

The Consequences of Intimate Partner Violence Victimization By Sexual Orientation

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During the past several decades, research has consistently demonstrated the effect that exposure to trauma has on physical and mental health (Dutton et al., 2006). For example, trauma exposure has been significantly related to physical health problems, with individuals exposed to trauma reporting poorer health status (Green & Kimerling, 2004). More specifically, research has dedicated a significant amount of time and energy to exploring the relationship between adverse health effects and trauma in the form of intimate partner violence (IPV) victimization. Research has repeatedly found that victims of IPV have higher rates of depression, a greater likelihood to use alcohol and/or drugs, and are more likely to suffer from physical health issues than non-victims (Campbell & Soeken, 1999; Dutton et al., 2006).

Despite the existing patterns relating to IPV victimization, less is understood about how sexual orientation may condition the effects of IPV. This gap in the research is significant for a number of reasons. One is related to the lack of domestic violence shelters designed specifically for non-heterosexual individuals (Messinger, 2011). Information pertaining to the prevalence of consequences of IPV for non-heterosexual victims could be crucial during the development of such shelters, especially if non-heterosexuals experience a higher likelihood of negative consequences. Understanding more about the nature of adverse health issues and IPV may help in designing victim service related programs specific to non-heterosexual victims.

This report presents results using data from the National Violence Against Women survey to compare the consequences of IPV in the form of depression, physical health, and alcohol and drug use between heterosexual and non-heterosexual individuals. The full study will be published in an upcoming issue of the journal *Women & Criminal Justice*.

Sample

The National Violence Against Women Survey (NVAWS) was conducted between November 1995 and May 1996. Random digit dialing was used to acquire a nationally representative sample of 8,000 women and 8,005 men who were 18 years of age or older, from all 50 states plus the District of Columbia (Tjaden & Thoennes, 2000). This study uses data from respondents who reported a current or former romantic cohabitating

Table 1. Descriptive Characteristics of Respondents

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Age	45.1
Gender	
Female	51.1%
Male	48.9%
Race	
White	82.3%
African American	8.0%
Other	9.8%
Ethnicity	
Hispanic	7.1%
Non-Hispanic	92.9%
Employment	
Employed part or full time	70.0%
Unemployed/Not working	30.0%
Education	
Less than high school diploma	10.3%
High school diploma or greater	89.7%
Sexual Orientation	
Heterosexual	99.0%
Homosexual	1.0%

or marital relationship. In total, 7,216 female and 6,893 male respondents were included in the analysis.

The sample was split almost evenly by gender (48.9% were male, 51.1% were female). The majority of the respondents were white (82.3%), while African Americans and other races made up 8.0% and 9.8% of the sample, respectively. Almost 92.9% of the respondents were non-Hispanic, and the average age was just over 45. The bulk of the sample was employed at least part time (70.0%) and had at least a high school diploma (89.7%).

Sexual orientation was measured based on the respondent's romantic-cohabitating or marital relationship history. Respondents were identified as heterosexual if they reported only an opposite-sex relationship history. Respondents were identified as non-heterosexual if they reported having at least one same-sex relationship. Mirroring other measurements of sexual orientation, one percent of our sample was identified as non-heterosexual.

Sexual Orientation and IPV Victimization

The first set of analyses examines the relationship between sexual orientation and experiences of IPV victimization. As seen in Figure 1, although heterosexual individuals have a higher rate of verbal victimization than non-heterosexual individuals (12.4% vs. 11.3%), in all other categories this pattern is reversed. Just over 21 percent of non-heterosexual respondents have experienced control victimization, compared to just under 17 percent of heterosexual respondents. More than twice the number of non-heterosexual individuals have experienced physical or sexual victimization than heterosexuals (32.5 vs. 14.5%). Finally, almost half of non-heterosexuals (47.9%) have been a victim of at least one form of IPV, while just under a third (32.3%) of heterosexuals have been a victim of any form of IPV.

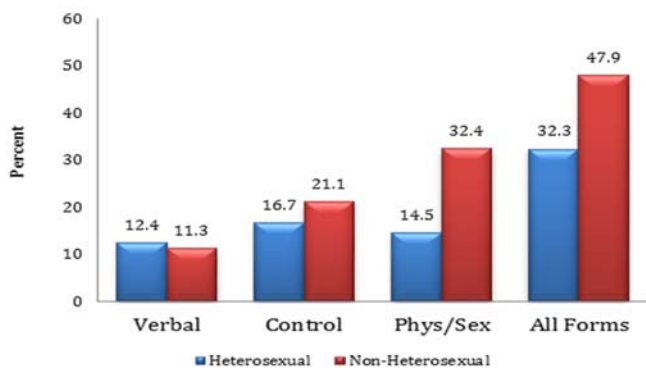


Figure 1. IPV Victimization by Sexual Orientation Group

The Effects of Intimate Partner Violence

DEPRESSION

A second set of analyses examines the overall consequences of IPV victimization. Across all four categories of IPV, individuals who had been victimized had higher depression scores than non-victims. As shown in Figure 2, depression scores across all four categories were similar. Victims of verbal IPV had an average depression score of 16.68 compared to the average score of 14.86 of non-victims. The average score of control victims was 16.38 compared to the average score of non-victims was 14.82. Victims of physical or sexual IPV had a score of 16.60, while non-victims had a score, once again of 14.82. Finally, the depression

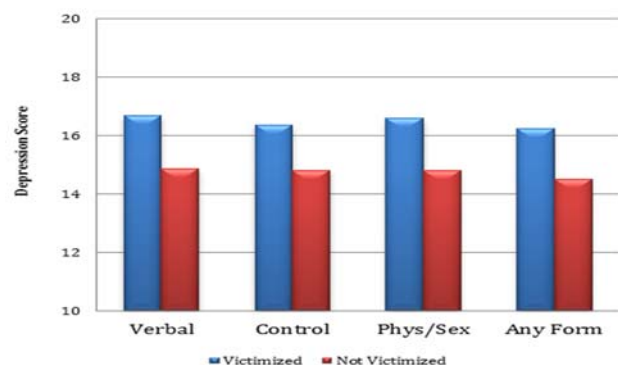


Figure 2: Depression Score by Type of IPV Victimization

score of individuals who have been a victim of any form was 16.26, while non-victims had a depression score of 14.52

HEALTH ISSUES

Figure 3 displays the breakdown of IPV types and the percentage of each group that have had health issues. In all IPV categories, victims had higher rates of health issues compared to non-victims. Just under one-third of victims of verbal IPV (31.3%) have had health issues, compared to 26.5% of non-victims. Nearly 29% of victims of control IPV and almost 27% of non-victims have had health issues. Finally, over 32% of victims of physical and sexual IPV and 30.2% of victims of at least one form of IPV have had health issues.

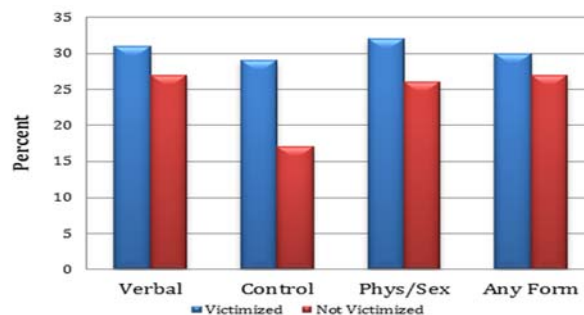


Figure 3: Health Issues by Type of IPV Victimization

ALCOHOL USE

Alcohol use was measured on a scale in which a higher score indicated higher alcohol consumption. The scores of victims of IPV and non-victims are presented in Figure 4. The average alcohol score of a victim of verbal IPV was 5.66 compared to a score of 5.00 for non-victims. Victims of control IPV had a score of 5.30, while non-victims had an alcohol score of 5.04. Surprisingly, the score for victims of physical/sexual IPV was very similar to that of non-victims (5.02 compared to 5.09). Finally, victims of at least one form of IPV had a score of 5.27 compared to a score of 5.00 for non-victims.

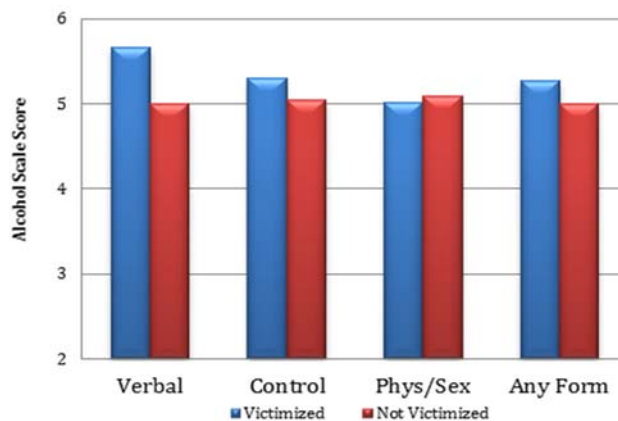


Figure 4: Alcohol Use Score by Type of IPV Victimization

DRUG USE

As shown in Figure 5, 24.9% of victims of verbal IPV have used drugs, compared to the 16.6% of non-victims. Almost 23% of control victims and 16.7% of non-victims have also participat-

ed in drug use. Victims of physical and sexual IPV had the highest rate of drug use as almost 27% of these victims have used drugs. Just over 16% of non-victims also used drugs. Finally, 23.6% of victims of at least one form and 14.8% of non-victims have participated in drug use.

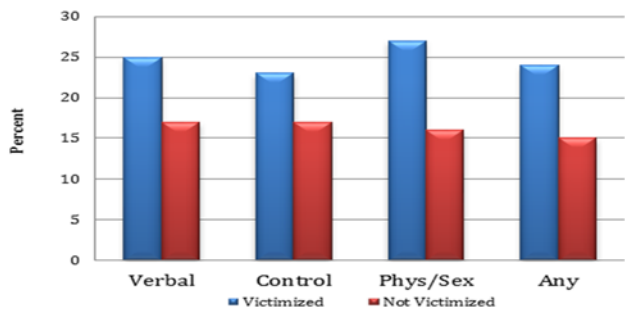


Figure 5: Drug Use by Type of IPV Victimization

Health Effects by Victimization and Sexual Orientation

To compare health effects between sexual orientation groups, the scores of the four health effects were examined for the interaction of victimization status (of being a victim of at least one form of IPV) and sexual orientation (heterosexual vs. non-heterosexual). For each health effect, the score of the four groups are presented to allow for comparison both within groups and between groups.

DEPRESSION

Figure 6 presents the depression scores for the four groups, and once again a higher score indicated greater depression issues. Not surprisingly, victims of at least one form of IPV in both sexual orientation groups had higher depression scores than non-victims. Heterosexual victims had an average depression score of 16.26, a score which is slightly higher than the depression score of 16.07 for non-heterosexual IPV victims. However, non-victims who were heterosexuals had a higher score than non-victimized heterosexuals (16.01 vs. 14.51).

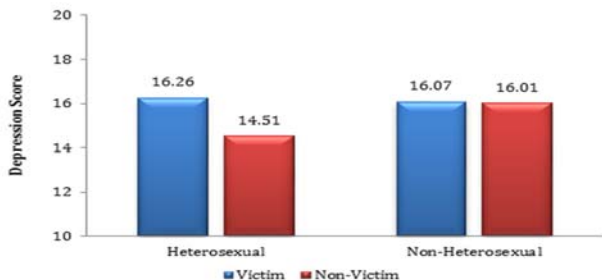


Figure 6: Depression Scores by Sexual Orientation

HEALTH ISSUES

The percentage of each group who have had health issues are presented in Figure 7. Once again, victims of any form of IPV in both sexual orientations groups had higher rates of health issues than non-victims. Thirty percent of heterosexual victims and 32 percent of non-heterosexual victims have experienced health issues. However, only 22% of non-heterosexual non-

victims have had health issues compared to the 26% of non-victimized heterosexuals.

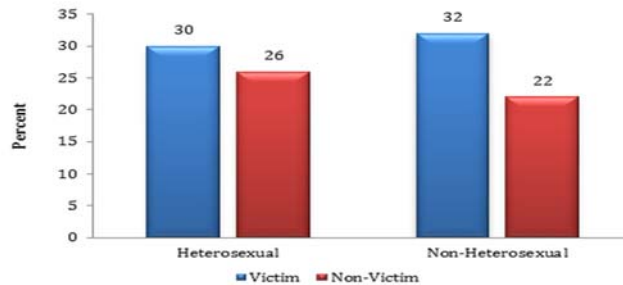


Figure 7: Health Issues by Sexual Orientation and IPV Victimization

ALCOHOL USE

Figure 8 shows the average alcohol use scores by sexual orientation and IPV victimization. The average score of heterosexual victims was 5.24, and the average score of non-heterosexual victims was 6.85. However, while the average score of non-victimized heterosexuals was lower than heterosexual victims (4.98 vs. 5.24), the score of non-victimized non-heterosexuals was higher than the victimized group (7.55 vs. 6.85).

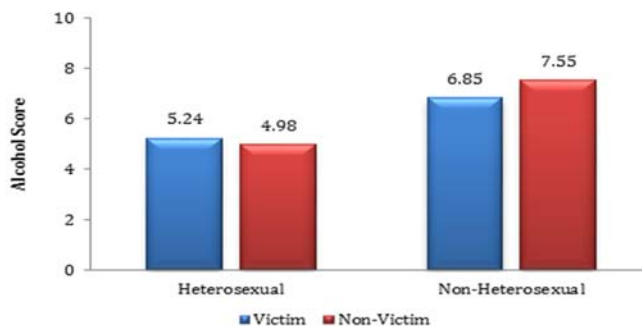


Figure 8: Alcohol Use Score by Sexual Orientation and IPV Victimization

DRUG USE

The final comparison examines the percent of each group that has used drugs at least once. Seen in Figure 9, 23% of heterosexual victims and 35% of non-heterosexual victims have used drugs. While only 15% of non-victimized heterosexuals have used drugs, 26% of non-victimized non-heterosexuals have used drugs.

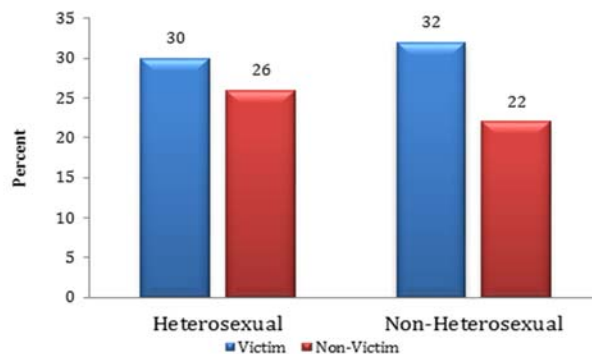


Figure 9: Drug Use by Sexual Orientation and IPV Victimization

Conclusion

Research in criminal justice has been dedicated to understanding IPV, its offenders, victims, and effects for a number of years. Recently, research has begun to explore the role of sexual orientation. For example, the literature has found non-heterosexual individuals to be at a greater risk for IPV victimization (Messinger, 2011). Research has also focused on increased health issues such as substance use, mental health, and physical health issues as a result of IPV victimization (Campbell & Soeken, 1999; Dutton et al., 2006;). Bridging these areas of IPV research, this work focused on examining how the victim's sexual orientation may influence the likelihood of adverse effects of IPV victimization. Using data from the National Violence Against Women survey, four possible effects (depression, alcohol use, drug use, and health issues) of IPV were compared between heterosexual and non-heterosexual individuals.

The differences found between heterosexual and non-heterosexual IPV victims highlight the importance of sexual orientation scholarship. Although possible causes of IPV may be common across sexual orientation groups, additional causes and stressors in relationships, such as stress associated with sexual minority status or internalized homophobia, are unique to non-heterosexuals (Messinger, 2011). In conjunction with

differences in the possible cause of IPV, our research found differences in the effects of IPV victimization, including greater prevalence of drug use and health issues for non-heterosexual IPV victims. Additionally, by determining which specific IPV effects have the greatest impact on non-heterosexual victims, shelters and programs can allocate proper funding to specific issues. Instead of distributing funds or developing programs based on data which does not examine sexual orientation patterns, specific non-heterosexual shelters can tailor resources and necessary referrals to their clients.

References

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Resources

National Domestic Violence Hotline (including same sex relationships): 1-800-799-SAFE

National Crisis Hotline (substance use): 1-800-521-7128

Gay and Lesbian National Hotline: 1-888-843-4564

The Montrose Center (Texas LGBT Resource Center): 713-529-0037

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