial information to inform IPV prevention programs. In this article, we present a very brief review of the prior research on alcohol-related IPV perpetration among LGB+ populations and then propose the integration of alcohol-related theoretical models of IPV with sexual minority stress models, concluding with suggested avenues for future research on this important topic.

Alcohol-Related IPV Perpetration in LGB+ Populations

In primarily heterosexual populations, researchers concluded that alcohol is a contributing cause of IPV perpetration (Leonard 2005; Leonard and Quigley 2017). This conclusion was reached after an abundance of research was conducted on alcohol-related IPV using a variety of designs, including cross-sectional, longitudinal, event-level, and experimental. Moreover, treatment outcome studies showed that reducing alcohol use was associated with reductions in IPV perpetration (Murphy and Ting 2010; Stuart et al. 2009). This cross-method convergence demonstrating alcohol to precede and increase the risk for IPV perpetration was crucial in concluding a causal effect of alcohol on IPV perpetration among primarily heterosexual populations. Although we are unaware of any theoretical or empirical reason to think that alcohol would also not be a contributing cause of IPV perpetration in LGB+ populations, the empirical research base to date does not allow for this determination. That is, unlike the cross-method convergence that supports this conclusion in heterosexual populations (Leonard 2005), research on the relation between alcohol and IPV perpetration among LGB+ populations is exclusively cross-sectional.

For instance, using a cross-sectional design with lesbian women, Mason et al. (2016) demonstrated that greater alcohol use and problems were positively associated with more frequent physical IPV perpetration. Among lesbian women, alcohol-related problems, drinking quantity, and the maximum number of drinks consumed were positively associated with bidirectional physical IPV (i.e., perpetrating and being victimized by physical IPV; Lewis et al. 2015). In one of the few studies to examine alcohol-related IPV among non-heterosexual men, Kelley and colleagues (Kelley et al. 2014)

demonstrated cross-sectionally that greater frequency of alcohol consumption was positively associated with more frequent physical IPV perpetration among gay, bisexual, or mostly heterosexual adult men. More recently, in another cross-sectional study, Martin-Storey and Fromme (2017) found that the number of times LGB+ young adults were intoxicated in the past 3 months was positively related to their physical IPV perpetration. A recent meta-analysis of risk factors for IPV in same-sex relationships identified alcohol misuse as a significant risk marker for IPV perpetration and victimization among men and women (Kimmes et al. 2017). Thus, it is safe to conclude that alcohol and IPV perpetration among LGB+ populations are associated, although potential casual assumptions about this association are unable to be made due to a reliance on cross-sectional designs.

Sexual Minority Stress and Alcohol-Related IPV Perpetration: An Integrative Framework

LGB+ populations experience a unique set of stressors relative to heterosexuals. These stressors are rooted in a construct termed sexual stigma, which represents socially shared knowledge that same-sex relationships are devalued (Herek 2007). Three manifestations of sexual stigma provide the basis for sexual minority stress as a unique determinant of IPV perpetration among LGB+ populations (Herek 2007). LGB+ populations' direct experience of stigma – termed enacted stigma – causes psychological distress and requires individuals to adapt psychologically to this stress, oftentimes in maladaptive ways. Even in the absence of direct stigma-based victimization, LGB+ populations can experience felt stigma. Felt stigma causes psychological distress due to the relatively constant expectation that one will be discriminated against and consequent heightened psychological vigilance required to monitor for such threats. Together, the psychological distress experienced in response to enacted and felt stigma is termed externalized sexual minority stress. In contrast, internalized stigma (also termed internalized sexual minority stress) refers to a LGB+ person's acceptance of sexual stigma into their self-concept. Herek's sexual stigma framework aligns well with the minority stress model (Meyer 2003), which posits that individuals who identify as a LGB+ experience both distal (e.g., enacted stigma) and proximal (e.g., discrimination, harassment, expectation of rejection, sexual orientation concealment, internalized homophobia) sexual minority stressors associated with their marginalized social status.

We advance an integrative theoretical framework of alcohol-facilitated IPV perpetration among LGB+ populations that invokes (1) a “meta theory” (I³ Model; Finkel and Eckhardt 2013) to organize risk and resilience factors at the individual and couple level, and (2) a proximal process theory (Alcohol Myopia Theory; Steele and Josephs 1990) to explain

the mechanism by which proximal alcohol use facilitates IPV among LGB+ populations as a function of individual differences in those factors (See Fig. 1). As these theories have been reviewed extensively elsewhere (Finkel and Eckhardt 2013; Giancola et al. 2010; Parrott and Eckhardt 2018), we will only provide a brief overview of their main points. According to Alcohol Myopia Theory, alcohol is believed to increase the risk for IPV due to alcohol’s effect on prefrontal cortex functioning and narrowing attention to salient, provocative stimuli. The I³ Model further postulates that acute alcohol intoxication interacts with instigating (e.g., partner provocation) and impelling (e.g., anger) risk factors to influence IPV perpetration. That is, alcohol may facilitate attentional focus toward negative affect, for example, while simultaneously reducing attentional resources to potentially adaptive emotions and behaviors, thus increasing the risk for IPV perpetration. In addition, when violence-inhibition factors are low (e.g., poor emotion regulation and coping skills), the ability to override violent behavior with adaptive responses is reduced, particularly when acutely intoxicated.

An integrated theoretical framework can inform the development of etiological models of alcohol-facilitated IPV perpetration among LGB+ populations and, in turn, culturally informed treatment and prevention efforts. Sexual minority

stress models identify unique stressors experienced by LGB+ populations. The presence of these stressors may not only explain the higher rates of alcohol use and IPV perpetration within LGB+ populations but may provide contexts that increase the likelihood that IPV perpetration will occur in the presence of alcohol use. That is, external and internal minority stressors may represent impelling factors for IPV perpetration (see Fig. 1) that, when paired with the myopic and disinhibitory effects of alcohol, may increase the likelihood of subsequent IPV perpetration. Exposure to sexual minority stressors may also deplete an individual’s cognitive resources, such that minimal resources are available to inhibit IPV perpetration (i.e., greater self-control depletion), particularly while intoxicated (Talley and Littlefield 2014).

Minority Stress, Alcohol, and IPV Perpetration In support of sexual minority stress theories, lifetime discrimination was related to physical IPV perpetration among LGB+ young adults (Martin-Storey and Fromme 2017) and psychological IPV perpetration among LGB+ youth (Edwards and Sylaska 2013) and lesbian and bisexual women (Balsam and Szymanski 2005). Cross-sectional studies supported a positive association between internalized homophobia and physical and sexual IPV perpetration among individuals who identify

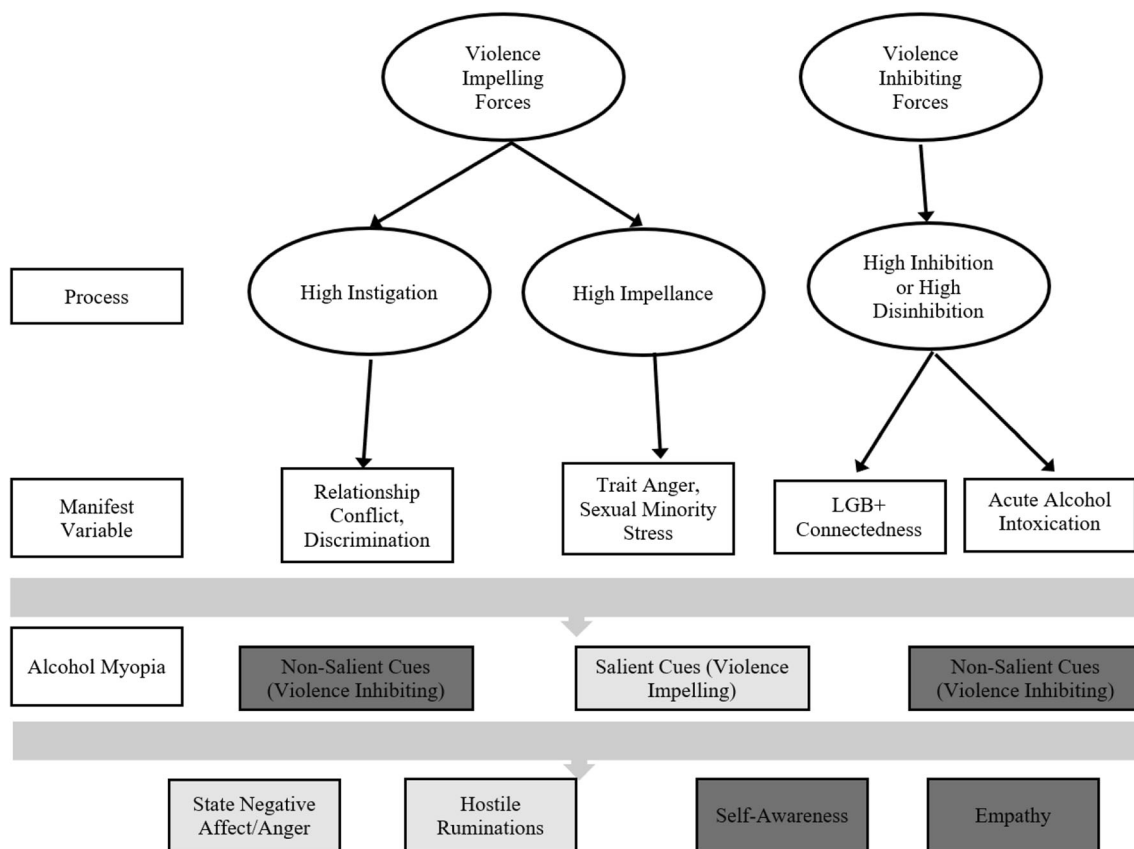


Fig. 1 Integrative theoretical model of alcohol-related IPV perpetration among LGB+ populations. Darker shading indicates less-salient, violence-inhibiting cues during alcohol myopia. Light shading indicates salient, violence-impelling cues during alcohol myopia

as LGB+, including college students (Edwards et al. 2015a, b; Edwards and Sylaska 2013). Research also supported a negative association between level of outness and IPV perpetration, such that individuals who were more open about their sexual identity were at lower risk for IPV perpetration (Edwards and Sylaska 2013). The relation between externalized sexual minority stress and IPV perpetration is likely mediated by other factors, including proximal alcohol use, anger, and internalized sexual minority stress (Balsam and Szymanski 2005; Edwards et al. 2015b). Only two studies, using samples of lesbian women, tested this hypothesis (Lewis et al. 2017; Mason et al. 2016) and found that externalized and internalized sexual minority stress facilitated IPV perpetration via perpetrator anger, perpetrator and partner alcohol use, and perpetrator alcohol problems.

Collectively, this literature provides strong support for an association between sexual minority stressors and IPV perpetration; however, the role of such stressors on risk for IPV perpetration in the context of alcohol use remains unclear. Our integrative framework for alcohol-related IPV perpetration in LGB+ populations can address this gap in the literature (Finkel and Eckhardt 2013; Parrott and Eckhardt 2018). Specifically, discerning the relative strength of I³ factors can inform predictions about the impelling effect of sexual minority stress on IPV perpetration. For instance, the effect of sexual minority stress on IPV perpetration is likely exacerbated by proximal alcohol use (a disinhibitor) and attenuated by inhibitory factors nonspecific to LGB+ populations (e.g., coping skills, emotion regulation) and specific to LGB+ populations (e.g., social connectedness to the sexual minority community, sexual minority-specific collective self-esteem). Unfortunately, extant studies utilized cross-sectional methods and relied solely on one partner's self-report, limiting the conclusions that can be drawn from this research. Thus, temporal and longitudinal IPV research is needed to examine the interaction of sexual minority stressors with alcohol use, which would identify critical intervention targets for IPV perpetration specific to LGB+ populations.

Methodological Considerations for Future Research

There are several important methodological considerations for future research on alcohol-related IPV perpetration in LGB+ populations. These methodological considerations align with our integrative theoretical framework, which is focused on temporal associations among alcohol and IPV. That is, specific methodological designs are needed to test our integrative theoretical framework. With that in mind, we focus on three designs that we believe are necessary for advancement in alcohol-related IPV perpetration research in LGB+ populations: longitudinal, event-level, and laboratory-based.

Longitudinal Designs All the published research on alcohol-related IPV perpetration in LGB+ populations was cross-sectional, hindering conclusions that can be made about the temporal ordering of alcohol and IPV. Thus, longitudinal studies are sorely needed, which will allow for the examination of whether alcohol predicts IPV perpetration over time. In addition, longitudinal research would allow for the examination of alcohol-related IPV perpetration among LGB+ populations across different stages of development (e.g., adolescence, young adulthood). This is important due to research demonstrating that risk for IPV perpetration from adolescence into young adulthood is high (O'Leary 1999) and IPV perpetration is stable from adolescence to young adulthood among individuals who identify as LGB+ (Shorey et al. 2018).

Event-Level Designs Alcohol is a contributing cause of IPV perpetration (Leonard 2005; Leonard and Quigley 2017; Parrott and Eckhardt 2018). As such, event-level designs are needed to examine temporal associations between alcohol and IPV perpetration among LGB+ populations. Daily diary designs, which allow for reporting of events in close-proximity to their occurrence, were utilized in recent years to examine alcohol-related IPV perpetration in primarily heterosexual populations (e.g., Moore et al. 2011; Shorey et al. 2014; Testa and Derrick 2014), as well as to examine various minority stress model constructs in LGB+ populations (Feinstein et al. 2017; Livingston et al. 2017). Despite researchers' calls for ecological momentary assessment (EMA), which allows for the reporting of behavior in real-time repeatedly throughout a day, in alcohol-related IPV research (Shorey et al. 2014; Testa and Derrick 2014), we are unaware of any published alcohol-related IPV perpetration research that used this design. Thus, daily diary or EMA research designs are sorely needed to provide critical information on the temporal association between alcohol, sexual minority stress, and IPV perpetration in LGB+ populations.

Experimental Designs Future research on alcohol-related IPV perpetration among LGB+ populations should also employ experimental designs that involve alcohol administration and assessment of laboratory-based IPV or related conflict. In these designs, individuals consume alcohol in the laboratory and then engage in (a) a laboratory-based aggression paradigm (e.g., Taylor Aggression Paradigm; Taylor 1967), in which participants are afforded the ostensible opportunity to inflict harm upon another participant via some noxious stimulus (e.g., electric shock, adverse noise, hot sauce, negative evaluation), or (b) a conflict resolution paradigm, in which couples discuss real-life disagreements (Leonard and Roberts 1998). As such, experimental, laboratory-based studies provide controlled conditions to determine whether alcohol facilitates aggression toward one's intimate partner. As reviewed elsewhere, the laboratory setting is ideally suited

for examining both distal and proximal moderating and mediating mechanisms of alcohol-related IPV perpetration (Eckhardt et al. 2015). Laboratory-based methods are well-established in the study of alcohol-related IPV with heterosexual populations (e.g., Watkins et al. 2014) and alcohol-related aggression broadly (e.g., Crane et al. 2018; Gallagher and Parrott 2016). However, we are unaware of controlled, laboratory-based research that assessed alcohol-related aggression in LGB+ populations. Thus, laboratory-based aggression paradigms could examine how proximal and distal minority stress variables (e.g., internalized homophobia, identity concealment; sexual minority stress elicited during laboratory tasks) impact risk for alcohol-related IPV perpetration in a laboratory setting.

Additional Directions for Future Research

Dyadic Studies IPV is a dyadic behavior that requires both partners (Testa and Derrick 2014). To account for this, research in heterosexual couples has modeled IPV perpetration risk via Actor-Partner Interdependence Models (APIM). This approach provides the unique ability to examine the effects of both partners' alcohol use and other risk factors on both partner's IPV perpetration while accounting for the other partner's alcohol use, risk factors, and IPV perpetration. Cross-sectional studies have modeled these effects in heterosexual couples (e.g., Leone et al. 2016; Parrott et al. 2017; Sprunger et al. 2015; Testa et al. 2012; Woodin et al. 2014) and highlight how both partners' alcohol use contributes to IPV perpetration. However, few studies of heterosexual couples – and no studies of couples where at least one member of the dyad identifies as LGB+ – used an APIM framework to model the proximal effect of alcohol on IPV perpetration via longitudinal (Testa and Derrick 2014) or laboratory-based methods (Watkins et al. 2014). Collectively, this work suggests that conclusions about the proximal effect of alcohol on IPV perpetration will be limited if the interpersonal nature of IPV is not considered. Applying an APIM framework to the study of alcohol-related IPV perpetration in LGB+ populations is consistent with the Institute of Medicine's (2011) prioritization of a social-ecological perspective in the study of LGB+ health.

Intersectionality Although we discussed the need for alcohol-related IPV research in a specific population, individuals who identify as LGB+, we are mindful that there are additional indicators of diversity and social group membership within LGB+ populations that are important to consider in this line of research. Intersectionality, which includes analytic approaches to simultaneously take into consideration the consequences and meaning of having multiple forms of identity, disadvantage, and difference (Cole 2009), is important to consider in alcohol-related IPV research among LGB+

populations. For example, individuals who identified as LGB+, who also identified as a member of a racial or ethnic minority group (e.g., Black/African American; Hispanic), were at risk for poorer physical and mental health outcomes relative to individuals who only identified as a member of one minority group (e.g., Mereish and Bradford 2014; Veenstra 2011). Although White adults endorsed higher rates of alcohol use, Black and Hispanic adults experienced more serious alcohol-related consequences (Chartier and Caetano 2010). Research also suggested that individuals who identify as a racial or ethnic minority may be at increased risk for IPV (Black et al. 2011), and alcohol-related IPV (Caetano et al. 2001). Additionally, some research suggested that Black lesbians endorsed higher annual rates of heavy drinking and alcohol problems than did White lesbians (Hughes et al. 2006).

Thus, it is plausible that LGB+ populations who also identify as a member of another minority group (e.g., racial or ethnic minority) may be at even greater risk for alcohol misuse and alcohol-related IPV. However, we are unaware of any research on how intersectionality among individuals who identify as LGB+ impacts risk for alcohol-related IPV perpetration. Importantly, most studies on IPV among LGB+ populations do not assess for biological sex, sexual orientation, and gender identity of both the participant and their partner, hindering efforts at examining intersectionality among both dyad members. As discussed previously, analytic methods such as APIM are well suited for examining alcohol-related IPV perpetration, and these analytic methods are also appropriate for examining the impact of intersecting identities. Thus, more precise measurement of participants and their partners' intersecting social identities is required in future alcohol-related IPV research among LGB+ populations.

Transgender and Gender-Nonconforming Populations It should also be noted that we believe our integrated theoretical framework discussed above, with some modification, could be extended to transgender and gender-nonconforming people. Indeed, rates of IPV (e.g., Henry et al. 2018) and alcohol use and problems (e.g., Tupler et al. 2017) are as high, if not higher, among transgender and gender-nonconforming people relative to cisgender people, and the minority stress model has been extended to transgender people (Hendricks and Testa 2012). However, given the differences between gender minorities and LGB+ populations, careful attention needs to be paid to the literature and the unique challenges that transgender and gender-nonconforming people face. Because the purpose of the present article was to focus specifically on LGB+ populations, we call on researchers, clinicians, and advocates to extend and apply our work to gender minorities.

Other Considerations Although it is outside the scope of the present manuscript to review all the important methods researchers should consider when conducting alcohol-related

IPV perpetration research among LGB+ populations, there are several additional considerations worth mentioning. Future research on this topic should consider the impact that sexual identity and sex has on these associations. That is, research suggested that individuals who identify as bisexual have different experiences than individuals who identify as lesbian or gay, including greater rates of IPV (Turell et al. 2018) and alcohol use (e.g., Kerr et al. 2015). This may be due, in part, to experiencing “double discrimination” (i.e., discrimination from both sexual minority and heterosexual populations; Ochs 1996). Thus, research should examine differences between sexual minority groups (e.g., lesbian, gay, bisexual) on alcohol-related IPV perpetration when power allows for these comparisons. Regarding sex differences, there has been an ongoing debate in the IPV field of possible sex differences in rates of IPV perpetration (Shorey et al. 2016; Straus 2007), and there is research to suggest that consequences of IPV victimization may be more severe for women relative to men (Archer 2000; Caldwell et al. 2012). Therefore, taking into consideration sex differences will also be important for future research on alcohol-related IPV among sexual minority populations.

Alcohol and IPV Victimization Although IPV perpetration was the focus of this article, we strongly urge researchers to examine alcohol use in response to IPV victimization among LGB+ populations. Consistent with the literature on alcohol and IPV perpetration among primarily heterosexual populations, there is an abundance of cross-sectional, temporal, and longitudinal research demonstrating that alcohol use and IPV victimization are associated in heterosexual populations (e.g., Devries et al. 2014; Haynes et al. 2017). However, except for a few cross-sectional studies (i.e., Felix et al. 2015; Hughes et al. 2014), minimal research has examined the association between alcohol use and IPV victimization in LGB+ populations. Moreover, research suggested that sexual minority stress and other forms of mistreatment (e.g., IPV victimization) may have a synergistic effect, creating a heightened risk for subsequent alcohol consumption (Livingston et al. 2017). It follows that individuals who identify as LGB+ may be at heightened risk for alcohol use when they experience both sexual minority stressors and IPV victimization. Thus, there is a need for research on whether IPV victimization is temporally or prospectively associated with increased alcohol use among LGB+ men and women, as well as the impact that sexual minority stress has on this association.

Conclusion

In summary, there is a critical need for research on alcohol-related IPV perpetration among individuals who identify as LGB+. This line of research is important due to prior

investigations demonstrating that rates of IPV perpetration and alcohol use are as high, if not higher, among LGB+ populations relative to their heterosexual peers, as well as research documenting robust associations between alcohol and IPV perpetration in primarily heterosexual populations. Research that utilizes an integrative model of alcohol-related IPV perpetration for LGB+ populations, such as the framework proposed above, will be able to take into consideration the unique experiences of individuals who identify as LGB+, as these experiences (e.g., discrimination, harassment) may influence alcohol-related IPV perpetration. Our integrative model could also be adapted to support research on alcohol-related IPV perpetration among gender minority populations, as well as the impact that intersectionality may have on these associations. Research that incorporates longitudinal, event-level, and laboratory-based designs are sorely needed.

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