Research Portfolio

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ABSTRACT

This thesis provides a broad and diverse investigation into the field of intimate partner violence (IPV) within the LGBT community. A range of methods were used to explore issues in this field, these included a systematic review, a critical review of a psychometric measure used in this research, a primary quantitative investigation and a secondary mixed methods investigation. The chapters follow a 'golden thread' of the examination of psychological abuse, however they are diverse enough to remain independent studies in their own rights.

Following an introduction to this thesis in Chapter One, Chapter Two reviews prevalence rates of IPV in non-heteronormative relationships. The results of this review indicate that IPV, be that physical, sexual or psychological, occurs in the relationships of those identifying as LGBT at similar, if not elevated, rates to those in heteronormative relationships, which will have potential implications for service provision and interventions. This review clearly finds that there is no unified definition of IPV and this will have impacts on the consistency and comparability of research in this area.

Chapter Three evaluates the Multidimensional Measure of Emotional Abuse (MMEA; Murphy and Hoover, 1999), which was a psychometric measure used in Chapter's Three and Four. This assessment indicates satisfactory support for the validity and reliability of the MMEA.

Chapter Four utilises correlation and regression analysis to investigate the associations between personality traits, including Dark Triad (DT) traits, and the perpetration of IPV, specifically psychological abuse, for those in the LGBT community. Associations were found between both general and DT personality traits, and the perpetration of psychological abuse.

Chapter Five explores the experiences of individuals seeking help for IPV (either the perpetration or victimisation thereof). The principals of Thematic Analysis were employed through this study; an approach chosen due to the exploratory nature of this research. Two areas were discussed: (1) the quality of the help received and (2) the barriers to seeking help. Recurrent themes reflected the disparity of experiences (from supportive to dismissive) and highlighted key LGBT specific issues with seeking help.

Finally, Chapter Six provides a conclusion and close to this thesis, drawing together the implications of this research.

STATEMENT OF AUTHORSHIP

This thesis is submitted to the University of Nottingham in part fulfilment of the Doctorate in Forensic Psychology. The idea for the thesis was the author's own and reflects their interest in Intimate Partner Violence (IPV) and specifically psychological abuse. All aspects of this thesis were supervised by Dr Vincent Egan, indicating collaborative working. This will be acknowledged in all future publications. Gratitude is extended to colleague Maria Stokes for taking the role of inter-rater in Chapter Two.

I am the primary author for all Chapters in this thesis.

The findings from Chapter Four formed part of an oral presentation presented at the British Psychological Society, Division of Forensic Psychology Annual Conference, Bristol, 2017.

I hereby declare that:

- I am the primary author of this thesis.
- I have fully acknowledged and referenced the work of others in my thesis.
- I have prepared my thesis specifically for the degree of Doctor of Forensic Psychology while under supervision at the University of Nottingham.

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I want to extend my thanks to all of the participants in this research who took the time to complete the questionnaire and to write so candidly about their experiences.

I can categorically state that this work would not have been completed without the love and care of those closest to me, especially my parents and my partner. My parents have provided me with nothing but unwavering love, encouragement, kind words and support over the last four years (not to mention the 23 years before that). You have never doubted that I would achieve my dreams (you were right, of course) and without you I can say, with confidence, that I would not be submitting this work. Tom, my partner, I am eternally grateful for your relentless and boundless compassion, love, support, encouragement, patience and positive vibes. Thank you all.

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LIST OF ABBREVIATIONS

Abbreviation	Explanation
IPV	Intimate partner violence
DV	Domestic Violence
LGBT	Lesbian, Gay, Bisexual, Transgender
DT	Dark Triad
MMEA	Multidimensional Measure of Emotional Abuse
HEXACO-60	Honesty-Humility, Emotionality, Extraversion, Agreeableness Vs Anger, Conscientiousness, and Openness to Experience
CTS2S	Revised Conflict Tactics Scale
M-CTS	Modified Conflict Tactics Scale
CTS-L	Conflict Tactics Scale – Lesbian
C-CTS-2	Chinese - Conflict Tactics Scale
SD3	Short Dark Triad
ABI	Abusive Behaviours Inventory
M-SES	Modified-Sexual Experiences Survey
M-WEB	Modified- Women's Experiences of Bettering Scale

IPV-GBM	Intimate Partner Violence – Gay and Bisexual Men
FPAS	Follingstad Psychological Aggression Scale
CDC	Centre for Disease Control
WHO	World Health Organisation
ASSIA	Applied Social Sciences Index and Abstracts
ERIC	Education Resources Information Centre
NCJRS	National Criminal Justice Reference Service
EMBASE	Excerpta Medica database
PICO	Population, Intervention, comparison, Outcome
MSM	Men who have sex with men
WSW	Women who have sex with women
D/I	Dominance Intimidation
RE	Restrictive Engulfment
D	Denigration
HW	Hostile Withdrawal
PCA	Principal Components Analysis
CFA	Confirmatory Factor Analysis
PA	Parallel analysis

TENSE	Test of Negative Social Exchange
PD	Personality Disorder
SPSS	Statistical Package for the Social Sciences
NS	Not Significant
ANOVA	Analysis of Variance
ONS	Office for National Statistics

CHAPTER 1: INTRODUCTION

Intimate Partner Violence (IPV) is a global issue that occurs in all settings and among all socioeconomic, religious and cultural groups. The World Health Organisation (WHO; 2013) reported that the global lifetime prevalence of IPV among ever-partnered women was 30.0% (95% CI = 27.8% to 32.2%). According to the National Intimate Partner and Sexual Violence Survey (2010), approximately one in three women and one in four men, in the USA, have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011).

Historically, IPV has been defined as any behaviour which causes physical harm to a romantic partner who is motivated to avoid being harmed (Baron & Richardson, 1994). Definitions have evolved since then to include psychological abuse. The introduction of the "*Controlling or Coercive Behaviour in an Intimate or Family Relationship*" into the Serious Crime Act (2015) defined psychological/emotional abuse as a purposeful pattern of behaviours which cause the victim to fear that violence will occur against them.

Interest in IPV as a topic of empirical research began in the 1970's; researchers were using rigorous methodological techniques to investigate prevalence rates and risk factors for IPV perpetration (Finkel & Eckhardt, 2011) and theories were developing. Scientific investigation into this topic has been extensive and theories are continually developing, however the

focus in these instances has been narrow, identifying predominantly female victims of male perpetrators. The majority of research carried out into IPV in the LGBT community has been conducted in the United States of America. The following portfolio will be one of the first large scale studies of its kind conducted in the United Kingdom.

Walters et al., (2013) state that there is a higher prevalence of lifetime experiences of IPV among bisexual and lesbian women than among heterosexual women. Murray et al., (2007) found that IPV occurs in up to half of same-sex relationships. Their review indicated that 22–46% of lesbians and 22% of gay men have experienced physical abuse and nearly one third of lesbians and gay men have experienced psychological or emotional abuse. Langenderfer-Magruder (2014) reports that 31.1% of transgender people had experienced IPV.

IPV occurs in all socioeconomic, religious and cultural groups, and within both heteronormative and non-heteronormative relationships. In order to fully understand IPV, it must be examined in many different ways from many different perspectives. Hence there was a gap in the literature in terms of empirical research into IPV within the LGBT community.

This research aims to provide a broad investigation into different aspects of IPV; physical, sexual and psychological, within the LGBT community, and the impact of these on individuals seeking help. It aims to add to a developing field of research and to join together aspects of IPV within an

underrepresented population, while simultaneously fulfilling the requirements of an accredited professional doctorate.

The key objectives of this portfolio are:

(1) To systematically review the current body of literature available on IPV within the LGBT community.

(2) To assess the prevalence rates of IPV within this community as a whole. Previous reviews have examined IPV within same-sex male or same-sex female relationships but, to-date, no study has reviewed and synthesised prevalence rates within the LGBT community as a whole.

(3) To examine the psychometric properties of the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999), a measure commonly used in empirical research. This will be the first critique written of the MMEA.

(4) To assess associations between Dark Triad (DT) traits and IPV within the LGBT community, investigating psychological abuse as a specific aspect of IPV in line with the introduction of recent legislation. To date there has been no research on the associations between the DT as a whole and IPV within this population. Additionally this investigation will focus on both victimisation and perpetration within the same sample.

(5) To increase understanding of the experiences of those individuals seeking help for the victimisation and perpetration of IPV.

CHAPTER 2: SYSTEMATIC REVIEW

Title: A systematic review of prevalence of intimate partner violence among those who identify as members of the LGBT community

Abstract:

Understanding the prevalence of Intimate Partner Violence (IPV) in non-heteronormative relationships, i.e. those who identify as members of the LGBT community, has important implications for the future direction of psychological research, as well as for the implementation of policy and the provision of services. This review aimed to systematically identify and collate studies that describe the prevalence of IPV in the LGBT community, and to summarize the findings of these studies.

Studies containing data relating to the prevalence of IPV in the LGBT community (published 1997-2017) were identified through searching electronic databases and reviewing citations. Of the 824 studies reviewed, 224 were pre-selected, of which 23 met inclusion and methodological quality criteria. A summary is presented of the population characteristics of each study, the definitions of IPV and the prevalence rates of various forms of IPV. The results indicate that all forms of violence occur in intimate partner relationships in the LGBT community but the most prevalent is psychological abuse. Results also indicate that IPV occurs at similar rates regardless of the genders of those in the relationships or their self-identified sexual orientation. The review finds significant limitations in the reviewed literature, including lack of a unified definition of IPV and critique of the study designs used.

Introduction:

Intimate Partner Violence (IPV)

The World Health Organisation (2012) defines Intimate Partner Violence as "*any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship"* (p.1). Acts of physical abuse include, for example, slapping, hitting, kicking or beating; sexual abuse can include forced sexual intercourse or other forms of sexual coercion, and emotional or psychological abuse can include behaviours such as insults, belittling, humiliation, intimidation or threats of harm or controlling behaviours such as isolating a person from family/friends, restricting access to financial resources, employment, education or health care.

Although the term Domestic Violence (DV) is used in some instances to refer to violence, DV mainly refers to abuse within a family or household (including violence towards children or parents). In order to focus on the relationship impact of DV, the term IPV will be used throughout this review. However due to the interchangeable nature of these terms, DV was included in the literature search.

While there has been extensive research on this topic previously, research conducted by the World Health Organisation (2013) provided the first comprehensive, multi-country, prevalence study of IPV where the victims

were female partners of male perpetrators. This study found that 35% of women had experienced either physical or sexual abuse from an intimate partner. The effects of IPV have been well-documented; in addition to its immediate harmful consequences, IPV can have a lifelong impact on its victims. Studies have shown that beyond severe physical injury and even death, victims of IPV are at increased risk of mental illness and physical health conditions (Black, 2011; Coker, Smith & Fadden, 2005).

Although these studies go some way to illustrating the severity of IPV, only a narrow field of understanding can be found in these studies as they focus solely on female victims of male perpetrators. IPV occurs in all socioeconomic, religious and cultural groups, and within both heteronormative and non-heteronormative relationships.

In order to fully understand the 'landscape' of IPV, it must be examined in many different ways and from the perspectives of many different 'types' of victims and perpetrators. To this end, it is necessary to generate studies that examine prevalence rates of IPV from previously overlooked populations, to identify variations across time and place. Estimating the proportion of a given population affected by IPV is germane to helping researchers, clinicians, policy makers and service providers gain a greater understanding of the risk factors and treatment needs.

IPV in non-heteronormative relationships

Heteronormativity is the 'privileging' of heterosexuality such that there are cultural or societal pressures to fulfil and conform to heterosexual roles (Kitzinger, 2005; Nielsen, Walden, & Kunkel, 2000). Non-heteronormative relationships are any relationships in which those involved do not identify as heterosexual.

Research examining IPV in the LGBT community began relatively recently, (within the past 40 years), with a marked increase in the late 1980s (Burke & Follingstad, 1999). Even with this increased interest, when compared to research with male-female partner abuse, same-sex IPV remains vastly under-researched. Burke and Follingstad (1999) report that because there is a belief that IPV is limited to male perpetrators abusing female victims, there is a discriminatory (or perhaps idealistic) bias against the LGBT community and same-sex relationships, and a reluctance to acknowledge that of the large numbers of same-sex intimate relationships exist, some are as dysfunctional as those of opposite-sex relationships (Murray & Mobley, 2009). Further, Seelau, Seelau and Poorman (2003) report that, traditionally, violence perpetrated by men against women has been viewed as more serious than other forms of violence, thus leading to a focus on heterosexual relationships. Moreover men in physical conflicts is a common offence, so may not be considered in the context of IPV.

The historical lack of research into IPV within the LGBT community can be seen in previous World Health Organisation prevalence studies. For example, the World Health Organisation (2002) conducted an examination of IPV in terms of male perpetrators and female victims with only a cursory mention of IPV in same-sex relationships within the LGBT community. It is possible that this is due to the illegality of homosexuality in certain countries, even to this day, including certain parts of Africa and the Middle East.

Systematic review question:

What are the prevalence rates of Intimate Partner Violence (IPV) among individuals who identify as members of the LGBT community, i.e. those individuals who self-identify as Lesbian, Gay, Bisexual or Transgender?

There are previous narrative and systematic reviews on same-sex IPV (Badenes-Ribera et al., 2016; Finneran & Stephenson, 2014; Murray et al., 2007; Murray and Mobley, 2009; Stiles-Shields & Carroll, 2015; Relf, 2001). However, these reviews have either looked at methodological issues or have focused solely on one aspect of the LGBT community; gay men (Finneran & Stephenson, 2014) or lesbian women (Badenes-Ribera et al., 2016). To-date, no systematic review has been conducted which combined data to examine the LGBT community as a whole.

This review clarifies and summarizes the current body of scientific knowledge on LGBT IPV, identifies gaps in the current literature and offers recommendations to improve the investigation of IPV in same-sex relationships.

Method:

A systematic Review of the literature was completed using methodologies outlined in previous systematic reviews (Bero et al., 1998; Wright et al., 2007).

Inclusion Criteria

Studies were required to meet the following inclusion criteria:

(1) Published between January 1990 and January 2018 in a peer reviewed journal;

(2) Written in English;

(3) Quantitative study of original data

- Instances where the same data sets were used across multiple studies only one study using this data set could be included;

(4) Sample size (of those identifying as members of the LGBT community) greater than or equal to 50;

(5) Sample composed, at least in part, of self-identified LGBT persons, where those identifying as LGBT were analysed as a separate group;

(6) Sample to consist only of adults (age 18+) from the general population (i.e. not specific sub-population);

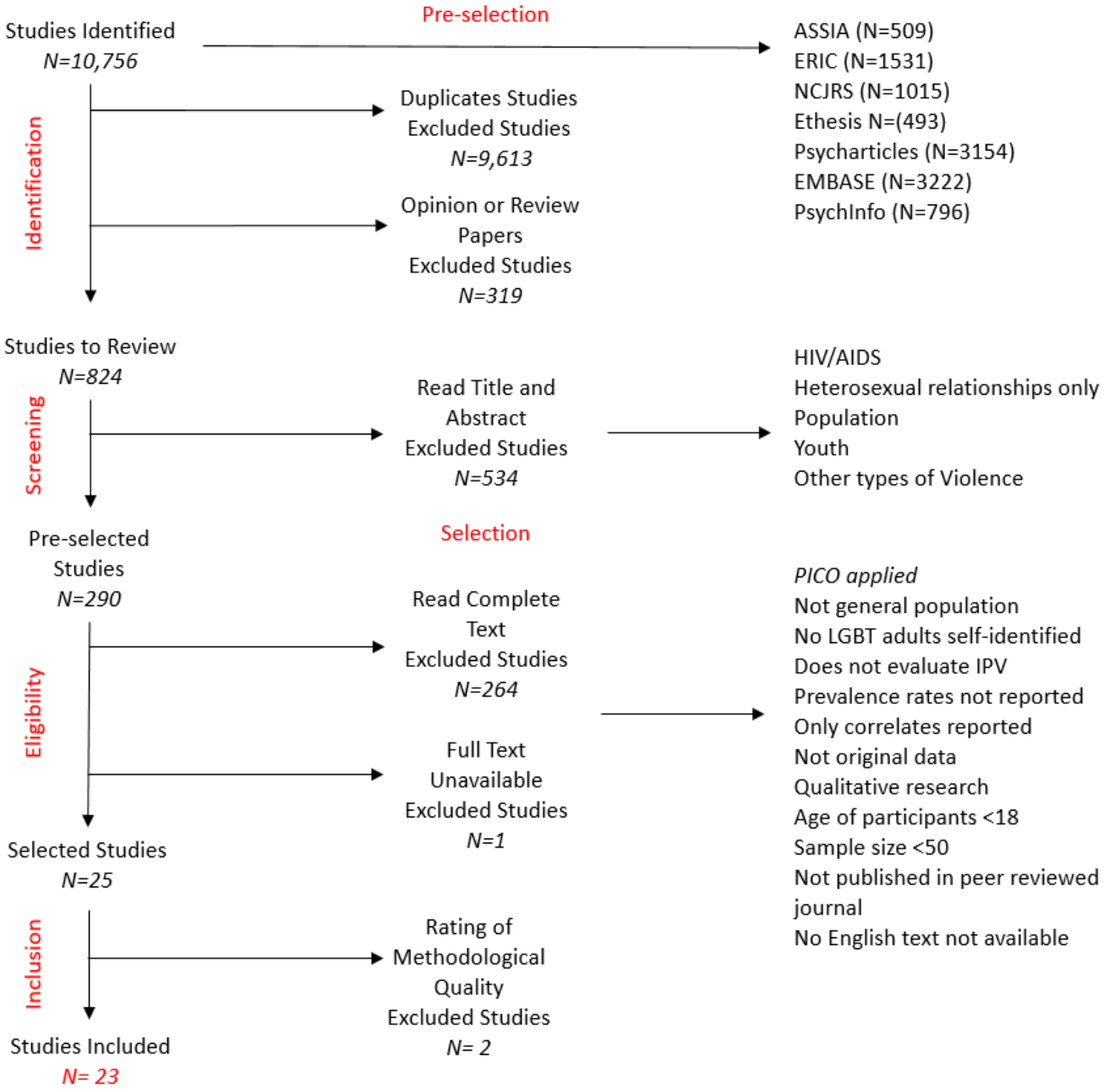
(7) Measured IPV (as a whole or an aspect thereof);

(8) Reported IPV (as a whole or an aspect thereof) as prevalence

Search Strategy

An electronic search was conducted between January and February 2018. The following databases were searched: ASSIA, ERIC, NCJRS, Ethesis, Psycharticles, EMBASE, and PsychInfo. Please see Appendix A for full breakdown of search terms within each database. A total of 10,754 studies were identified, of which 9,613 were duplicates across databases. Therefore a total of 822 studies were reviewed. See Figure 1 for process of including studies.

Figure 1: Process of including studies



Study Selection

Selection of studies was carried out in two phases, 'pre-selection' and 'selection', as outlined in Badenes-Ribera et al. (2016). At both stages a second independent rater applied selection criteria to a sample of studies. During the pre-selection phase, titles and abstracts of 824 studies identified for review were read and studies were pre-selected based on the broad inclusion criteria reported above. Ten studies were chosen at random to be assessed for inter-rater reliability, these studies were chosen at random to represent the overall sample. Inter-rater agreement at this phase was 100% and a total of 290 studies were pre-selected. Each complete study was reviewed in the selection phase and 264 of these were excluded because they did not meet all of the required PICO criteria (see Appendix B for PICO, inclusion and exclusion criteria). A further study was excluded due to the author being unable to obtain the full manuscript. Consequently, 25 primary studies were selected.

Methodological Quality of Selected Studies

The methodological quality of the 25 selected studies was assessed in accordance with the criteria set out by Murray and Mobley (2009). Murray and Mobley (2009) developed this rating system based on the literature review conducted by Burke and Follingstad (1999). The criteria included 15 questions with binary responses (see Appendix C for criteria); if the study met the criteria it was given a score of 1, if it did not it was given a

score of 0. A stratification system similar to those in previous studies (Murray & Mobley, 2009; Badenes-Ribera et al., 2016) was used such that studies were rated overall as either 'acceptable' (receiving a score of 6 and above) or 'unacceptable' (receiving a score of 5 or below). Only those studies rated as 'acceptable' were included in further analysis. Two studies were excluded at this point: Lie et al. (1991) and Craft and Serovich (2005), both of which received scores of 3 out of 15 (non-representative sampling procedures, no listed inclusion or exclusion criteria, no specific categorisation of sexual orientation, no reference to handling individuals in the same relationship, unspecified timing of data collection, methodology not replicable, no control for effects of social desirability, non-standardised conditions of completion, and variables not measuring multiple levels of IPV). Hence the total studies included in the current systematic review was 23.

Data Extraction

Where possible, the study's population size, age, ethnic composition, inclusion criteria, location and sampling method were extracted. In terms of both the receipt of and perpetration of IPV, the type of violence and the definition provided were reported.

Data was extracted on (1) the characteristics of the study itself (i.e. author, publication year, sampling method, location and definitions/measurement of IPV), (2) the characteristics of the sample (i.e. size, age, ethnicity and

sexual orientation) and (3) the prevalence of IPV victimisation and perpetration.

Results:

Description of Studies

Table 1 describes the main characteristics of the 23 included studies. All but one study (Greenwood et al., 2002) utilised non-probabilistic sampling (that is most studies sought participants through targeting LGBT specific venues, events, mailing lists and organisations). The majority of studies (19) were completed in the USA, two studies were completed in China, one study was completed in Puerto Rico and one study in Belgium. Thirteen studies specified inclusion criteria. Study sample sizes ranged from 100 (Fortunata & Kohn, 2003) to 2881 (Greenwood et al., 2002).

Of the 23 studies, 11 (48%) included populations exclusively composed of gay/bisexual men and men who have sex with men, five (22%) exclusively lesbian/bisexual women and women who have sex with women and seven (30%) included those who identified as gay, lesbian and bisexual (men and women). No study address transgender individuals alone, however Langenderfer-Magruder et al., (2016) included transgender men and women in their overall sample.

Table 1: Description of primary studies

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	Location	Population	Inclusion Criteria	Definition of IPV
S1	1997	Waldner-Haugrud, Gratch, Magruder	283	Snowball	32 18-79	All white	Iowa, USA	Gay (male) and lesbian	Unspecified	M-CTS
S2	1998	Miller, Greene, Causby, White, Lockhart	284	Convenience from concert	21-60	>White	Southeast, USA	Lesbian	Unspecified	CTS
S3	2000	Nieves-Rosa, Carballo-Dieguez, Dolezal	273	Convenience gay and non-gay venues, snowball	31 18-55	All LA	New York City, USA	MSM	18+, men of LA ancestry, 10+sexual encounters with men in lifetime (1 in last 12 months)	Unique
S4	2002	Greenwood, Relf, Huang, Pollack, Canchola, Catania	2881	Probability-based	18–29: 20% 30–39: 39% 40–49: 25% 50–59: 10% 59+: 6%	White:79% AA:4% LA:9% NA:3% A/PI:8%	San Francisco, Los Angeles, NYC, Chicago, USA	MSM	Unspecified	M-CTS

Table 1: Description of primary studies (continued)

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	Location	Population	Inclusion Criteria	Definition of IPV
S5	2003	Fortunata, Kohn	100	Convenience through advertisement, snowball	36 20-57	>Caucasian	San Francisco, USA	Lesbian	Lesbian/ bisexual women 18+, living with their present partner for 6 months+	M-CTS (CTS-L)
S6	2004	Telesco	105	Targeted from LGBT community centre	40 21-66	White:67% AA:22% LA:11%	St. Louis, USA	Lesbian	Unspecified	ABI
S7	2004	Toro-Alfonso, Rodriguez-Madera	199	Convenience through services offered to gay men	29	All LA	Puerto Rico	Gay and bisexual men	Be of legal age, Puerto Rican and living in the island, gay/ bisexual, had at least one committed relationship	M-SES
S8	2005	Balsam, Szymanski	260a (total sample 272)	Convenience at Pride event, snowball	35 18-66	EA:85%, AA:6%, LA:2%, AsA: 1%, NA: 1%, ME:4%	USA	Lesbian and bisexual women	18+, female, ever had relationship with another woman	M-CTS-2

Table 1: Description of primary studies (continued)

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	location	Population	Inclusion Criteria	Definition of IPV
S9	2007	Bimbi, Palmadessa Parsons	1048	Convenience form lesbian and gay events	39 (men) 34(women)	AA:10, 15% (m,w) A/PI:6, 2% (m,w) EW:43, 56% (m,w) Other:8, 8% (m,w)	New York City, USA	Lesbian and Gay (male)	Gay/ bisexual/ lesbian, 18+	Unique
S10	2007	Houston, McKirnan	817	Targeted multiframe through gay/bisexual venues, events	33	White:22 % AA:51% LA:16% Other:10%	Chicago, USA	MSM	Men, 18+	M-CTS
S11	2009	Blosnich, Bossarte	1774	Probability based	Not Reported	Not Reported	USA	MSM and WSW	Unspecified	Unique
S12	2010	Mak, Chong, Kwong	339	Convenience through LGB organisations and forums	26	>Chinese	Hong Kong	Lesbian, gay and bisexual men and women	Unspecified	C-CTS-2
S13	2010	Stephenson, Khosropour, Sullivan	402	Convenience through social media	18–24:68% 25–29:21% 30–35:11%	White:48 % Black:15% LA:37%	USA	MSM, gay and bisexual men	Men, 18+, one sexual partner in the last 12 months	WHO

Table 1: Description of primary studies (continued)

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	Location	Population	Inclusion Criteria	Definition of IPV
S14	2010	Wong, Weiss, Ayala, Kipke	526	Convenience through various gay bars/clubs	20	White:37 % Black:24% LA:39%	Los Angeles, USA	MSM	Men, 18– 24 years old, gay/ bisexual/ uncertain/had had sex with a man Caucasian, African American, or Latino of Mexican descent, living in LA, USA	M-WEB
S15	2011	Oringher, Samuelson	117	Convenience through advertisements in community centres/ online forums and mailing lists	35 20-63	White:68 % LA:11% AsA:8% ME:8% AA:4% Other:1%	San Francisco, USA	Gay and bisexual men	Unspecified	CTS-2
S16	2011	Welles, Corbin, Rich, Reed, Raj	128a (total sample 703)	Convenience from medical clinics	18–25:25% 26–35:27% 36–45:26% 46+:21%	All Black/AA	Boston, USA	MSM	AA, 18+, had at least two sex partners in the past 12 months,	Unique

Table 1: Description of primary studies (continued)

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	Location	Population	Inclusion Criteria	Definition of IPV
S17	2013	Dunkle, Wong, Nehl, Lin, He, Huang, Zheng	404	Respondent driven	30	All Chinese	Shanghai, China	MSM	male, 18+, ability to give consent, sex with at least 1 male partner in the last 12 months (oral, anal, or both).	Unique
S18	2013	Edwards, Sylaska	391	Convenience through college LGBTQ organisations	21	>Caucasian	USA	MSM and WSW	Unspecified	CTS-2
S19	2014	Finneran, Stephenson	1575	Convenience through social media	18–20:23% 21–24:24% 25–29:14% 30–34:8% 35–39:5% 40–44:7% 45–49:9% 50+:10%	White:63% Black:19% LA:43% Other:11%	USA	MSM	Male, 18+	CDC

Table 1: Description of primary studies (continued)

	Year	Study	N	Sampling method	Age (mean or distribution)	Ethnicity	Location	Population	Inclusion Criteria	Definition of IPV
S20	2015	Hellemans, Loeys, Buysse, Dewaele, De Smet	119	Convenience online	44 18-80	Not reported	Flanders, Belgium	Lesbian, gay and bisexual men and women	Unspecified	M-CTS
S21	2016	Langenderfer-Magruder, Whitfield, Walls, Kattari Ramos	1139	Convenience from local LGBT organisation	Not reported	Not reported	Colorado, USA	Lesbian, gay, bisexual men and women and transgender	18+, living in Colorado	Unique
S22	2016	Mason, Lewis, Gargurevich, Kelley	342	Convenience online advertising	25 18-35	Not reported	USA	Lesbian	18-35 years old, currently in romantic relationship	CTS-2
S23	2017	Stephenson, Finneran	750	Convenience at single LGB venue	18-24:21% 25-34:31% 35-44:26% >44:22%	White:46% Black/AA:41% LA/Other:13%	Atlanta, USA	Gay and bisexual men	Gay/ bisexual men, 18+, lived in Atlanta, reported having had sex with a man in the previous 6 months	IPV-GBM

M-CTS = Modified Conflict Tactics Scale, >=majority, CTS=Conflict Tactics Scale, MSM=Men who have sex with men, LA= Latin America, AA= African-Americans, NA= Native Americans, A/PI=Asian/Pacific Islander, CTS-L=Conflict Tactics Scale-Lesbian, ABI=Abusive Behaviour Inventory, M-SES= Modified Sexual Experiences Survey, EA=European American; AsA=Asian American; ME= multi-or bi-ethnic, M-CTS-2= Modified Conflict Tactics Scale-2, WSW=Women who have sex with women, C-CTS-2= Chinese Conflict Tactics Scale-2, WHO=World Health Organisation, M-WEB=Modified Women's Experience of Battering Scale, CTS-2= Conflict Tactics Scale-2, CDC= Centres for Disease Control and Prevention, IPV-GBM=Intimate Partner Violence-Gay and Bisexual Men, EW=European White

a=ethnic data calculated on total sample

Definition of IPV

There were eight different definitions of IPV used across studies. The majority (48%) used definitions based on the Conflict Tactics Scale (CTS; Straus, 1979). Of the 11 studies which used the CTS to form the basis of their definition, eight modified this to suit their study (for example S12 utilised a Chinese adapted version of CTS and S5 used a lesbian specific version of the CTS). Six studies generated their own definitions of IPV for the purposes of their particular study. These definitions ranged from dichotomous single item definitions to several items on a checklist developed by the authors.

S1 assessed (1) physical abuse by asking participants if they were ever harmed by physical aggression inflicted on them by any of their partners, (2) sexual abuse by asking participants if they had been forced by any of their partners to have receptive anal sex without condoms; and (3) psychological abuse by asking participants if they were ever intimidated or humiliated by any of their partners. S16 utilised an IPV perpetration scale which included four questions on physical abuse, sexual abuse and injuries from abuse. The Abusive Behaviours Inventory, the Sexual Experiences Survey, the Intimate Partner Violence-Gay and Bisexual Men and the Women's Experience of Battering Scale were used by one study each. The remaining two studies took their operational definitions of IPV from the World Health Organisation and the Centres for Disease Control and

Prevention. Two studies used LGBT specific tactics of IPV. S8 included the following items targeting LGBT specific psychological abuse:

- *"I threatened to tell my partner's employer, family or others that she is lesbian/gay/bisexual"*
- *"I forced my partner to show physical or sexual affection in public, even though she didn't want to"*
- *"I questioned whether my partner was a 'real' lesbian, gay, or bisexual woman"*
- *"I told my partner she deserves what she gets because she is a lesbian/gay/bisexual woman" (Balsam & Szymanski; 2005, p.262)*

S23 included items that targeted specifically to HIV related IPV, including being lied to about HIV status, having HIV status not disclosed prior to sex and intentionally transmitting HIV *(*Stephenson & Finneran, 2017, p. 954*)* given the prevalence rates of these LGBT specific items, as seen below, it seems necessary that future research include items such as these*.*

Prevalence of Victimisation in IPV

Table 2 outlines the prevalence of the receipt of various forms of IPV (physical, sexual, psychological). Prevalence of victimisation was reported in 20 of the 23 studies. Most studies (85%) specified a time period for participants to answer within, including within the participant's lifetime, past five years, past three years, past two years and past year. The

majority of studies (39%) asked participants to consider lifetime experiences of IPV. Three studies did not specify a time period but rather requested participants consider their current or most recent relationship (S2, S16 and S18).

Eleven of the studies examining victimisation in IPV focused solely on gay/bisexual men (S3, S4, S7, S10, S13, S14, S15, S16, S17, S19 and S23), two studies on lesbian/bisexual women only (S2 and S8), and seven on the LGBT community as a whole (S1, S9, S11, S12, S18, S20 and S21).

Prevalence of victimisation in any form of IPV was reported in eight studies (S3, S4, S8, S10, S12, S17, S21 and S23), and ranged from 21.5% (S21) to 79.1% (S12).

Physical abuse victimisation was reported in all but three of the 20 studies which addressed receipt of IPV (S8, S21 and S23). It must be noted that confidence in this analysis is limited due to the wide range sample sizes across studies. Overall prevalence rates ranged from 3.4% (S15) to 89.9% (S11), however within studies that examined gay/bisexual men exclusively, prevalence rates of physical abuse ranged from 3.4% (S15) to 35% (S3). Only one study examined prevalence rates of physical abuse with an exclusively lesbian/bisexual women population (S2). This study divided prevalence rates by category of physical abuse; physical aggression (46.1%) and physical violence (14.1%). For those studies which did not segregate participants based on orientation, prevalence rates ranged from

14.5% (S20) to 89.9% (S11). Additionally, physical abuse demonstrated the highest rates of abuse, followed by verbal (81.2% and 86.56%; S11).

Prevalence of sexual abuse victimisation was not reported in either of the two studies with populations of lesbian/bisexual women (S2 and S8). Within the studies of gay/bisexual men, prevalence ranged from 5% (S4) to 28.1% (S16), while within studies of both gay/bisexual men and lesbian/bisexual women, prevalence ranged from 14.1% (S18) to 51.6 % (S11).

Similar to victimisation in sexual abuse, victimisation in psychological or emotional abuse was not measured in either study with populations of lesbian/bisexual women. Within the studies of gay/bisexual men, prevalence ranged from 29.4% (S23) to 48% (S7), while within studies of both gay/bisexual men and lesbian/bisexual women, prevalence ranged from 16.1% (S18) to 80.5% (S12).

Other forms of abuse reported included verbal, monitoring and controlling violence, and non-physical IPV.

Table 2: Prevalence of receipt of IPV (%)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S1	1997	Waldner-Haugrud, Gratch, Magruder	Lifetime/ any previous or current relationship		47.5a 29.7b			
S2	1998	Miller, Greene, Causby, White, Lockhart	Current/ last 6 months		46.1c 14.1d			
S3	2000	Nieves-Rosa, Carballo-Dieguez, Dolezal	Lifetime	51	35	12	33	
S4	2002	Greenwood, Relf, Huang, Pollack, Canchola, Catania	5 years	39	22	5	34	
S7	2004	Toro-Alfonso, Rodriguez-Madera	Any previous or current relationship		26	25	48	
S8	2005	Balsam, Szymanski	Lifetime One Year	44				43.6e 34.8f 2.1g 26.4e

								14.6f 16.8

Table 2: Prevalence of receipt of IPV (%) (continued)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S9	2007	Bimbi, Palmadessa, Parsons	Five years		20.2a 26.6b			34.9a,t 38.7b,t
S10	2007	Houston, McKirnan	Lifetime/ any previous or current relationship	32.4	19.2	18.5		20.6g
S11	2009	Blosnich, Bossarte	Three years		89.9a 89.1b	31.4a 51.6b		81.2a,g 86.5b,g
S12	2010	Mak, Chong, Kwong	Two years	79.1	39.5j 38.9k	23.3l 23.3m	80.5h 74.6i	10n
S13	2010	Stephenson, Khosropour, Sullivan	One year		11.8	7.3		
S14	2010	Wong, Weiss, Ayala, Kipke	Lifetime		23	23	41	
S15	2011	Oringher, Samuelson	One year		3.4	10.3		9.4e 2.6n

Table 2: Prevalence of receipt of IPV (%) (continued)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S16	2011	Welles Corbin, Rich, Reed, Raj	Current relationship		33.6	28.1	33.1	
S17	2013	Dunkle, Wong, Nehl, Lin, He, Huang, Zheng	Lifetime	51	14.7	5.7		28o
S18	2013	Edwards, Sylaska	Current relationship		20.2	14.1	16.1	72.9f
S19	2014	Finneran, Stephenson	One year		8.8d	3.6p		
S20	2015	Hellemans, Loeys, Buysse, Dewaele, De Smet	Any previous or current relationship		14.5		57.9	
S21	2016	Langenderfer-Magruder, Whitfield, Walls, Kattari Ramos	Lifetime	21.5				

Table 2: Prevalence of receipt of IPV (%) (continued)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S23	2017	Stephenson, Finneran	One year	47.8			29.4q	25.9e 22.5r 12.3s 10.9f

a=lesbian, b=gay, c=physical aggression, d=physical violence, e=physical/sexual (not reported independently), f=LGB specific IPV, g=verbal, h=psychological abuse, i=psychological aggression, j=physical abuse, k=physical assault, l=sexual abuse, m=sexual coercion, n=injury, o=two or more unspecified forms of abuse, p=sexual violence, q=emotional violence, r=monitoring violence, s=controlling violence, t=non-physical IPV

Prevalence of Perpetration of IPV

Table 3 outlines prevalence rates for the perpetration of IPV as reported in 14 studies (S1, S5, S6, S7, S8, S12, S13, S14, S15, S16, S18, S19, S22 and S23). Seven of the studies examining perpetration in IPV focused solely on gay/bisexual men (S7, S13, S14, S15, S16, S19 and S23), four studies focused on lesbian/bisexual women (S5, S6, S8 and S22) and three on the LGBT community as a whole (S1, S12 and S18). The same timeframes that were used in victimisation were utilised in the examination of perpetration however, in most instances, a timeframe of one year was used (43%).

The perpetration of any form of IPV was evaluated in five studies (spanning all three variations of population; S6, S7, S12, S14 and S23) with prevalence rates ranging from 12% (S14) to 82% (S12).

Perpetration of physical abuse was examined in eleven studies (S1, S5, S6, S7, S12, S13, S15, S16, S18, S19, and S22). Of those studies examining gay/bisexual men, the prevalence rates ranged from 0.9% (S15) to 33% (S16), in studies of both gay/bisexual men and lesbian/bisexual women, prevalence ranged from 19.9% (S18) to 40.7% (S12) and in studies of lesbian/bisexual women, prevalence ranged from 24% (S7) to 35% (S22).

S6 does not report overall prevalence of physical abuse but rather provided lists of physical abuse and the prevalence rates of each item. Prevalence

rates within this study alone ranged for 2% ("*Attacked sexual parts of her body*") to 20% ("*Threw/hit/smashed something*" and "*Pushed her*").

Prevalence of perpetration of sexual abuse was not reported in any of the studies sampling lesbian/bisexual women alone (S5, S6 and S8).

Prevalence of sexual abuse in the studies of gay/bisexual men ranged from 0.7% (S13), measured by a single item: "*In the last 12 months have you ever forced any partner to have sex when they were unwilling?")* to 21.9% (S16), measured through two questions "*Participant ever physically forced sex on partner(s)*" and "*Participant ever physically forced oral/anal sex on partner(s)*" while in studies that used both lesbian, gay and bisexual men and women, it ranged from 10.5% (S18), using the CTS to 20.7% (S12). S12 included a range of items from "*Insisted on sex (no force)"* to "*Used force to make partner have sex*".

Similar to the examination of prevalence of physical abuse, S6 does not report overall prevalence of psychological or emotional abuse instead providing a list of items and the prevalence rates of each item. Prevalence rates within this study alone ranged for 21% ("*kept partner from doing what she wanted*") to 71% ("*gave partner angry looks or stares*").

In studies reporting on both lesbian, gay and bisexual men and women, prevalence rates of psychological/emotional abuse ranged from 12.5%

(S18) to 85.3% (S12), while within exclusively gay/bisexual men population, prevalence ranged from 18.1% (S23) to 40% (S7).

Similar to victimisation from IPV, other forms of abuse reported included verbal, monitoring and controlling violence, and non-physical IPV.

The highest rates of perpetration of IPV were found for psychological abuse (78.5% to 85.3%; S12). This was followed by physical abuse, the highest rate of which was 40.7% (S12).

Table 3: Prevalence of perpetration of IPV (%)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S1	1997	Waldner-Haugrud, Gratch, Magruder	Lifetime/ any previous or current relationship		38a 21.8b			
S5	2003	Fortunata, Kohn	One year		33			
S6	2004	Telesco	Current relationship	17c 75d	2-20d		21-71d	
S7	2004	Toro-Alfonso, Rodriguez-Madera	Any previous or current relationship	40	24	14	40	
S8	2005	Balsam, Szymanski	Lifetime					40.1e 34.8f 2.3g
			One Year					21.5e 16.7f 16.0g
S12	2010	Mak, Chong, Kwong	Two years	82	40.7j 39.8k	20.7l 20.7m	85.3h 78.5i	12.7n
S13	2010	Stephenson, Khosropour, Sullivan	One year		3.6	0.7		

Table 3: Prevalence of perpetration of IPV (%) (continued)

	Year	Study	Time period	Any IPV	Physical	Sexual	Psychological/ Emotional	Other
S14	2010	Wong, Weiss, Ayala, Kipke	Lifetime	12				
S15	2011	Oringher, Samuelson	One year		0.9	5.1		3.4e 3.4n
S16	2011	Welles, Corbin, Rich, Reed, Raj	Current relationship		33	21.9	29.8	
S18	2013	Edwards, Sylaska	Current relationship		19.9	10.5	12.5	
S19	2014	Finneran, Stephenson	One year		4.3d	0.8p		
S22	2016	Mason, Lewis, Gargurevich, Kelley			35			
S23	2017	Stephenson, Finneran	One year	33.6			18.1q	17.6r 14.6e 6.4f 5.9s

a=lesbian, b=gay, c=one occurrence of abusive behaviour, d=-multiple occurrences of abusive behaviour, e=physical/sexual (not reported independently), f=LGB specific IPV, g=verbal, h=psychological abuse, i=psychological aggression, j=physical abuse, k=physical assault, l=sexual abuse, m=sexual coercion, n=injury, o=two or more unspecified forms of abuse, p=sexual violence, q=emotional violence, r=monitoring violence, s=controlling violence

Discussion:

The purpose of this systematic review was to synthesise current research on the prevalence of IPV (Intimate Partner Violence) among those who identify as members of the LGBT community. In broad terms the findings of this review indicate that victimisation rates vary widely within studies from 2.1% to 89.9%, and the perpetration rates from 0.7% to 85.3%. Such victimisation rates indicates wide offending difficulties. Prevalence of IPV perpetration was consistently lower than that of victimization rates; this is to be expected given the nature of the subject matter. To this end none of the studies included in this review controlled for socially desirable responding. The discrepancy in victimisation and perpetration rates for IPV could be due to the sample populations included in this review. Populations were, almost entirely, convenience samples of self-identified lesbian/bisexual women and gay/bisexual men extracted from the general population and not from specific sub-groups, and were, in addition, taken from a variety of countries. The impact of this is that, outside of sexual orientation, sociodemographic data is varied.

As all of the studies in this review were cross sectional study designs, conclusions of causality could not be drawn. This limits understanding of risk factors for IPV within the LGBT community.

It is evident from this review that the majority of studies purporting to assess IPV as a whole focused primarily on physical and sexual abuse rather

than on psychological or emotional abuse, and less still on verbal abuse, despite psychological abuse presenting as the most prevalent form of IPV.

Key Findings of Review

- There currently exists only one published study on LGBT IPV which utilises probability-based sampling (Greenwood et al.; 2002) to examine prevalence rates of IPV. Greenwood et al.'s (2002) study was based within four cities in the USA and focused on men who have sex with men.
- There are no published studies which use this sampling technique to examine prevalence rates of the perpetration of IPV. Nor are there any published studies which use probability-based sampling on a population of lesbian/bisexual women.
- All studies in this review use cross-sectional data.
- Multiple forms of IPV are prevalent among both gay and lesbian populations.
- The primary measurement of IPV within studies examining IPV in the LGBT population is the CTS, suitably the CTS is modified or adapted to fit the population. These adaptions are made in various ways and so analysis across studies is difficult.
- Victimisation in IPV through multiple relationships remains unexplored.

- Studies predominantly explored victimisation in IPV rather than perpetration (87% of studies addressed victimisation in IPV, while 61% of studies addressed perpetration of IPV). Furthermore, only 48% of studies investigated both victimisation and perpetration of IPV within the same sample.
- Those studies that examined both victimisation and perpetration do not specify whether those reporting being victims are the same individuals reporting perpetrating, hence concurrence of these two aspects of IPV remains unknown.
- The most frequently evaluated form of both IPV victimisation and perpetration was physical abuse, the least evaluated was psychological.
- Psychological/emotional abuse was the most consistently highly prevalent aspect of victimisation in IPV among gay/bisexual men.
- To-date, no studies have examined the prevalence of sexual abuse, within the context of IPV (either the receipt or perpetration thereof), with an exclusively lesbian/bisexual/transgender population.
- Only one study (Langenderfer-Magruder et al.; 2016) utilised data specifically from individuals who identified as transgender. This study did not separate out data, instead reporting prevalence rates of victimisation in IPV on the full sample (of Lesbian, gay, bisexual men and women and transgender participants).

Although some studies which included bisexual men and women specified that they consider only relationships with individuals of the same gender (Balsam & Szymanski, 2005; Stephenson et al., 2010; Wong et al., 2010; Stephenson & Finneran, 2017), the majority of studies did not specify the gender of the partner for participants claiming to be bisexual (Fortuna & Kohn, 2003; Toro-Alfonso, Rodriguez-Madera, 2004; Bimbi et al., 2007, Mak et al., 2010; Oringher & Samuelson, 2011, Hellemans et al., 2015; Langenderfer-Magruder et al., 2016). Hence it remains unknown what proportion of IPV perpetrated with the LGBT community is from a partner of the same or opposite sex. Future research into IPV within the LGBT community must specify the gender of the partner to whom the participant is referring. This would lead to a more concrete body of knowledge of the factors specific to same sex IPV.

None of the studies included in this review detailed if they paired participants who may have been partners in the same relationship. The impact of this is that it is unclear given elevated perpetration rates are the result of mutually volatile relationships (Jonason et al. 2011).

Germane to the ability to understand IPV within the LGBT community is the need for a singular definition of IPV. This review clearly finds that there is no unified definition of IPV and even those using the same basis to their definition (i.e. the CTS) modify and adapt it to suit their particular study. Of the 23 studies reviewed, 21 different definitions of IPV were provided

and of these, eight were provided with no basis in valid or reliable psychometric measures. The question of validity of these adapted and modified measures remains under question, as does their application to populations on which they were not specifically validated (i.e. same-sex couples). These discrepancies in definition mean that comparison of prevalence rates across studies is difficult and must be interpreted with caution.

Similar to the variations in definition, there were great differences in timeframes, and those studies which looked at lifetime prevalence failed to report whether individuals who may now identify as gay or lesbian were reporting on a same or opposite sex relationship from their past.

The evidence reviewed indicates that IPV, be that physical, sexual or psychological, occurs in the relationships of those identifying as LGBT at similar, if not elevated, rates to those in heteronormative relationships (WHO, 2013).

It must be noted that although best efforts were made to capture all studies meeting the inclusion criteria it is possible that some studies may have been missed.

CHAPTER 3: PSYCHOMETRIC ASSESSMENT CRITIQUE

Title: A Critique of the Multidimensional Measure of Emotional Abuse (MMEA)

Abstract

The Multidimensional Measure of Emotional Abuse (MMEA) is a 28-item scale that specifically measures emotionally abusive aspects of Intimate Partner Violence (IPV). It uses a 7-point Likert scale to measure the number of times a particular aspect of emotional abuse (restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation) has occurred within a relationship, instigated by either the participant or their partner. The total MMEA score has a Cronbach alpha of α = .91 and is statistically valid as an index of psychological aggression for both clinical and research purposes (Murphy & Hoover, 1999). This paper examines the reliability and validity of the MMEA when used with a variety of populations and discusses the generalisability of the MMEA wider than the original sample on which it was based (that being university aged females).

Introduction

This critique examines the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999) and will address the psychometric properties and applications in both clinical and academic settings of the MMEA. This critique will address; (1) the various definitions of emotional abuse that appear in the literature, and the difficulties which arise from having varying definitions; (2) a review of the theories and methodologies, incorporating a detailed review of the MMEA itself; and (3) an examination of its validity and reliability.

Definitions of Emotional Abuse

Current prevalence rates for Intimate Partner Violence (IPV) in the UK indicate that 20.2% of individuals (male or female) in sexual relationships, at one time or another, have experienced IPV (National Office for Statistics, 2017) and that 14.7% of this is non-physical, non-sexual abuse. Despite this assertion, there is still a massive discrepancy in the volumes of research which focus on physical aggression and abuse within intimate partner relationships, relative to that which focuses on emotional abuse (Babcock et al., 2008).

The concept of emotional abuse emerged from the literature on 'battered women'. Follingstad (2007) found that in earlier research, battered women reported experiencing fear and anxiety as a result of their partners' use of

threats, insults, and tactics of control. Furthermore, they disclosed that these forms of abuse were more damaging than the physical abuse which accompanied them (Walker, 1979). Historically, emotional and physical abuse have been researched jointly, with the main focus being on the interactions between them (McHugh, Rakowski & Swinderski, 2013). Frieze (2005) reported that emotional abuse often precedes physical abuse, and Follingstad et al. (1990) reported that subsequent physical abuse could be predicted based on reports of non-physical abuse that participants had experienced. Further, Follingstad et al. (1990) reported that 72% of participants rated emotional abuse as having a greater negative impact on them than physical abuse.

The recent introduction of "*Controlling or Coercive Behaviour in an Intimate or Family Relationship*" into the Serious Crime Act, England and Wales, 2015 has seen an increase in public and legal awareness of emotional abuse. This law criminalises behaviours which stop short of serious physical violence but amount to extreme emotional abuse. Through this law Controlling or Coercive behaviours are defined as:

> *"Behaviour on the part of the perpetrator which takes place "repeatedly or continuously". The victim and alleged perpetrator must be "personally connected" at the time the behaviour takes place. The behaviour must have had a "serious effect" on the victim, meaning that it has caused the victim to fear violence will*

> *be used against them on "at least two occasions", or it has had a "substantial adverse effect on the victims' day to day activities". The alleged perpetrator must have known that their behaviour would have a serious effect on the victim, or the behaviour must have been such that he or she "ought to have known" it would have that effect* (Home Office, 2015, pg. 2).

Despite the introduction of this legislation, a cohesive, universal definition of emotional abuse still does not exist in the context of research. Straus (1979) defined emotional abuse as "*verbal and nonverbal acts which symbolically hurt the other, or the use of threats to hurt the other*" (p.77). Marshall (1996) described emotional abuse as targeting victims through non-physical means. Maiuro (2001) added to this definition, summarising what they believed to be the four primary dimensions of emotional abuse among intimate partners: (1) Denigrating Damage to Partner's Self-Image or Esteem; (2) Passive-Aggressive Withholding of Emotional Support and Nurturance; (3) Threatening Behaviour (explicit or implicit); and (4) Restricting Personal Territory and Freedom. The absence of a consensus of definition impacts not only on the conceptualisation of emotional abuse as a phenomenon but also on its ability to be measured. Without a concrete definition of the subject being examined, how can researchers produce consistent and accurate studies? Without a clear definition, the cut-off, i.e., the point at which it can be concluded that an individual has been emotionally abused, cannot be generated or adhered to reliably.

Measuring Emotional Abuse

A well as the difficulties arising from having varying definitions of emotional abuse, there are a number of issues with the existing measures of emotional abuse. Firstly, as these measures developed from literature on the physical abuse of battered women, the scales have amounted to little more than lists of 'unkind' words or acts experienced by these women (McHugh, Rakowski & Swinderski, 2013) and no list can capture the infinite number of punitive and vindictive actions which partners can take. Secondly, developing measures of emotional abuse based on the reports of battered women in heteronormative relationships is limiting in terms of their application to other genders, orientations, and relationship types. For example, the Psychological Mistreatment of Women Scale (Tolman 1989) includes 64 ways that violent men have mistreated women but has not been validated on female same-sex relationships. Thirdly, constructing measures of emotional abuse by adapting measures of physical or sexual abuse may fail to fully capture the extent, variance, complexity and subjectivity of emotional abuse; and lists of behaviours that are applicable to physical or sexual abuse might not fully encompass the phenomenon of emotional abuse.

Despite these difficulties, a number of measures have been developed that address emotional abuse. The first such measure was the Conflict Tactics Scale (CTS; Straus 1979) and, subsequently, the Revised Conflict Tactics

Scale (CTS2; Straus et al, 1996). The CTS and the CTS2 were designed to assess the tactics that a partner might use in times of conflict in a relationship. Although the focus of the scale was on physical abuse, the CTS includes a 6-item scale of 'psychological aggression' and the CTS2 includes a number of items pertaining to emotional abuse. The CTS2 is consistently the most commonly used measure of psychological abuse (Shorey et al., 2012). The main criticisms of the psychological abuse aspect of the CTS/CTS2 are; (a) the brevity of the psychological abuse subscale; (b) the unidimensional definition of emotional abuse which the authors adhere to; and (c) the low to moderate internal consistency of the subscale (Shorey et al., 2012).

The Follingstad Psychological Aggression Scale (FPAS; Follingstad, Coyne & Gambone, 2005) was designed to comprehensively examine psychologically aggressive behaviours in terms of degrees of severity (mild, moderate, severe). This is a 51-item measure that assesses 17 subscales of psychological aggression. These subscales include threats/intimidation, destabilizing perceptions of reality, isolation/monopolization, treatment as inferior, establishment of power through refusals, verbal abuse/criticism, jealousy/suspicion, monitoring/checking, rigid gender roles, control over personal behaviour, emotionally/physically withholding, public embarrassment/humiliation, emotionally wounding behaviour around fidelity, lying/deception, guilt-induction/blaming, manipulation and attacking attractiveness/sexuality. There have been reports indicating

good internal consistency, however there has been no research to date evaluating the psychological properties of this measure.

Murphy & Hoover (1999) assert that the key issues with these approaches to assessing emotional abuse are the assumptions that; (1) emotional abuse is a unidimensional construct; and (2) a distinction in aspects of emotional abuse should be based on severity and not on the form, or intended consequences, of the behaviours. This latter assumption is key because this led to Murphy and Hoover (1999) developing the MMEA as a measure of form and consequence rather than solely of severity.

Overview of MMEA

The MMEA is a direct measure of emotional abuse, it is completed by an individual to assess his/her experiences of perpetrating or being the victim of emotional abuse. The MMEA, as it is used now, consists of 28 statements which denote acts of emotional abuse. The individual marks on a 7-point Likert scale (Likert, 1932) the frequency of their perpetration of this behaviour and their frequency of receiving this behaviour from their partner. The responses range from 'this has never happened' to 'this has happened more than 20 times'. The Likert Scale as presented above is a psychometric measurement of opinion. For each behaviour, a statement is presented in which a respondent must indicate a proportion of agreement or disagreement in a multiple choice format. The Likert scale is the most universal method of survey style data collection, and therefore easily

understood. Responses are easily utilised for mathematical analysis and allows for the option of providing undecided responses. However, the Likert scale is uni-dimensional and only allows for the provision of a set number of responses, in this case 7, with the quantity between each response not being equal. Additionally the option to choose the 'I don't know' response lends itself towards individuals avoiding having to quantify the behaviours and 'opting out' of the critical reflection the measure needs.

Internal structure

The MMEA was developed following a systematic review of the literature (clinical and empirical studies) on psychological abuse in marital and dating relationships (Murphy & Cascardi, 1999). It was based on interviews with young women who had experienced dating violence. The 28 statements aim to measures four distinct factors: (1) dominance and intimidation (e.g. threats, behaviour intended to produce fear); (2) restrictive engulfment (e.g. isolation of partner, intense jealousy); (3) denigration (e.g. humiliate, degrade); and (4) hostile withdrawal (e.g. withholding emotional contact). This four-factor model was developed, with the factors based on the behaviours expressed and the presumptions about their intended emotional consequences (Murphy & Hoover, 1999).

(1) Dominance and Intimidation (D/I)

This factor relates to threats, property damage and verbal aggression. It was believed that the intended effect of these behaviours was to induce fear through displays of overt aggression. Of the four factors this was the most similar to physical aggression (as measured by the Conflict Tactics Scale (CTS); Straus 1979).

(2) Restrictive Engulfment (RE)

This factor incorporates behaviours intended to isolate and restrict a partner's activities and social contacts, as well as intense displays of jealousy and possession. It was believed that the intended consequences of these behaviours were to increase dependency and limit threats to the relationships. This factor was consistently associated with anxious and insecure attachment (as measured by the Reciprocal Attachment Questionnaire (RAQ); West, Sheldon, & Reiffer, 1987).

(3) Denigration (D)

Humiliation and denigration were combined to form this factor, on the assumption that the intended consequence of both was to reduce a partner's self-esteem. Denigration was primarily associated with being vindictive and domineering. Although Murphy and Hoover (1999) found that both Denigration and Dominance/Intimidation were similarly associated with interpersonal problems and physical aggression (as measured by the Inventory of Interpersonal Problems (IIP); Alden, Wiggins

& Pincus, 1990 and the CTS respectively), they believed they remained distinct forms of emotional abuse.

(4) Hostile Withdrawal (HW)

This final factor includes withholding emotional contact with the intention of punishing the partner and increasing anxiety and insecurity about the relationship. This factor was less associated with physical aggression than Dominance/Intimidation and Denigration; it was associated with interpersonal problems such as being vindictive and domineering (as measured by the IIP; Goerl, 2005).

Murphy and Hoover (1999) assert that the measures available prior to the development of the MMEA, a sample of which are detailed above, consistently contained lists of aggressive acts, primarily verbal in nature, or lists of coercive behaviours designed to be characterised within long term, 'battering' relationships that failed to account for emotional abuse as a wider concept. For example, interviews with battered women identified several subcategories of abusive behaviours including isolating and restricting partners' activities or social contacts, attacking partners' self-esteem and damaging property (Murphy & Hoover, 1999).

Through the development of the MMEA, Murphy and Hoover (1999) aimed to develop a measure that could assess emotional abuse using theoretically deducted definitions of varying forms of emotional abuse. To achieve this,

a systematic review on the literature surrounding psychological abuse in dating relationships was conducted and from this, items relating to emotional abuse were selected. Certain items, including financial abuse and male privilege, were excluded to allow for wider generalisability of the resulting measure.

The preliminary version of the MMEA (Murphy & hoover, 1999) included 34 items based on the above four factors. It was designed to assess the feasibility and usefulness of measuring emotional abuse as a multifactorial construct, and was given to a sample of 71 female university students. Consequently, some items were discarded and some added resulting in a new measure of 54 items. Exploration of these 54 items was conducted on a sample of 86 female university students. There are no effect sizes or power calculations reported in the original paper, an issue which is discussed in more depth further in this critique.

There is a potential bias in this initial sample given that participants were all females, opportunistically recruited on a single university campus, within an 'Introduction to Psychology' Module and incentivised to take part through the provision of a course credit. This potentially biases the sample towards like-minded individuals and can be argued to limit the generalisability of the measure to a wider populations i.e. males or those cohorts of females identified as at high risk of being victimised (for example females of lower socioeconomic status or within minority communities;

Tolman & Rosen, 2001; Edwards, Sylaska & Neal, 2015). No further information regarding the sample is given thus removing the ability to assess further bias within the sample.

A Principal Components Analysis (PCA) with varimax rotation was used to explore the factor structure of the 53-item measure (one item was automatically deleted due to no variance) using data from 157 females combined across both samples. However, this PCA was only run on the data provided by the participants about their partner's behaviours and not their own perpetration of these. PCA is the preferred method of factor extraction and in this case yielded 12 factors with eigenvalues greater than 1, visual analysis of the scree plot (not provided in the original paper) then suggested a four factor solution (Murphy & Hoover, 1999). These four factors cumulatively accounted for 55% of the variance.

Although PCA is one of the most commonly used exploratory data reduction procedures (Osborne & Costello, 2004), there are a number of issues related to its use. Firstly there is an inability to account for the probability of making an error of inference due to a lack of inferential statistical tests used (Osborne & Costello, 2004). To ensure accuracy and generalizability a large sample size is key, whether this is measured through total *N* or subject to variable ratios. If either method were to be applied to Murphy and Hoover's (1999) original paper neither assumption would be met (i.e. ratio of 10:1 of minimum *N* of 400-500; Osborne & Costello, 2004). An

alternative and more robust method of exploring factor structure could have been factor analysis. This would have allowed for the discrimination of shared versus unique variance. This would eliminate the possibility of inflated values of variance (Costello & Osborne, 2005).

The small total sample sizes used in the original paper mean that results should be interpreted with caution given the potential for unstable loadings, non-replicable factors, and lack of generalizability.

Despite these evident issues with sample size and generalizability, Bonechi & Tani (2011), sought to verify the factor structure for use with an Italian population through the use of confirmatory factor analysis. Where the original paper examined only participant's reports of their partner's behaviours, Bonechi & Tani (2011) examined both perpetration and victimisation and reported confirmation of the original four-factor model proposed by Murphy and Hoover (1999). While the samples size in this study was far superior to the original paper (N = 417), the analyses in this study are vulnerable to the same statistical criticisms as the original paper regarding the use of selective approaches (Costello & Osborne, 2005).

Murphy and Hoover (1999) do not report a parallel analysis (Horn, 1965). This is a recommended process when determining factor extraction in an attempt to reduce chance relating to over/under extracting (Ledesma & Valero-Mora, 2007; O'Connor, 2000). Utilising an online Parallel Analysis Engine (Vivek et al., 2007) data was entered from the initial pool of 53

items and 157 persons utilised within the Murphy and Hoover (1999) paper. This indicated that only factors of 2.37 or more were reliable. The authors used a scree test to decide four of the 12 factors over 1 were suitable. However an eigenvalue of 2.37 is stringent, so it is questionable if all 4 factors were reliable. Nevertheless, Bonechi and Tani (2011) found a similar structure with a bigger sample.

The variation in definition and the discord between alternative measures of IPV presented above, from lists of specific behaviours to broader or more narrow behavioural categories which can include anything from two to four dimensions, brings into question the internal structure of the MMEA. To this end very little research has been conducted in the psychometric properties of the MMEA.

When reporting findings from the use of a single measure the breadth of countries should be taken into consideration. Key studies which have examined the psychometric properties of the MMEA have been conducted across America, Australia and Italy. These countries although possibly culturally diverse are all part of the 'Western World' and so material similarities will exist. It is possible that this has contributed to the consistent internal structure of the MMEA.

Nevertheless, the evidenced links between both D/I and D and physical aggression support the strong theoretical connection between emotional abuse and physical abuse in relationships. This finding gives weight to the

inclusion of aspects of emotional abuse in, for example, the CTS. The weaker associations between both HW and RE and physical aggression are equally important to note as they indicate that there may be individuals in the general population who experience these forms of emotional abuse but do not experience any physical abuse. These individuals were being missed out on prior to the development of the MMEA promoting HW and RE being seen as abusive behaviours.

Administration and Scoring

As mentioned above, the MMEA is a self-report measure which requires individuals to quantify the frequency of occurrences of various statements relating to the four domains. Individuals rate how often each behaviour has occurred in their relationship on the 7-point Likert scale ranging from 'never' to '20 times or more'. Although this is a 28 item measure, in reality there are 56 items as each statement is answered twice – firstly relating to the participants own experience of perpetrating these behaviours and secondly to their partners use of these behaviours towards them.

Example item:

> *Tried to stop the other person from seeing certain friends or family members. You? Your partner?*

This is a relatively short measure (even when considering each question must be answered twice, therefore increasing its applicability to both research and clinical settings.

The MMEA can, and has been, scored in a number of ways (frequency, sum and variety scoring). The first and most prominent scoring method used is sum scores. Sum scores are calculated by adding all items from a rating scale. Scores can range from 0 to 175 for each factor, and 0 to 700 for the total measure. Ro and Lawrence (2007) utilised the method of sum scoring within their study. This method of scoring allowed the authors to compare and contrast scores gathered form three separate measures of emotional abuse. The use of total perpetration and victimisation scores enabled the authors to clearly see that, within their sample of married couples, husbands' reported significantly more perpetration of emotional abuse than did their wives. Frequency scores ae calculated by adding the midpoints for each response category across the four factors and the measure as a whole. Variety scores have also been used with the MMEA (Gormley & Lopez, 2010). This method was proposed by Moffit et al. (1997) in their study utilising the CTS (Straus, 1979). In this scoring procedure, each item is scored as yes or no with factor scores ranging from 0 to 7 based on how many items are positively endorsed. Primarily this method of scoring is used in research which also utilises the CTS.

Shorey et al., (2012) compared these three scoring methods and found that the MMEA was positively skewed and kurtotic when frequency and sum scores were used, whereas variety scores were relatively normally distributed. Sum, variety and frequency scores produced strong internal consistency estimates for the MMEA of between 0.75-0.94. The MMEA showed evidence of construct and concurrent validity across the three different scoring methods.

Response distortion

As with all self-report measures, especially those which assess behaviours which individuals may find shameful, or socially sensitive (King & Brunner, 2000), socially desirable responding is a potential confound. Socially desirable responding is the tendency for individuals to present a favourable image of themselves (Johnson and Fendrich 2005), be this through a desire to conform, or appear to conform, to social norms (impression management) or through a genuine belief in the information they are presenting (self-deception; King & Brunner, 2000). Babcock et al., (2008) found socially desirable responding to be an issue within domestic violence research. Further, Murphy and Hoover confirm that self-reports of emotional abuse by batters are significantly and, negatively correlated with both impression management and self-deception.

Socially desirable responding has an effect on the validity of a psychometric measure (Mortel, 2008). According to Nederhof (1985) 10%-75% of the

variance in participants' responses can be explained by socially desirable responding which can confound relationships among variables of interest by suppressing or obscuring these relationships or producing artificial relationships between variables (King and Brunner, 2000), thus affecting the overall validity of the measure.

Murphy and Hoover (1999) did account for this with the concurrent use of the Balanced Inventory of Desirable Responding (BIDR-6; Paulhus, 1991). The BIDR-6 measures both impression management and self-deception. Murphy and Hoover (1999) found that those who reported less abusive behaviours score higher on the BIRD-6, indicating that impression management has a consistent influence on self-reports of emotional abuse.

Within the MMEA, there is no screening for inconsistent or random responding which can be considered a limitation of the measure. One limitation of self-report measures completed over the internet or in locations where the researcher is not present, is the inability to observe the individual completing the measure to ensure that they are doing so thoughtfully and attentively (DeSimone, Harms & DeSimone, 2015).

Reliability

Reliability is most commonly presented through the 'coefficients alpha' as an indicator of internal consistency (Cronbach, 1951). This is a continuous indicator of internal consistency, however the benchmark for 'good

reliability' as proposed by Nunnally (1978) for exploratory research is 0.70, for basic research is 0.80 and for research in applied settings is 0.90. Although there are many forms of reliability (for example internal consistency, test-retest, inter-rater etc.) the basic premise remains the same – that is that all scale scores contain some degree of fluctuation attributable to measurement error.

Internal consistency is a general term used for estimating the reliability of a measure by evaluating the within-scale consistency of the responses to the items of the measure. It is only applicable to multiple-item measurement instruments. Cronbach's Alpha is the most widely used method for estimating the internal consistency. Coefficient Alpha assumes (1) uni-deminsionality, and (2) that items are equally related to the construct therefore, interchangeable. In practice this means that Alpha assumes factor loadings to be the same for all items. Composite reliability does not assume this but takes into consideration the varying factor loadings of the items and so may have been a more accurate choice of test of internal consistency.

The original paper (Murphy & Hoover, 1999) selected the final 28 items of the MMEA based on empirical criteria related to subscale reliability on a rational, a priori basis (Nunally, 1978).

There have been a number of studies which examined the internal consistencies of the MMEA with various populations, the overall results of

which appear varied and somewhat problematic (see Table 4). For example, while, HW across the studies has maintained generally high Cronbach alpha scores (*a*s>0.90), RE, D/I and D scores have varied vastly across studies (*a*s ranging from 0.65–0.88, 0.52-0.91 and 0.55-0.92 respectively). This variation in scores could indicate the influence of gender and reporter, thus limiting the practical utility of the measure within samples wider than that used in the original paper (university aged females).

Table 4: Internal Consistency of MMEA

Study	Sample Description	Sample Size		Reliability Victimisation		Reliability Perpetration	
				Female	Male	Female	Male
Bonnachi & Tani (2011)	Italian University Students Age ranged from 18 to 31 years (*M* = 21.7 years, *SD* = 3.3). Heterosexual relationships of over 6 months	417 (188 males and 229 females)	**RE**	0.77		0.73	
			HW	0.84		0.82	
			D/I	0.78		0.75	
			D	0.74		0.73	
Carton & Egan (2017)	General population	128 (23 males and 105 females)	**Total**	0.91		0.90	
			RE	0.67		0.74	
			HW	0.72		0.78	
			D/I	0.79		0.78	
			D	0.83		0.85	
Goerl (2005)	Heterosexual couples seeking couples counselling	242 (121 males and 121 females)	**RE**	0.88		0.85	
			HW	0.90		0.83	
			D/I	0.88		0.90	
			D	0.86		0.90	
Gormley & Lopez (2010)	Undergraduate university students	127 (61 males and 66 females)	**Total**			0.89	0.96
Ireland & Birch (2013)	Australian University students	269 (61 males and 66 females)	**Total**	0.92		0.96	

Murphy & Hoover (1999)	University students x2 academic years Females	71 86	**RE** **HW** **D/I** **D**	0.84 0.88 0.83 0.89	0.85 0.91 0.91 0.92
Murphy, Hoover & Taft (1999)	University students Heterosexual dating relationships	400 (110 males and 288 females and 2 gender not specified)	**Total** **RE** **HW** **D/I** **D**	 0.84 0.90 0.86 0.81	 0.83 0.86 0.79 0.81
Murphy, Taft & Eckhardht (2007)	Partner violent men	139	**Total** **RE** **HW** **D/I** **D**	 0.84 0.90 0.86 0.81	 0.83 0.86 0.79 0.81
Norwood & Murphy (2012)	Female partners of men who perpetrated IPV	216			
Panuzio et al., (2007)	Female partners of men who perpetrated IPV (with children)	37			
Rivero (2012)	Heterosexual couples seeking couples therapy	406 (203 males and 203 females)			

Ro & Lawrence (2010)	Heterosexual couples seeking marriage licence	100 (50 males and 50 females)	**Total**	0.88	0.91	0.77	0.91
			RE	0.73	0.71	0.65	0.66
			HW	0.91	0.91	0.74	0.92
			D/I	0.52	0.68	0.61	0.63
			D	0.58	0.76	0.55	0.70
Shorey et al., (2012)	Female university students	108	**Total**				
			RE	0.85		0.84	
			HW	0.91		0.89	
			D/I	0.89		0.89	
			D	0.88		0.87	
Taft et al., (2003)	Partner violent men	107	**Total**				
			RE		0.84		0.83
			HW		0.90		0.86
			D/I		0.86		0.79
			D		0.81		0.81
Taft et al., (2005)	Female partners of men who perpetrated IPV	96					
Yoon & Lawrence (2013)	Heterosexual couples seeking marriage licence	102 (51 males and 51 females)					

Having said this, when sum total scores are examined, rather than factor dimensions, the overall internal consistency remains relatively stable and high across studies (*a*s ranging from 0.77–0.91).

Shorey et al. (2012) examined the internal consistency scores the MMEA across scoring methods on a sample of 108, female, university students (see Table 5). The results of which indicate that when sum scores are used Cronbach's alpha scores are consistently higher. However high internal consistency was noted across all three scoring methods, which may be due to the sample used in this study mimicking closing that of the original sample (Murphy & Hoover, 1999).

Table 5: Internal Consistency of MMEA across scoring methods (Shorey et al., 2012)

	***a* Sum Scores**	***a* Frequency Scores**	***a* Variety Scores**
Perpetration Total	.93	.92	.92
RE Perpetration	.84	.81	.75
D/I Perpetration	.89	.87	.86
D Perpetration	.87	.85	.82
HW Perpetration	.89	.86	.86
Victimization Total	.94	.92	.93
RE Victimization	.85	.81	.79
D/I Victimization	.89	.80	.86
D Victimization	.88	.90	.84
HW Victimization	.91	.87	.86

Mean alpha reliabilities have been calculated from the studies listed in table 4, all of which exceeded the 0.70 benchmark, ranging from 0.77-0.90. Results are presented in Table 6.

Table 6: Mean Cronbach's alpha scores across studies

	Mean α	***95% CI***
Perpetration Total	0.89	0.84-0.94
RE Perpetration	0.77	0.72-0.82
D/I Perpetration	0.77	0.70-0.83
D Perpetration	0.78	0.71-0.86
HW Perpetration	0.84	0.80-0.87
Victimization Total	0.90	0.88-0.92
RE Victimization	0.82	0.78-0.85
D/I Victimization	0.79	0.72-0.86
D Victimization	0.79	0.74-0.85
HW Victimization	0.87	0.83-0.90

Validity

Validity can be described as the ability of an instrument to measure the attributes of the construct under study (Trochim, 2001). Support for the validity of an instrument is determined by examining construct, content, and criterion-related concepts (DeVon et al., 2007).

Construct validity is the degree to which an instrument measures the concept it is intended to measure (Cronbach & Meehl, 1955). Construct validity is supported if the variables are related to theory. Therefore the

MMEA would be considered to have construct validity if all 28 items exclusively measure concepts that are theoretically related to emotional abuse. However if the MMEA were to also measure aspects of physical or sexual aggression it may not have adequate construct validity as a measure of emotional abuse. To this end, the MMEA displays good face and construct validity, as described above, it was developed following: (1) a review of the available literature on emotional abuse in marital and dating relationships (Murphy & Cascardi, 1999); and (2) interviews with women who had experienced emotional abuse in intimate relationships. Murphy, Taft and Eckhardt (2007) found that the MMEA subscales displayed differential associations with measures of physical violence, attachment and interpersonal problems, supporting the construct validity of MMEA subscales as distinct, but correlated forms of emotional abuse.

Further evidence for the construct validity of the MMEA comes through studies which have successfully used it to specifically assess emotional abuse (Georl, 2005; Shorey et al., 2012).

Translational validity is comprised of face validity and content validity. Face validity means that the instrument looks, on the face of it, as if it measures the construct of interest (DeVon et al., 2007) and content validity is indicated if the items in the tool sample the complete range of the concept under study. Murphy & Hoover (1999) in their original paper report that the findings suggest that it is both feasible and useful to conceptualise and

measure emotional abuse as a multidimensional construct but do acknowledge that further validation is required. Subjectively viewed, the MMEA can be deemed as covering the concept it is designed to cover.

Convergent and discriminant validity are related concepts on opposite ends of a spectrum. Convergent validity is a correspondence between constructs that are theoretically similar (DeVon et al., 2007). Conversely discriminant validity is a measure of an instrument's ability to differentiate or discriminate between constructs that are theoretically different.

Ro and Lawrence (2010) examined the convergent validity of the MMEA against the CTS2-PS and the Test of Negative Social Exchange (TENSE; Ruehlman and Karoly 1991) and found moderate to high levels of convergent validity indicating that these measures reflect similar, but not necessarily identical, constructs of psychological aggression. Further, Groel (2005) found significant positive associations between the subscales of the MMEA and the psychological abuse subscales of the CTS2, for both male and female participants. Finally Shorey et al., (2012) found significant positive correlations between the MMEA and the CTS2s and the FPAS.

Ro and Lawrence (2010) further examined discriminant validity with results indicating that the MMEA demonstrated consistently stronger correlations with other measures of psychological aggression than with measures of behavioural affect. Bonechi and Tani's, (2011) study indicated significantly moderate discriminant validity between the subscales on the MMEA and

subscales on the Conjugal Communication Questionnaire (Cusinato & Cristante, 1999). They found that Hostile Withdrawal was significantly negatively correlated with positive communication styles (such as efficacy) and positively correlated with negative communication styles (such as avoidance, dismissal and manipulation).

Finally, examination of external validity indicated that the MMEA was correlated with all three of the measures of marital satisfaction, depressive symptoms, and physical aggression. Bonechi and Tani's, (2011) assessed the external validity of the MMEA and found significant negative correlations between the four subscales of the MMEA and relationship satisfaction as reported for both Victimization and Perpetration.

Reports from further studies utilising the MMEA indicate that it is a comprehensive measure of psychological aggression (Groel, 2005; Ro & Lawrence, 2010; Murphy, Hoover & Taft, 1999). However, as evidenced above internal consistency of the MMEA is varied and in some studies extremely low.

Although the validity of the MMEA as measured through these above studies is promising, there are a number of cautions which should be noted, foremost is that the samples, across studies, are primarily university students or those currently/previously involved in abusive relationships. These represent two extremes of populations and may fail to capture the validity of the MMEA on the general population, that is those not involved

in abusive relationships but whom still may experience these behaviours, and those not educated to third level. Further, with the exception of Carton and Egan (2017) no other studies included data from non-heteronormative relationships thus validity cannot be confidently generalised.

Discussion

Despite the introduction of the *Controlling or Coercive Behaviour in an Intimate or Family Relationship* legislation and the inherent legal definition of emotional abuse which accompanies, in terms of assessing emotional abuse for clinical or research purposes there is no unifying definition. Due to the variation in definition and typology of emotional abuse as a form of IPV, these measures are limited by their individual conceptual frameworks. The factors selected and assessed are guided by these frameworks and thus findings gathered from various measures cannot be used to build on findings from other measures. The multifactorial construct of the MMEA increases its efficacy within a clinical context, for example within the context of couple's therapy, in addition to its more traditional research orientated use. Participants' accounts of emotional abuse can be broken down in order to understand further what types of abuse are most prevalent within the relationships, thus enabling clinicians to target specific behaviours and plan specific interventions.

Ro and Lawrence's (2010) examination of the reliability of the subscales indicated that although the use of subscales can provide increased

conceptual understanding of the larger construct of psychological abuse, the low reliability of the individual subscales warrants caution when using it in this broken-down manner for research purposes.

As discussed above, the original study was developed on a sample of university aged females in dating relationships. Thus the MMEA is normed for a very specific population which underrepresents those individuals more at risk of perpetrating or being the victims of IPV. The impacts of this have been evident in the reliability of the MMEA across studies. Those studies which mirrored closely the original sample (Shorey et al., 2012) demonstrated much higher internal consistence's than did those which deviated towards measuring, for example, males (Ro & Lawrence, 2010). This is of particular note as recent research has indicated that females in heterosexual relationships, and individuals in same sex relationships, are equally likely to use emotional abuse as a form of IPV (Archer, 2000). Having said this, Taft et al., (2003) used the MEMA with a sample of 107 men who presented for treatment for the perpetration of IPV and found that the Cronbach's alpha for total MMEA scores was 0.94 at both pre-treatment and at follow-up.

Georl (2005) found that there were significant differences in the mean scores of the psychological abuse subscales between women and men. For the Hostile Withdrawal category, men's reports of experiencing this type of abuse from their partners were significantly higher than women's, whereas

women reported experiencing significantly higher amounts of Dominance/Intimidation behaviours than men. Additionally, this study noted that the item '*my partner drove recklessly to frighten me'* was almost exclusively endorsed by female participants, thus adding weight for the need to examine the reliability of this measure on male samples with the possibly of the measure requiring adjustment in order to increase generalisability.

Carton & Egan (unpublished) have used the MMEA with a sample of 392 participants who identified as members of the LGBT community where again reliability was maintained for measures of both perpetration and victimisation (Cronbach's alpha scores of 0.76 and 0.87 respectively). These are promising results in the diversifying of the MMEA, however these findings need to be replicated on further varied samples to determine its reliability.

CHAPTER 4: EMPIRICAL RESEARCH (I)

Title: The Dark Triad and perpetration of intimate partner violence in the LGBT community

Abstract

Little research has been conducted specifically examining intimate partner violence (IPV) within the Lesbian, Gay, Bisexual and Transgendered (LGBT) community. This study looked at the impact of Dark Triad (DT) traits and personality characteristics on IPV for those, within the LGBT community, who disclose committing IPV, consisting of the physical, sexual and psychological forms of abuse.

This study employed a cross-sectional design format, utilising an online survey with participant recruitment through social media and advertisements. IPV was measured via the Multidimensional Measure of Emotional Abuse (MMEA) and the short form of the revised Conflict Tactics Scale, version 2 (CTS2S) in a community sample specifically targeting those who identify as part of the LGBT community (N=392).

Correlation analysis indicated a significant positive relationship between the perpetration of psychological abuse and high scores on Machiavellianism and psychopathy. Regression analysis indicated DT traits (measured by the SD3) and general personality traits; specifically low honesty-humility and high emotionality (measured by the HEXACO-60) were associated with the perpetration of psychological and physical abuse.

Introduction

The Dark Triad

The Dark Triad of Personality (DT) is formed from three separate, but correlated, socially aversive personality constructs, each of which share, at their core, the common expression of callous manipulation (Furnham, Richards & Paulhus, 2013). These traits are Machiavellianism, narcissism and psychopathy (Paulhus & Williams, 2002).

Narcissism and psychopathy originated in clinical literature (literature concerning populations of individuals currently under clinical or forensic supervision; Ray & Ray, 1982) and Narcissism is considered a Personality Disorders (PD) in its own right within the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; 2013). Personality Disorders and traits are on a continuum and thus dimensional perspective means that traits can be seen as less psychiatric and more as extremes of normal ranges. Consequently, psychopathy in a subclinical population can be viewed as extreme low agreeableness and low conscientiousness (Miller et al., 2001). When narcissism is considered in a subclinical context, the key features of grandiosity, entitlement, dominance and superiority remain the same (Corry et al., 2008), its expressive, outgoing form can be seen as related partly to extraversion.

Machiavellianism has a completely different origin; rather than a PD, the concept was named for the philosophies of Nico Machiavelli, political advisor to the Medici family in the 1500s. Consistent with Machiavelli himself, those who possess this personality trait believe in interpersonal manipulation as the key to life's success and behave accordingly (Jones & Paulhus, 2009).

When applied to the prediction of antisocial behaviours, the DT has shown greater incremental validity than that of the general Big Five personality traits alone (Lee et al., 2013). For example, Nathanson, Paulhus and Williams (2006) found that DT traits were more strongly correlated with self-reports of criminal activities than were the Big Five factors.

Since the development of the DT, many studies have investigated the efficacy of these traits in predicting various socially aversive behaviours (Furnham, Richards & Paulhus, 2013). Primarily, the focus has been on the relationship between the DT traits and aggression. For example, Baughman et al., (2012), investigating the relationships between the DT and bullying, found that psychopathy was most strongly related to bullying, followed by Machiavellianism and narcissism respectively. Williams et al., (2001) found that those with higher psychopathic traits were more likely than those with Machiavellian or narcissistic traits to have come in contact with the criminal justice system. Jones and Paulhus (2010) reported that where those with higher psychopathic traits responded aggressively to

physical threats, those with higher narcissistic traits were provoked to aggression through a significant ego-threat.

Previous research into the links between DT traits and particular mating strategies have found that DT traits facilitate an exploitative, short-term mating style in men (Jonason, Webster & Schmitt, 2009), and that women who score highly on DT measures use violence against rivals more frequently than do those who score lower on these traits (Jonason, Li & Buss, 2009). LaLumiere and Quinsey (1996) found that antisocial personality traits, sexual deviance and mating effort were all associated with sexually coercive behaviours in men. When considering the impact of DT traits on mating, it is important to remember that, although findings refer to men and women, the majority of these findings are representative of those seeking heteronormative relationships and may differ to the short-term mating styles adopted by those seeking same-sex relationships. Currently there is no available research on mating styles in same sex relationships.

Jonason et al. (2011) found those with high rates of DT traits favoured lower standards in their mates; for example, those scoring highly on psychopathy devalued 'kindness' as a trait in their mate. Secondly, those scoring highly on DT measures were thought to assertively choose their mates in order to (perhaps unconsciously) generate a volatile environment to appease their need for stimulation and impulsivity. This same study

proposed that as DT traits are associated with certain antisocial personality characteristics, individuals who score highly on DT measures were more likely to accept these traits in their partners. As these findings are gender-free, it can be theorised that this model may be applied to those seeking both heteronormative and same-sex relationships.

The DT and the HEXACO Model of Personality

The Five Factor Model of personality (FFM; Costa & McCrae, 1992) comprises extraversion, agreeableness, conscientiousness, neuroticism and openness to experience, all of which have shown moderate correlations with DT traits (Paulhus & Williams, 2002). Bradlee and Emmons (1992) found that the Narcissistic Personality Inventory (NPI) was positively correlated with the extraversion aspect of the FFM and negatively correlated with neuroticism and agreeableness. Egan, Chan & Shorter (2014) found that Narcissism could be predicted by extraversion and low agreeableness.

Following critique of the FFM (Eysenck, 1992), Lee and Ashton (2005) put forward the HEXACO model and suggested a sixth dimension to general personality: honesty-humility. Honesty-humility has similarities to Machiavellianism and psychopathy (Hahn, Lee & Ashton, 1999; Ashton, Lee & Son, 2000). Later studies found that the common elements shared by the DT traits were almost identical to those of low honesty-humility (Lee et al., 2013). Lee et al. (2013) found that Machiavellianism overlapped with

both low agreeableness and low extraversion, while narcissism overlapped with high extraversion and psychopathy with low conscientiousness and low emotionality. In the current study, the relationship between the honesty-humility dimension and the DT is the primary reason for the choice of this measure over that of, for example, the Big Five Aspects Scale (BFAS; DeYoung & Quilty, 2007).

Intimate Partner Violence

Intimate Partner Violence (IPV) occurs in all socioeconomic, religious and cultural groups. Though IPV can have dire effects on the physical, emotional and psychological well-being of its victims (WHO, 2013), there is little consensus as to its definition. This study defines IPV as the use of exploitative strategies such as deception, manipulation, coercion, intimidation and violence, within an intimate relationship (Buss & Duntley, 2008; Buss & Duntley 2011), towards a partner who is motivated to avoid being harmed (Baron & Richardson, 1994). While IPV can be subdivided into three categories, physical, sexual and psychological, the majority of literature and research on IPV has focused hitherto on the physical/sexual aspects (Abramsky et al., 2011; Campbell, 2002; Campbell et al., 2002).

As noted a large volume of research has indicated the pervasiveness and damaging impact of IPV on individuals and communities (Black, 2011; Lanier & Maume, 2009; Reeves & O'Leary-Kelly, 2007). While the benefit of this research has been to raise awareness of IPV as a significant public

health problem, the main focus has been on acts of physical violence and, to a lesser extent, on sexual violence and/or psychological abuse. Recent researchers have challenged this focus on a single dimension of IPV (for example, that of physical violence) believing that this narrow theoretical and operational view allows for ongoing patterns of violence, abuse and control in IPV to be missed. Additionally, despite Archer (2000)'s finding that, within community-based samples, women are equally or more likely than men to perpetrate at least one act of physical aggression against a heterosexual partner, research continues to be weighted towards male perpetrators of physical violence against female victims (Johnson, 1995; Johnson & Ferraro, 2000; Stark, 2007).

Psychological Abuse

Though less researched psychological abuse has been consistently linked to physical abuse both as a precursor and a correlate (Hamby & Sugarman, 1999; Harper et al., 2005).

It has been argued that the dearth of research into psychological abuse can be explained through the lack of a unified definition of this (Follingstad, 2011; Ro & Lawrence, 2007). Issues arise due to the lack of consensus regarding the specific behaviours which constitute psychological abuse, whether psychological abuse can be broken down into subcategories and whether different forms of psychological abuse have different outcomes. As a means to combat these difficulties within this paper, the author has

chosen to utilise the definition, and its subcategories, defined by Murphy and Hoover (1999) and consequently the psychometric measure developed from this definition, the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999). Murphy and Hoover (1999) define psychological abuse as "coercive or aversive acts intended to produce emotional harm or threat of harm" (Murphy and Hoover, 1999, p40) the scale comprises subscales of dominance and intimidation, restrictive engulfment, denigration and hostile withdrawal.

Describing Sexual Orientation

"*Unless the word homosexual is clearly defined, objective discussion regarding it is futile, and misunderstanding and erroneous conclusions are inevitable*" (Henry, 1955 as cited in Sell, 2007 p355).

Sexual identity refers to how individuals define themselves sexually; it may or may not describe their actual sexual behaviours. Sexual behaviours are what the individual actually does, whether or not this is consistent with their sexual identity (Moser, 2016). The majority of large scale research studies into IPV do not acknowledge or inquire about the sexual orientation of the participants nor the gender of their intimate relationship partner (National Coalition of Anti-Violence Programmes, 2007). The concepts of sexual orientation and gender are not synonymous, for example being involved in a same-sex relationship is a behaviour, while identifying as lesbian, gay, bisexual or transgender (LGBT) is an identity. As such not all

individuals in same-sex relationships identify as LGBT (Knauer, 2012). Research needs to be explicit as to whether it is addressing the behaviour or the identity. This present research aimed at including those who specifically identify as part of the LGBT community. Please see Appendix D for glossary of terms used in this research.

IPV and Psychological Abuse in the LGBT community

IPV occurs not only in heteronormative relationships but also in same-sex relationships, and those where one or both partners identify as transgender or genderqueer (National Coalition of Anti-Violence Programs, 2012). Research indicates that IPV within the LGBT community occurs at similar, if not elevated, rates than for those who identify as heterosexual (Edwards et al., 2015; Hellemans et al., 2015; Walters, Chen & Breidling, 2013). Despite increased research into IPV, LGBT IPV is still an understudied phenomenon when compared to studies involving heteronormative relationships. Existing research in LGBT communities has reported inconsistencies in IPV's prevalence, as well as within and between group variations (Barrett & Pierre, 2013).

To address this imbalance, the differences in experience of IPV in heteronormative and non-heteronormative relationships should be examined. Hence the current paper chose to utilise a sample specifically of participants who identify as part of the LGBT community.

IPV is commonly measured using the Conflict Tactics Scale (CTS; Straus et al., 1996) or its revised short form (CTS2S; Straus & Douglas, 2004). The CTS looks at tactics (negotiation, physical assault and psychological aggression) used when there is conflict within an intimate partner relationship (Straus & Douglas, 2004). The CTS2S has been criticised for its lack of generalizability (Yun, 2011). As the CTS2S does not sample emotional/psychological abuse in the depth required by this current study, it will be paired with the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999) which specifically addresses a range of emotional/psychological abuse subtypes: dominance/intimidation, restrictive engulfment, denigration, and hostile withdrawal.

Research aims

A number of studies have investigated the associations between individual DT traits and IPV (Hamberger & Hastings, 1990; Rosen, 1991; Baumeister, Smart & Boden, 1996; Juodis et al., 2014), however to date only one piece of research has specifically investigated the relationship between DT traits as a whole and IPV (Carton & Egan, 2017).

It is important to investigate the associations between DT traits and IPV to create a knowledge base comprehensive enough to further our understanding of the impact on victims and also to fully inform the treatment for the perpetrators of IPV.

This study aims to determine (1) the relationship between personality, including DT traits, and the perpetration of IPV within a sample of the LGBT community, (2) whether general personality traits and/or DT traits are associated with the perpetration of IPV and (3) whether there are any moderating factors to the relationships between personality and perpetration of IPV.

Examining the relationship between DT traits and IPV specifically within the LGBT community allows researchers and the wider public to reframe how IPV is viewed and to "*scrutinize the ideological frameworks, cultural narratives, and stereotypes that have been set forth, as well as investigate further the predictors of violence and the use of scales created*" (Baker et al., 2013, p182).

Method

Participants

Given a moderate effect size (f2=0.15) and a p=0.05 significance level, power analysis revealed that a minimum of 270 participants were required to achieve a power of 0.80. The total participants in the present study was *N* = 392. Inclusion criteria for participation were age (18 to 65 years old), currently/in the past involved in an intimate relationship lasting longer than one year, identifying as a member of the LGBT community, fluency in English and provision of informed consent. Exclusion criteria were non-English speaking, non-involvement in a relationship for the specified time, identifying solely as heterosexual and not being a member of the LGBT community (see figure 2 for flow chart of exclusions from total participants). Because of the relative openness of the selection criteria, the result was a heterogeneous sample across all the demographic variables (see tables 7a and 7b for demographic breakdowns). Please see Chapter Five for full discussion on potential sampling biases and the impact of these.

Participants were recruited through advertisements (social media, forums, magazines, posters, flyers) and word-of-mouth to take part in the research online. Efforts were made to place advertisements where they would be accessed by a wide sample of the LGBT community. To this end advertisements were placed in *Gay Times* and *DIVA* magazines.

Figure 2: Participant exclusion

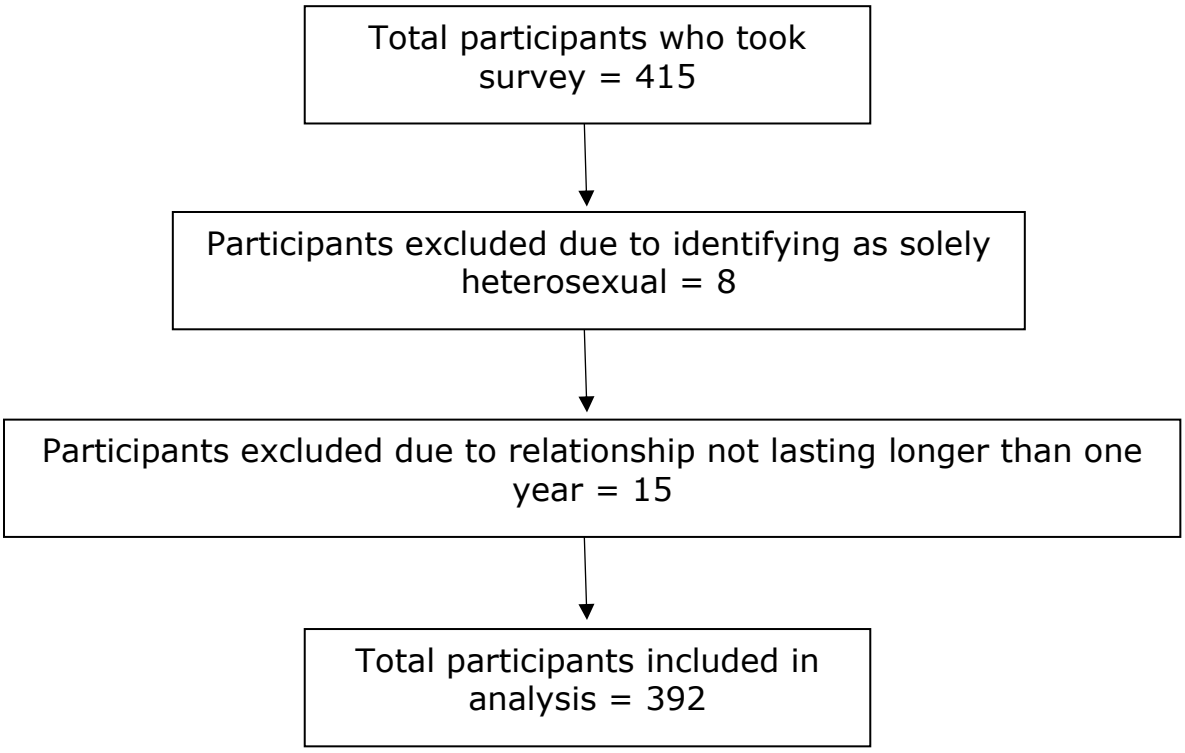


Table 7a: Demographic data for entire cohort

Variable	Frequency
Gender Identity	
Cisgender male	233
Cisgender female	140
Transgender male	8
Transgender female	6
Non-binary	2
Queer	2
Intersex	1
Sexual Orientation	
Homosexual gay	218
Homosexual lesbian	108
Bisexual/pansexual	55
Asexual	2
Queer	5
Unlabelled	4
Relationship description	
Same gender	360
Opposite gender	15
Polyamorous	17
Relationship status	
Married	134
Co-habiting	175
Dating	83

Table 7b: Demographic data for entire cohort (continued)

	Homosexual gay	**Homosexual lesbian**	**Bisexual**	**Pansexual**
Cisgender male	212	0	12	5
Cisgender female	4	105	21	6
Transgender male	1	0	3	1
Transgender female	0	1	3	1
Other	1	1	3	0

Note: it is believed that the cisgender females identified themselves as 'homosexual gay' because they took the broader definition of gay which includes same-sex attraction to women.

Design

This regression study employed a quantitative, cross-sectional, online questionnaire format because information was gathered through the administration of online questionnaires at only one point in time. For the purposes of this study, the predictor variables looked at were the DT traits of Machiavellianism, narcissism and psychopathy, and the six broad domains of personality: honesty-humility, emotionality, extraversion, agreeableness versus anger, conscientiousness and openness to experience. The criterion variables were physical/sexual abuse and psychological abuse.

Measures

Demographic Questionnaire

Participants filled out a short background questionnaire detailing gender identity, age, ethnicity and sexual orientation. Questions relating to the specifics of the relationship which participants were referring to in the survey were then asked (space was provided for participants to expand or clarify on their orientation or identity). A final set of questions addressed participant's and their partner's experiences of Mental Illness (MI) and Personality Disorder (PD), and whether the participant had experienced IPV in relationships other than the one referred to.

The HEXACO-60 (Ashton & Lee, 2009)

The HEXACO-60 is a measure of general personality traits. It was adapted from the longer HEXACO Personality Inventory-Revised (Ashton & Lee, 2008) and measures six broad domains of personality: honesty-humility (H), emotionality (E), extraversion (X), agreeableness versus anger (A), conscientiousness (C), and openness to experience (O) (Ashton & Lee, 2009). The HEXACO-60 has demonstrated internal consistency reliabilities in the range of: honesty-humility α = .79, emotionality α = .78, extraversion α = .80, agreeableness versus anger α = .77, conscientiousness α = .78 and openness to experience α = .77 (Ashton & Lee, 2009) (see Appendix E for full HEXACO-60).

The Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999)

The MMEA is a 28-item scale that specifically measures emotionally abusive aspects of IPV. It uses a 7-point Likert scale to measure the number of times a particular aspect of emotional abuse (restrictive engulfment, denigration, hostile withdrawal and dominance/intimidation) has occurred within a relationship, instigated by either the participant or their partner. The total MMEA score has a Cronbach alpha of α = .91 and is statistically valid as an index of psychological aggression for both clinical and research purposes (Murphy & Hoover, 1999) (see Appendix F for full MMEA).

The Revised Conflict Tactics Scale Short Form (CTS2S; Straus & Douglas, 2004)

The CTS2S is a 20-item measure of IPV adapted from the longer 39-item measure version of the CTS2 (Straus et al., 1996). It uses an 8-point Likert scale to look at tactics (negotiation, physical assault and psychological aggression) used during conflict within intimate relationships (Straus & Douglas, 2004). It measures the number of times a particular aspect of IPV has occurred and records whether it was instigated by the participant or their partner. The CTS2S has demonstrated good construct and concurrent validity (Archer, 1999; Straus & Douglas, 2004). There are many ways to score the CTS2S. This study chose to score based on prevalence; participants reporting physical violence by their partners were classified as victims of IPV while those who used any violent act were classified as perpetrators of IPV. Strauss and Douglas (2004) stated that CTS2S reliability cannot be calculated due to the method of scoring. Sacchetti and Lefler (2014) nevertheless scored the CTS2S and found perpetrator reliability was α = 0.59, victim reliability α = 0.67. Because the CTS2S does not sample psychological abuse in depth, it was measured separately (see Appendix G for full CTS2S).

Short Dark Triad (SD3) (Jones & Paulhus, 2014)

The SD3 is a 27-item measure that uses a 5-point Likert scale to look at the personality traits associated with the Dark Triad. It is broken into three

parts with nine items looking at each of Machiavellianism, narcissism and psychopathy (see Appendix H for full SD3). The SD3 has demonstrated good validity with the subscales showing reliabilities of: Machiavellianism α = .71, narcissism α = .74 and psychopathy α = .77 (Jones & Paulhus, 2014).

Procedure

The website was constructed using Bristol Online Surveys. Participants were informed about the study, asked to give consent and then completed the online research study consisting of the above measures. Participants rated their own personality and the conflictual behaviour that was present during the relationship to which they were referring. At the end, participants were debriefed and provided with links to agencies (including LGBT specific agencies) that aim to manage and/or provide therapy for those in conflictual relationships.

Statistical analysis

Data were analysed using SPSS 24.0 (SPSS Inc.) for Windows, initially testing for reliability and normal distribution. Correlations (Spearman's Rho) and regressions were run on quantitative data. All hierarchical blockwise regressions took the same form: demographics followed by HEXACO-60 and then SD3 were entered as separate blocks, thus enabling the incremental validity associated with the DT to be calculated. The

significance of individual standardised beta weights indicated which measures in the separate blocks were influencing the criterion outcomes.

Results

Data for this study were analysed to examine the relationship between the DT as a whole and IPV, and DT as individual constructs and IPV, as defined by the CTS2S and MMEA.

Preliminary analysis

Preliminary analysis indicated that two variables (CTS2S participant total and MMEA participant total) were negatively skewed and, therefore, not normally distributed. Log transformations and square root transformations were applied to the data, however the variable, CTS2S participant total, remained non-normally distributed. As such, non-parametric tests were utilised throughout subsequent analyses. With the exception of the psychopathy and Machiavellianism domains of the SD3, all scales demonstrated very good reliability. Further inspection of the psychopathy domain indicated that the reliability significantly increased with the removal of a single item, *'I avoid dangerous situations'*. For the purposes of this study, the most reliable version of the psychopathy domain was used throughout (see table 8).

Table 8: Summary psychometric data for entire cohort

Measure/Subtest	Min	Max	Mean	SD	Reliability
Machiavellianism	12	44	27.16	5.34	0.74
Narcissism	9	38	22.52	4.97	0.66
Psychopathy	8	32	16.54	4.32	0.72
Honesty-Humility	16	50	36.49	6.25	0.73
Extraversion	11	48	31.52	7.03	0.82
Emotionality	15	47	32.30	6.01	0.72
Agreeableness	14	49	30.81	6.14	0.77
Conscientiousness	17	50	36.85	5.25	0.70
Openness to Experience	18	50	37.95	5.64	0.71
Total CTS2S perpetration	1	63	10.42	10.96	0.96
Total MMEA perpetration	1	66	29.64	23.87	0.76
Restrictive Engulfment perpetration	1	42	10.15	7.92	0.84
Denigration perpetration	1	49	7.52	7.14	0.92
Hostile Withdrawal perpetration	1	49	14.86	10.18	0.93
Dominance/Intimidation perpetration	1	44	6.47	6.23	0.94

A one-way, between-groups analysis of variance (ANOVA) was run to determine the relationship between sexual orientation, gender and perpetration scores on the MMEA and the CTS2S, dependant on the participants' gender or sexual orientation (see tables 9a and 9b). Although a significant difference was found in terms of the effect of gender on perpetration scores the MMEA and sexuality on victimisation scores on the CTS2S (see Chapter Five), the sample still was analysed as a whole. This was due to the considerable difference in number of participants across both gender (for example 233 participants identified as cisgender male where 8 participants identified transgender male) and sexuality (for example 218 participants identified as homosexual male where 55 participants identified bisexual). Were these groups to be analysed separately, there would not have been sufficient power to this study. However these preliminary results do identify this as an area for future research where gender identity and sexual orientation within a sample can be analysed separately, enhancing our understanding further then the specific scope of this study allows. It is interesting to note at this point that those participants identifying as transgender female's perpetrated psychological, physical, and sexual abuse at rates more similar to cisgender males than cisgender females.

Table 9a:
One-way ANOVA, impact of gender identity on perpetration scores on MMEA and CTS2S

Measure	Gender identity	Min	Max	Mean	SD	F	Eta²
MMEA Perpetration	Cisgender male	2	166	32.75	25.93	2.48 (0.04*)	0.03
	Cisgender female	1	114	24.74	20.35		
	Transgender male	7	52	23.71	15.31		
	Transgender female	6	48	29.67	14.71		
CTS2S Perpetration	Cisgender male	8	375	190.73	106.35	0.59 (0.67)	0.00
	Cisgender female	8	374	181.28	111.51		
	Transgender male	57	331	170.07	109.06		
	Transgender female	26	331	233.17	125.32		

**p is significant at 0.05 level*

Table 9b:
One-way ANOVA, impact of sexual orientation on perpetration scores on MMEA and CTS2S (continued)

Measure	Sexual Orientation	Min	Max	Mean	SD	F	Eta²
MMEA Perpetration	Gay	2	121	32.60	24.45	2.03 (0.07)	0.02
	Lesbian	1	114	24.70	20.78		
	Bisexual	1	166	28.34	28.17		
	Pansexual	4	82	34.46	25.04		
CTS2S Perpetration	Gay	8	375	191.21	106.95	1.51 (0.18)	0.02
	Lesbian	8	374	182.26	109.96		
	Bisexual	8	368	176.51	110.28		
	Pansexual	26	340	254.27	104.66		

Additionally, primary analysis was run on demographic data to determine whether either IPV perpetrating participants or their partners had, during the course of this relationship, (1) consumed alcohol to excess, (2) taken illicit drugs or (3) had a diagnosis of MI/PD (see table 10).

Table 10: Further demographic data for entire cohort

Variable	Percent
Participant consumed alcohol – duration of relationship	
Never	4.7%
Less than Monthly	20.4%
Monthly	17.3%
Weekly	44.7%
Daily/almost daily	12.9%
Partner consumed alcohol – duration of relationship	
Never	6.3%
Less than Monthly	19.2%
Monthly	18.6%
Weekly	39.0%
Daily/Almost Daily	16.8%
Participant took illicit substances – duration of relationship	
Never	72.5%
Less than Monthly	14.9%
Monthly	5.8%
Weekly	2.9%
Daily/almost daily	3.9%
Partner took illicit substances – duration of relationship	
Never	73%
Less than Monthly	14.4%
Monthly	5.1%
Weekly	2.4%
Daily/Almost Daily	5.1%

Table 10: Further demographic data for entire cohort (continued)

Variable	Percent
Self-reported diagnosis of mental illness of personality disorder	
Participant only	17.9%
Partner only	9.4%
Both	9.4%
Neither	63.3%

Correlation statistics

Spearman's Rho correlational coefficient tests were run to test for the expected patterns of association between the HEXACO-60, SD3, CTS2 and MMEA. These revealed that low honesty-humility was significantly positively correlated with Machiavellianism, narcissism and psychopathy, as were low extraversion and low agreeableness. Low emotionality was positively correlated with narcissism, low conscientiousness with psychopathy and low openness to experience with both Machiavellianism and psychopathy (see Table 11).

Table 11:
Internal correlations between measures (Spearman's rho, n = 392)

	Machiavellianism	Narcissism	Psychopathy
Honesty-Humility	**-0.53****	**-0.32****	**-0.45****
Emotionality	0.31	**-0.12***	0.02
Extraversion	**-0.20****	**0.41****	**-0.16****
Agreeableness	**-0.32****	**-0.18****	**-0.40****
Conscientiousness	-0.43	0.04	**-0.14****
Openness to experience	**-0.19****	0.08	**-0.18****

***p is significant at 0.01 level (2-tailed)*
**p is significant at 0.05 level (2-tailed)*

No significant correlations were found between scores on the SD3 and the perpetration aspect of the CTS2S. However significant positive correlations were found between Machiavellianism and perpetration scores on the MMEA, and between psychopathy and perpetration scores on the MMEA.

Significant negative correlations were found between honesty-humility and perpetration scores on the CTS2S, and between emotionality and perpetration scores on the CTS2S. Significant negative correlations were also found between honesty-humility and perpetration scores on the MMEA, as well as between extraversion and agreeableness and perpetration scores

on the MMEA. A significant positive correlation was found between emotionality and perpetration scores on the MMEA (see Table 12).

Table 12: Correlations between measures of personality and IPV

	CTS2S Perp total	MMEA Perp total
Machiavellianism	0.03	**0.25****
Narcissism	-0.02	0.06
Psychopathy	0.00	**0.16****
Honesty-Humility	**-0.14****	**-0.25****
Emotionality	**0.13****	**0.13****
Extraversion	-0.05	**-0.18****
Agreeableness	-0.03	**-0.26****
Conscientiousness	-0.08	-0.03
Openness to Experience	0.05	0.02

***p is significant at 0.01 level (2-tailed)*
**p is significant at 0.05 level (2-tailed)*

Regression statistics

More sophisticated analyses using multiple regression models tested the associations between the DT and general personality characteristics, and psychological and physical/sexual abuse. Built into these models were possible demographic influences on these associations. In all cases, hierarchical blockwise regression models were used, employing ranked outcome data to satisfy the needs of non-parametric testing. Variables were entered as follows: Demographics (gender, age, orientation,

relationship description, relationship status), Confounders (consumption of alcohol, illicit substance, MI/PD), HEXACO-60 and SD3.

The following paragraph reports on the fourth and final model of each regression, identifying variables which made significant contributions throughout each preceding stage, where relevant (see Table 13).

The regression successfully indicated associations with CTS2S perpetration scores ($F(19, 294) = 2.026$, $p<0.01$). Participants self-reported honest-humility was a significantly negatively associated with CTS2S scores at the final stage of the model ($\beta = -0.226$, $t(294) = -3.137$, $p <0.01$). Additionally, participants emotionality was significantly positively associated with perpetration scores on the CTS2S ($\beta = 0.124$, $t(294) = -2.003$, $p <0.05$).

The regression also successfully indicated associations with MMEA perpetration scores ($F(19, 288) = 2.776$, $p<0.001$). Similar to the CTS2S, honesty-humility proved to be significantly negatively associated with perpetration scores on the MMEA ($\beta = -0.174$, $t(288) = -2.463$, $p <0.01$).

When the MMEA was broken down into sub-dimensions, the regression successfully indicated associations with the perpetration of restrictive engulfment and hostile withdrawal ($F(19, 235) = 2.391$, $p<0.001$ and $F(19, 274) = 2.014$, $p<0.01$ respectively). Again, participants honesty-humility proved to be significantly negatively associated with hostile

withdrawal (β = -0.241, t (235) = -3.250, p <0.001). Although the overall regression for perpetration of denigration was non-significant at all stages, psychopathy was significantly positively associated with this (β = 0.240, t (151) = 2.310, p <0.05)

Table 13:
Hierarchical regression models - associations of *CTS2S and MMEA scores using demographics, and HEXACO and SD3 scores*

a. OUTCOME – CTS2S PERPETRATION total

Block	R	Adj R^2	R^2 change	F-ratio of change	P<
1. Demographics	0.11	-0.04	/	F (5, 308) = 0.75	n.s.
2. Confounders	0.26	0.38	0.57	F (5, 303) = 3.72	0.02**
3. HEXACO-60	0.33	0.62	0.41	F (6, 297) = 2.27	0.01**
4. SD3	0.34	0.59	0.06	F (3, 294) = 0.63	0.01**

b. OUTCOME – MMEA PERPETRATION total

Block	R	Adj R^2	R^2 change	F-ratio of change	P<
1. Demographics	0.19	0.02	/	F (5, 302) = 2.15	n.s.
2. Confounders	0.24	0.03	0.02	F (5, 297) = 1.48	n.s.
3. HEXACO-60	0.38	0.10	0.09	F (6, 291) = 5.01	0.01**
4. SD3	0.39	0.16	0.01	F (3, 288) = 1.12	0.01**

***p is significant at 0.01 level (2-tailed)*

A single variable was accounted for as possible confounder of results: whether the participant and/or their partner had a MI/PD.

Regarding participants or their partners having a diagnosis of MI/PD, there was a statistically significant difference between groups in perpetration scores on the CTS2S ($F(3,371) = 3.237$, $p < 0.05$.) A Tukey post hoc test revealed a statistically significant increase in partner perpetration of psychological abuse when the partner had a diagnosis of MI/PD than if both, or neither, participant and their partner had a diagnosis (61.86 ± 53.38 $p < 0.05$). There was also a statistically significant difference in perpetration scores on the CTS2S if the participant had a diagnosis of MI/PD than if neither the participant nor their partner did (216.31 ± 112.09 $p < 0.05$ and 212.64 ± 108.12, $p < 0.05$ respectively).

Discussion

The relationship between personality, including DT traits, and the perpetration of IPV within a sample of the LGBT community

This study sought to establish the relationship between personality and DT traits, and to measure psychological and physical/sexual abuse associated with IPV within the LGBT community. A small but significant positive relationship was found between the perpetration of psychological abuse and high scores on Machiavellianism, psychopathy, low honesty-humility, emotionality, low extraversion and low agreeableness. This is an

unsurprising finding given (1) that manipulation of others, a key aspect of Machiavellianism, is a psychological process, (2) that there is a proven relationship between antagonistic and antisocial qualities, key aspects of psychopathy and low agreeableness, and IPV (White & Widom, 2003) and (3) the proven relationship between emotional instability and verbal hostility (Egan & Lewis, 2011). These findings further replicate previous research in the general population which indicted a stronger relationship between Machiavellianism and both psychopathy and psychological abuse, than narcissism and this form of abuse (Kiire, 2017). Further, there were significant positive relationships found between the perpetration of sexual/physical abuse and both low honesty-humility and low emotionality.

Whether general personality traits and/or DT traits are associated with the perpetration of IPV

This study also tested whether general personality traits and/or DT traits *were associated with* the perpetration of IPV. It found perpetration of psychological and physical/sexual abuse to be associated with these traits, and in both cases low honesty-humility proved to be the biggest contributor to this association. In terms of the association with individual aspects of psychological abuse, low honesty-humility again proved to be a significantly associated with the use of restrictive engulfment, while high psychopathy proved to be significantly associated with denigration.

Whether there are any moderating factors to the relationships between personality and perpetration of IPV.

This study found that there were certain moderating factors in the relationship between personality and perpetration of IPV. Primarily it found that if participants' partners had a diagnosis of MI/PD this significantly increased their perpetration of psychological abuse.

Previous research has indicated that there was increased prevalence of IPV among individuals who identified as bisexual (Balsam et al., 2005; Freedner et al., 2002; Messinger, 2011). This research did not indicate any significant differences in prevalence by gender, sexual orientation or orientation of the relationship in question. This is an interesting finding that goes against current thinking and, as such, should be a focus for future research to examine.

Carton and Egan (2017) conducted similar research using a sample of heterosexual participants (N=128). The measures of IPV were comparable to those used in this current research which affords the author the unique ability to compare perpetration of IPV across samples. Carton and Egan (2017) found, as did this current study, an association between high Machiavellianism and the participant's perpetration of psychological abuse as a whole. Please see table 12 for prevalence rates within a sample of self-identified heterosexuals taken from Carton and Egan (2017) and self-identified members of the LGBT community taken from this current paper.

Table 14: Prevalence rates of Perpetration of IPV (%)

	Heterosexual males and females	Homosexual/bisexual males and females
Total CTS2S perpetration	92	96
Total MMEA perpetration	88	95
Restrictive Engulfment perpetration	71	79
Denigration perpetration	54	53
Hostile Withdrawal perpetration	78	89
Dominance/Intimidation perpetration	29	55

The prevalence rates presented above take into account all forms of abuse (from the less extreme '*I insulted or swore or shouted at my partner'* to the more extreme *'I punched or kicked or beat-up my partner')*; it is believed that this accounts for the high perpetration prevalence rates.

Both the sensitivity of the subject matter and the specificity of the population could have impacted on peoples' willingness to complete the survey. For example, those who had recently experienced, or were currently experiencing, IPV may have been reluctant to address it, even in survey form, or those who were not openly members of the LGBT community may not have been willing to participate.

Future research, when considering potential moderators, may want to consider using measures of LGBT specific stressors (for example minority stress (Meyer, 2003) or internalised homophobia).

There is currently a gendered view of IPV, supported by research (Dobash & Dobash, 2004), which stipulates that women are to be viewed as victims and men as perpetrators. However, in this study gender identity yielded no significant difference in perpetration rates. Taking this finding into consideration, future research, policy and provision needs to broaden our understanding of IPV by incorporating both female and male perpetrators and targeting interventions towards both genders.

Having investigated and discussed these constructs in relation to perpetrators of IPV in this chapter, similar constructs will be explored in survivors of IPV in Chapter Five.

CHAPTER 5: EMPIRICAL RESEARCH (II)

Title: Intimate partner violence and help-seeking in the LGBT community

Abstract

Little research has been conducted specifically examining intimate partner violence (IPV) within the Lesbian, Gay, Bisexual and Transgendered (LGBT) community. This study looked at the impact of Dark Triad (DT) traits and personality characteristics on IPV for those, within the LGBT community (N=392), who disclose being victims of IPV and their help-seeking behaviours.

This study employed a cross-sectional design format, utilising an online survey with participant recruitment through social media and advertisements. IPV was measured via the Multidimensional Measure of Emotional Abuse (MMEA) and the short form of the revised Conflict Tactics Scale, version 2 (CTS2S) in a community sample specifically targeting those who identify as part of the LGBT community (N=392).

Regression analysis indicated associations between DT traits and general personality traits, and victimisation scores on both the CTS2S and the MMEA. Thematic analysis revealed that, although a number of participants reported a positive experience with victim support services, of those whose experience was negative, all reported some form of specifically LGBT-related difficulty with the services provided. This research significantly contributes to a better understanding of the experiences of victims of IPV, within the LGBT community, seeking help and support.

Introduction:

Intimate Partner Violence

It is important to investigate both sides of the Intimate Partner Violence (IPV) cycle for many reasons. Firstly, as evidenced in Chapter Four, the prevalence of perpetration of IPV is very high, hence services need to be developed to address this. Secondly, there has been much research into the cycle of violence which has shown that victims of IPV often reciprocate violence to their oppressor and thus the cycle is maintained (Dixon & Graham-Kevan, 2011). It was, therefore, believed necessary to examine both aspects separately, however baring each one in mind when considering the other.

Attention was first drawn to the problem of 'men beating their wives' (McHugh & Frieze, 2006) in the 1970s. Since then, our understanding of the phenomenon of IPV has changed dramatically. For example, views have shifted from seeing it as a private matter and disbelieving, and blaming, 'battered wives', to recognising the prevalence of Intimate Partner Violence (IPV) in intimate relationships, including non-heteronormative relationships. The World Health Organisation's (WHO, 2013) prevalence study of the lifetime occurrence of physical/sexual IPV found that 36.6% of women in Africa had experienced IPV, 29.8% in America and 25.4% in Europe. The UK's Office for National Statistics (ONS; 2017) found that, for each category of abuse, women had significantly higher prevalence rates

of abuse than men (27.1% and 13.2% respectively). Tjaden and Thoennes (2000) reported on rates of IPV for women in both same-sex and opposite-sex relationships and found that lifetime prevalence of rape and physical abuse by female partners was 11.4% compared to 20.3% by male intimate partners. Tjaden and Thoennes (2000) noted that further research is needed to confirm or refute these findings. A similar study by Courvant and Cook-Daniels (1998) looking at transgender participants found that 50% of participants reported experiencing rape or physical assault by an intimate partner.

Research into victimisation in IPV has focused primarily on violence between male perpetrators and female victims in heteronormative relationships (Archer 2000; Hamby, 2009). In the 1960/1970s when research into IPV began to gain proper traction, same-sex relationships were not included in the analysis. This is most likely because, at this time, same-sex relationships were not accepted, or in some countries, illegal and thus largely invisible. This is no longer the case and there is a growing research base exploring the lived life of the Lesbian, Gay, Bisexual and Transgendered (LGBT) community (Balsalm et al., 2005; McClennen, 2005; Renzetti 1992) including IPV.

Estimates of prevalence of IPV within the LGBT community are often based on small, convenience samples (for example individuals at LGBT specific venues or events) and, because studies have used various definitions of

violence and time frames for measuring victimization, estimates of prevalence have varied (Waldner-Haugrud et al., 1997; Hassouneh & Glass, 2008).

For example, when Mak et al. (2010) conducted a study with 339 self-identified lesbian, gay and bisexual men and women, they found that, in a two-year recall period, 79.1% of participants reported experiencing some form of IPV. However, Langenderfer-Magruder et al. (2016) reported prevalence rates of any form of IPV amongst their LGBT participants (N=1139) to be 21.5% over a lifetime recall period. Irrespective of these inconsistencies, IPV in this population is a significant problem and requires research.

The remit of IPV has expanded since a consultation paper launched by then UK Home Secretary, Theresa May, into whether the law surrounding domestic abuse and IPV needed strengthening to include psychological abuse, led to new legislation, "*Controlling or coercive behaviour in an intimate or family relationship*", being introduced into the Serious Crime Act 2015. This law criminalises behaviours that stop short of serious physical violence but amount to extreme psychological or emotional abuse (Home Office, 2014). Empirical evidence setting forth the forms that psychological abuse can take, and the effects that these can have on individuals, is now needed so that Forensic Psychologists can advise the court on this topic.

Research has suggested that occurrences of psychological abuse are more common than those of physical or sexual abuse. For example an investigation completed by the National Intimate Partner and Sexual Victimisation Survey (2010) found that almost exactly the same numbers across genders (48.4% of women and 48.8% of men) reported experiencing psychological abuse in an intimate relationship during their lifetimes. In a sample of self-identified LGBT participants, Turrell (2000) found that 83% had experienced emotional or psychological abuse, while Freedner et al., (2002), in a sample of 521 LGBT adolescents, found it to be the most commonly reported form of IPV. Similarly, the National Intimate Partner and Sexual Victimisation Survey (2010) found that the lifetime prevalence of psychological abuse was 63% in lesbian women, 76% in bisexual women, 59% in gay men and 53% in bisexual men (Walters, Chen & Breiding, 2013). Despite these findings, psychological abuse is still under-researched in the LGBT community. Consequently, this current study chose to place an emphasis on psychological abuse using a measure specifically designed to assess this aspect of IPV. For the purposes of clarity, this study will examine four aspects of psychological abuse: deception, manipulation, coercion, and intimidation.

Help seeking

Forensic Psychologists have to advise the courts and victims. It is therefore important to understand how people manage these situations. To date,

understanding of help seeking behaviours has primarily drawn on 'survivor theory' and the process model of help seeking. Gondolf and Fisher (1988) explain survivor theory as an opposition to the theory of learned helplessness; it describes the various ways in which individuals (specifically women) actively cope with and manage violence, including repeated efforts to access a range of formal and informal sources of help in response to severe levels of violence. The process model of help seeking describes individuals' (again focussing on women's) efforts to end the violence they are experiencing, or to leave an abusive partner, as involving a progression of actions rather than as an event that occurs at a single point in time (Ansara & Hindin, 2010).

Rates of IPV in non-heteronormative relationships are comparable to those of heterosexual relationships (McClennen, 2005; Murray & Mobley, 2009; Walters, Chen, & Breidig, 2013), however research suggests that barriers to seeking help are significantly increased for those who identify as members of the LGBT community. There are numerous barriers to seeking help, for those in non-heteronormative relationships. These include the gender specific narrative of female victims of male perpetrators that has prevailed for over 50 years (Calton, Cattaneo & Gebhard, 2016), the recent legalisation of same-sex relationships in many countries, stigma, a belief that those seeking help will be discriminated against or 'outed', and the lack of provision for individuals within the LGBT community seeking help for IPV.

Courvant and Cook-Daniels (1998) reported that transgender survivors of IPV had expectations of violence or indifference from police or service providers and feared exposure of their transgender status. These were the biggest barriers to seeking help. Additionally, the segregation of many service providers to particular genders makes them inaccessible to transgender survivors. This study aims to increase our understanding of individuals' experiences of seeking help, and, in circumstances where help could have been sought, what may have prevented this.

Although professional services are available to victims of same-sex IPV, help-seeking behaviours are primarily directed towards friends (McClennen, Summers, & Vaughan, 2002). According to McClennen (2005), victims of same-sex IPV rarely seek sources of support such as solicitors and shelters, and they perceive therapeutic sources of support as unhelpful.

The Dark Triad

The Dark Triad (DT) of personality comprises three socially aversive personality dimensions: Machiavellianism, narcissism, and psychopathy (Paulhus & Williams, 2002). These dimensions are positively correlated and share the common expression of callous manipulation (Furnham, Richards & Paulhus, 2013). The DT traits are based on this foundation, and elements of all the Big Five Personality traits can be found across the three components of the DT, especially low agreeableness (Jakobwitz & Egan, 2005; Egan, Chan & Shorter, 2014). The DT is well operationalised;

Machiavellianism indicates manipulative social behaviour for personal gain, often against the interests of others (Wilson, Near & Miller, 1996). Psychopathy divides into primary and secondary forms; engaging in antisocial (but not necessarily illegal) behaviours motivated by a lack of conscience and a fearless temperament, are regarded as primary, whereas secondary psychopathy involves similar behaviours, but driven by neurotic expressions of conflict and impulsivity (Hicks et al., 2004). Narcissism is a multidimensional construct that splits into grandiose and vulnerable forms (Wink, 1991; Dickinson & Pincus, 2003; Pailing, Boon & Egan, 2014). Grandiose narcissism involves an exaggerated sense of self-importance, while vulnerable narcissism is characterised by social withdrawal and hypersensitivity (Campbell & Miller, 2011). The DT has been used to research antisocial behaviour in sub-clinical populations (Pailing, Boon & Egan, 2014; Egan, Hughes & Palmer, 2015; Zeigler-Hill et al., 2016).

Research aims

To-date, the majority of published studies on IPV in the LGBT community have taken a purely quantitative design. While this is a necessary approach to ascertain prevalence rates and the impact of various correlates, qualitative methods can help to improve understanding of issues effecting responses to IPV from a community perspective. The current study therefore use both methods.

This study aims to determine (1) the relationship between personality, including DT traits, and victimisation in IPV within a sample of the LGBT community, (2) whether general personality traits and/or DT traits are associated with victimisation in IPV and (3) the experiences of individuals in the LGBT community when seeking help following incidences of IPV.

Method

Participants

Please see Chapter Four for full description of participant recruitment, power analysis, inclusion and exclusion criteria, and recruitment.

Addressing Potential Sampling Biases

Research into IPV within the LGBT community has increased steadily since the 1980s, however the primary focus has been the experiences of lesbian couples and, within that, the experiences of the victims (Ristock, 2011). This is a partial sampling of the range possibilities. This research was open to any participant identifying as part of the LGBT community. In previous IPV research within the LGBT community, participants were rarely asked about their sexual orientation and/or the gender of their intimate partner (Baker et al., 2013) and, on those occasions when they were, it was assumed that these were synonymous, which can be problematic if participants are asked to think about a relationship from their past which may be from a time where they identified differently or had a partner of a

gender different to that which they would now have. To address this limitation, this research asked participants to indicate both their gender identity and sexual orientation, plus the orientation of the relationship they were referring to in the survey.

It is acknowledged that fear may still prevent members of the LGBT community from self-identifying, particularly older persons still marked by the historical or cultural implications of identifying as homosexual (Knauer, 2012), despite the anonymous nature of the survey (Moradi et al., 2009). It is also acknowledged that historical mistrust of authority figures or healthcare professionals may have impacted on respondents' openness to questions regarding their experiences of help-seeking.

Design

This mixed methods study employed a quantitative and qualitative, cross-sectional, online questionnaire format where information was gathered through the administration of online questionnaires at one point in time. For the purposes of this study, the predictor variables were the DT traits of Machiavellianism, narcissism and psychopathy, and the six broad domains of personality: honesty-humility, emotionality, extraversion, agreeableness versus anger, conscientiousness and openness to experience. The criterion outcome variables were physical/sexual abuse and psychological abuse.

Measures

Please note that all measures, with the exception of the help-seeking questionnaire, have been reported on in full detail in Chapter Four of this portfolio; please refer back to this for information on reliability and validity of the psychometric measures.

The following measures were used: (1) a specially designed demographic questionnaire, (2) the HEXACO-60 (Ashton & Lee, 2009) to measure of general personality traits, (3) the Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999) to measure the emotionally abusive aspects of IPV, (4) the Revised Conflict Tactics Scale Short Form (CTS2S; Straus & Douglas, 2004) to measure physical and sexual abuse and (5) the Short Dark Triad (SD3) (Jones & Paulhus, 2014) to look at the personality traits associated with the Dark Triad.

Help-seeking Behaviours Survey

For the purposes of this study, a survey asking about participants' experiences with seeking help, as either victims or perpetrators of IPV, was developed by the researcher. This survey allowed participants unlimited space to detail their experiences of (1) seeking help as a victim from a formal source, (2) seeking help as a perpetrator from a formal source, (3) seeking help as a victim from an informal source, (4) seeking help as a

perpetrator from an informal source and (5) what factors prevented them from seeking help at a time when they may have wanted to.

Procedure

Please see Chapter Four for full description of study procedure.

Statistical analysis

Data were analysed using SPSS 24.0 (SPSS Inc.) for Windows, initially testing for reliability and normal distribution. Correlations (Spearman's Rho) and regressions were run on quantitative data. All regressions took the same form: demographics followed by HEXACO-60 and then SD3 were entered as separate blocks, thus enabling the incremental validity associated with the DT to be calculated. The significance of individual standardised beta weights indicated which measures in the separate blocks were influencing the criterion outcomes.

Qualitative data was analysed thematically to identify, analyse and report on themes that emerged. For the purposes of this research, 'themes' were defined as any important data about the research question which represented a patterned response within the data set. Themes were separated by prevalence and importance; prevalence was determined by how often they occurred in the responses, importance by how well these responses answered the research question.

Results

Data for this study were analysed to examine the relationship between the DT as a whole and IPV, and DT as individual constructs and IPV, as defined by the CTS2S and MMEA.

A one-way, between-groups analysis of variance (ANOVA) was run to determine the relationship between sexual orientation, gender and perpetration or victimisation scores on the MMEA and the CTS2S, dependant on the participants' gender or sexual orientation. Although a significant difference was found in terms of the effect of gender on perpetration scores the MMEA and sexuality on victimisation scores on the CTS2S the sample still was analysed as a whole (see Chapter Four for full details).

Table 15a:
One-way ANOVA, impact of gender identity on perpetration scores on MMEA and CTS2S

Measure	Gender identity	Min	Max	Mean	SD	F	Eta²
MMEA Victimisation	Cisgender male	1	190	39.15	35.80	0.68 (0.60)	0.00
	Cisgender female	1	191	35.80	36.15		
	Transgender male	11	44	45.86	13.77		
	Transgender female	9	109	34.50	37.76		
CTS2S Victimisation	Cisgender male	8	366	189.50	102.86	0.69 (0.59)	0.00
	Cisgender female	8	366	174.23	107.80		
	Transgender male	25	337	154.14	123.28		
	Transgender female	8	334	182.92	128.15		

Table 15b:
One-way ANOVA, impact of sexual orientation on perpetration scores on MMEA and CTS2S (continued)

Measure	Sexual Orientation	Min	Max	Mean	SD	F	Eta²
MMEA Victimisation	Gay	1	190	38.68		2.08 (0.07)	0.03
	Lesbian	1	191	34.24			
	Bisexual	3	164	37.38			
	Pansexual	6	169	56.23			
CTS2S Victimisation	Gay	8	366	188.37		2.91 (0.01**)	0.04
	Lesbian	8	364	169.85			
	Bisexual	8	358	179.10			
	Pansexual	25	339	246.29			

***p is significant at 0.01 level*

Quantitative Analysis

The complex multivariate nature of perpetrating IPV, as evidenced in Chapter Four, is mirrored by the complex multivariate nature of victimisation, and so correlational analysis will not be conducted in this Chapter.

Table 16: Summary psychometric data for entire cohort

Measure/Subtest	Min	Max	Mean	SD	Reliability
Total CTS2S victimisation	1	63	11.34	11.93	0.95
Total MMEA victimisation	1	191	37.86	35.98	0.87
Restrictive Engulfment victimisation	1	49	11.69	10.65	0.95
Denigration victimisation	1	48	10.64	10.60	0.94
Hostile Withdrawal victimisation	1	49	17.69	12.71	0.93
Dominance/Intimidation victimisation	1	49	9.66	10.80	0.95

Regression statistics

More sophisticated analyses using multiple regression models tested the associations between the DT and general personality characteristics, and psychological and physical/sexual abuse. Built into these models were possible demographic influences on these associations. In all cases, hierarchical blockwise regression models were used, employing ranked

outcome data to satisfy the needs of non-parametric testing. Variables were entered as follows: Demographics (gender, age, orientation, relationship description, relationship status), Confounders or Contributors (consumption of alcohol, illicit substance, MI/PD), HEXACO-60 and SD3.

The following reports on the fourth and final model of each regression, identifying variables which made significant contributions throughout each preceding stage, where relevant (see Table 16).

The regression indicated associations with CTS2S victimisation scores ($F(19, 288) = 2.069$, $p<0.01$). Participants honest-humility was a significantly negatively associated with CTS2S scores at the final stage of the model ($\beta = -0.197$, $t(288) = -2.731$, $p <0.01$).

The regression also indicated associations with MMEA victimisation scores ($F(19, 283) = 2.601$, $p<0.001$ respectively). Similar to the CTS2S, honesty-humility proved to be a significantly negatively associated with victimisation scores on the MMEA ($\beta = -0.253$, $t(283) = -3.559$, $p <0.001$). Additionally, participants conscientiousness was significantly positively associated with victimisation scores on the MMEA ($\beta = 0.137$, $t(288) = 2.308$, $p <0.05$). Additionally narcissism was significantly negatively associated with victimisation scores on the MMEA ($\beta = -0.1693$, $t(288) = -2.120$, $p <0.05$).

Finally, the regression indicated associations with victimisation scores on the MMEA for each sub-dimension (restrictive engulfment $F(19, 225) = 1.972$, $p<0.01$; denigration $F(19, 162) = 1.991$, $p<0.01$; hostile withdrawal $F(19, 271) = 1.691$, $p<0.05$ and dominance/intimidation $F(19, 150) = 2.504$, $p<0.001$). Participants honesty-humility was significantly negatively associated with victimisation scores for restrictive engulfment ($\beta = -0.236$, $t(225) = -2.928$, $p <0.01$), denigration ($\beta = -0.229$, $t(162) = -2.449$, $p <0.01$) and hostile withdrawal ($\beta = -0.207$, $t(271) = -2.772$, $p <0.01$). Additionally participants conscientiousness was significantly positively associated with victimisation scores for all three of these domains also; restrictive engulfment ($\beta = 0.144$, $t(225) = 2.145$, $p <0.05$), denigration ($\beta = 0.202$, $t(162) = 2.648$, $p <0.01$) and hostile withdrawal ($\beta = 0.127$, $t(271) = 2.048$, $p <0.05$). Low narcissism was significantly positively associated with hostile withdrawal ($\beta = -0.176$, $t(271) = -2.0106$, $p <0.05$). As indicated in Chapter Four, honesty-humility was significantly negatively correlated with all three of the DT traits. Previous research has indicated that those individuals high in DT traits are more likely to enter into relationship with reciprocal abuse, to be both victims and perpetrators of IPV and to perpetuate antagonism in a conflictual relationship (Jonason et al., 2011). It is thought that this may be one explanation for the significance of low honesty-humility in these results.

Table 17:
Hierarchical regression models - associations of *CTS2S and MMEA victimization scores using demographics, and HEXACO and SD3 scores*

a. OUTCOME – CTS2S VICTIMISATION total

Block	**R**	**Adj R^2**	**R^2 change**	**F-ratio of change**	**P<**
1. Demographics	0.09	-0.01	**/**	F (5, 302) = 0.53	**n.s.**
2. Confounders	0.29	0.05	0.07	F (5, 297) = 4.41	**0.01****
3. HEXACO-60	0.34	0.07	0.04	F (6, 291) = 2.19	**0.01****
4. SD3	0.35	0.06	0.00	F (3, 288) = 0.33	**0.01****

a. OUTCOME – MMEA VICTIMISATION total

Block	**R**	**Adj R^2**	**R^2 change**	**F-ratio of change**	**P<**
1. Demographics	0.09	-0.01	**/**	F (5, 297) = 0.47	**n.s.**
2. Confounders	0.27	0.04	0.06	F (5, 292) = 3.91	**0.01****
3. HEXACO-60	0.36	0.08	0.06	F (6, 286) = 3.43	**0.01****
4. SD3	0.39	0.09	0.02	F (3, 283) = 1.79	**0.01****

****p is significant at 0.001 level (2-tailed)*
***p is significant at 0.01 level (2-tailed)*
**p is significant at 0.05 level (2-tailed)*

A number of variables were considered as possible contributors or confounders to the results. These included whether the participant and/or their partner had a MI/PD and whether the participant and/or their partner consumed alcohol or illicit substances to excess.

Regarding participants or their partners having a diagnosis of MI/PD, there was a statistically significant difference between groups in victimisation scores on the MMEA and the CTS2S as determined by one-way ANOVA ($F(3,353) = 7.340$, $p < 0.01$ and $F(3,362) = 4.169$, $p < 0.01$). A Tukey post hoc test revealed a statistically significant difference in partner perpetration of psychological abuse when the partner had a diagnosis of MI/PD than if both, or neither, participant and their partner had a diagnosis (61.86 ± 53.38 $p < 0.05$). There was also a statistically significant difference in victimisation scores on the CTS2S if the participant had a diagnosis of MI/PD compared to if neither the participant nor their partner did (216.31 ± 112.09 $p < 0.05$ and 212.64 ± 108.12, $p < 0.05$ respectively).

Regarding partner's use of illicit substances, there was a statistically significant difference between groups in victimisation scores on the MMEA ($F(4,343) = 3.730$, $p < 0.01$). A Tukey post hoc test revealed a statistically significant difference if partners used illicit substances on a weekly basis compared to if they used them less frequently (78.09 ± 58.77, $P < 0.05$).

Qualitative Analysis

Thematic analysis was conducted on the qualitative data (n=188) gathered regarding participants' experiences of seeking help for the victimisation and perpetration of IPV. Thematic analysis was chosen due to its relative flexibility as a method of qualitative analysis. Thematic analysis is a method of identifying, analysing and reporting patterns or themes found within a data set (Braun & Clarke, 2006). Thematic analysis can be applied within many different theoretical frameworks. For the purposes of this study thematic analysis was applied as a realist method thus reporting on the realities and experiences of the participants (Braun & Clarke, 2006) to produce a rich thematic description of the entire data set.

For the purposes of this study, a 'theme' was defined as a representation of a patterned response or meaning within the data set which is important to the research questions. An analytic approach to identifying themes was chosen such that first data was organised and summarised to demonstrate patterns in semantic content and then attempts were made by the researcher to theorise significance of patterns and the broader implications of these.

Themes within this data set were analysed both in terms of prevalence and importance. Prevalence was counted at the level of data items (that is, if the theme appeared anywhere within the data as a response to questions

asked). Importance was determined on how well themes captured an important element of help-seeking behaviours.

Analysis

Firstly, the raw data was read to identify meaningful components of text relevant to the research topic. Secondly, components of text pertaining to the same issue were grouped together in analytic categories and given provisional definitions. The same component of text was only included in one category. Thirdly, the data was systematically reviewed to ensure that a name, a definition and extracts of data, to support each category, were identified. Thematic analysis resulted in 18 categories which were then grouped into 6 overall themes; two of these themes appeared in participants' discussions of their experiences of seeking help, and the other four appeared in participants' discussion of the barriers to seeking help.

Seeking Help as a Victim of IPV

A total of 35 participants wrote about their experiences of seeking help as a victim of IPV. Although some individuals wrote at length about their experiences of seeking help as victims of IPV, the majority of participants wrote capsule sentences. Analysis revealed two key themes: (a) help sought was supportive and (b) help sought was dismissive.

Help Sought was Supportive

Within the theme of 'Supportive', four categories were evident: (1) received help; (2) therapy is good; (3) non-judgemental; and (4) felt listened to (see figure 3).

The majority of participants who reported seeking help as a supportive experience cited 'feeling listened to' as the primary reason for this. Sample comments were: *'Counsellor was very understanding and listened well', 'someone to listen, someone to talk me through the pain'* and *'just having someone hear me'.* The prioritisation of feeling listened to suggests that although there were other factors which made services supportive overall, the sense of feeling listened to and believed was a priority: they *'…treated me well…they believed my accounts'.*

Help Sought was Dismissive

A slightly larger number of participants reported experiences of seeking help and being dismissed rather than supported. Of the 35 participants who wrote about seeking help as a victim of IPV, 19 described their experiences as entirely dismissive.

Four categories fed in to the key theme of 'Dismissive': (1) no follow up, (2) repeatedly telling their story, (3) wrong sort of help and (4) LGBT specific difficulties (see figure 4).

LGBT specific difficulties were then broken down further into five subcategories, the most prominent of which was 'Minimisation of experience': '*They dismissed my complaint and told me to act like a man', 'because my ex-partner is trans* and the sexual assault was non-penetrative I wasn't taken seriously by the GP'* and *'…they minimised a scratch on my hand which was done by my partner'.*

Figure 3: Thematic analysis of help-seeking as victims of IPV – theme 'Supportive'

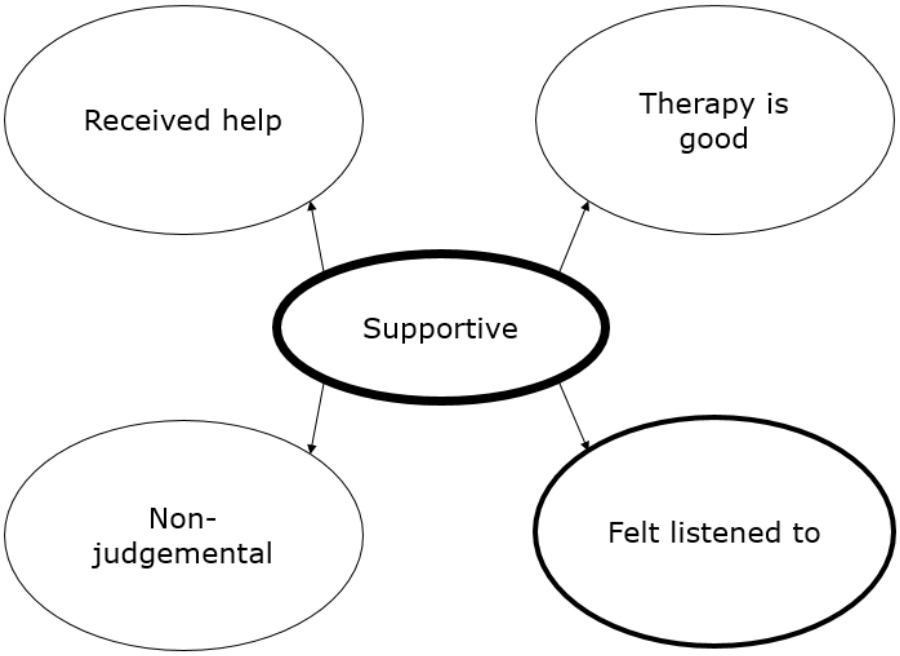
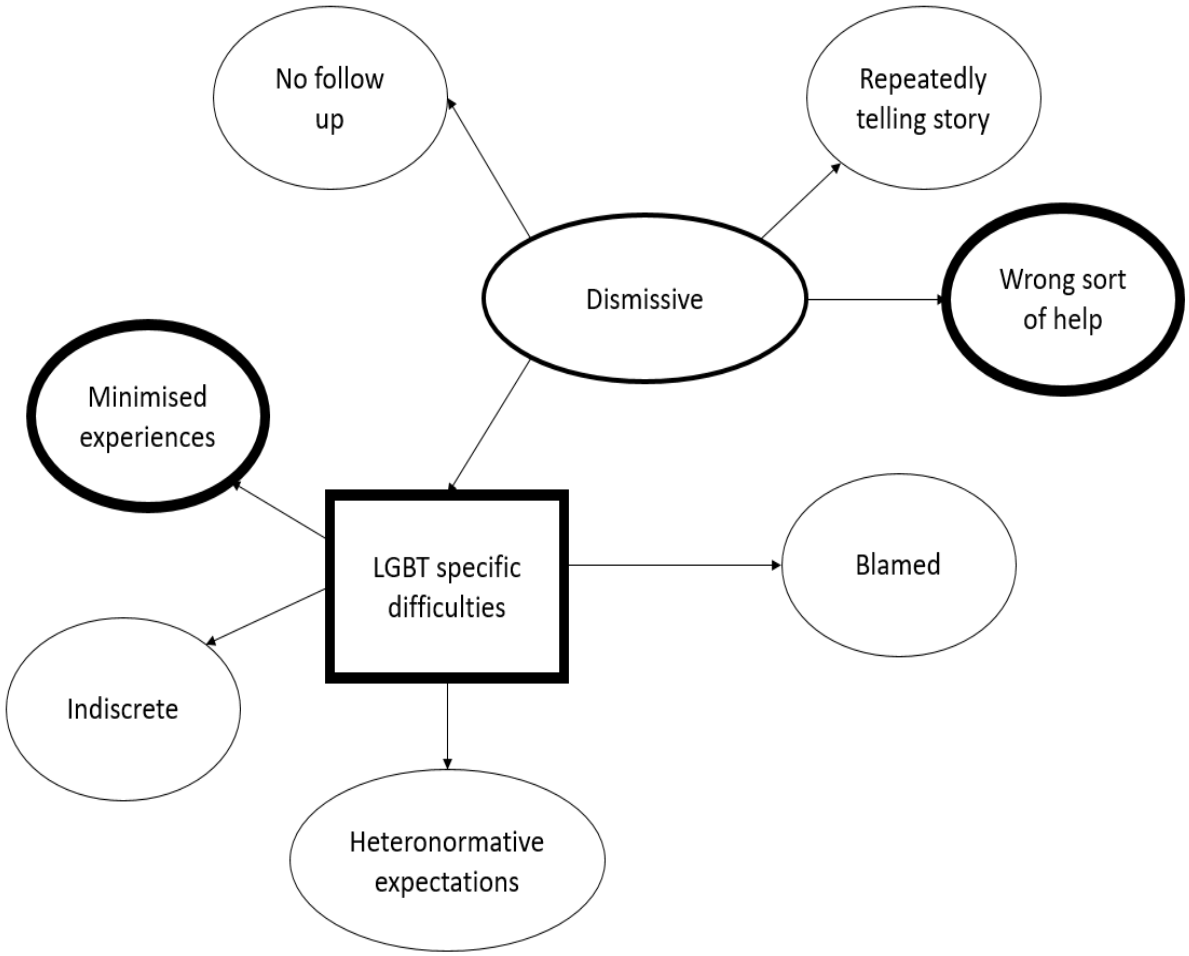


Figure 4: Thematic analysis of help-seeking as victims of IPV – theme 'Dismissive'



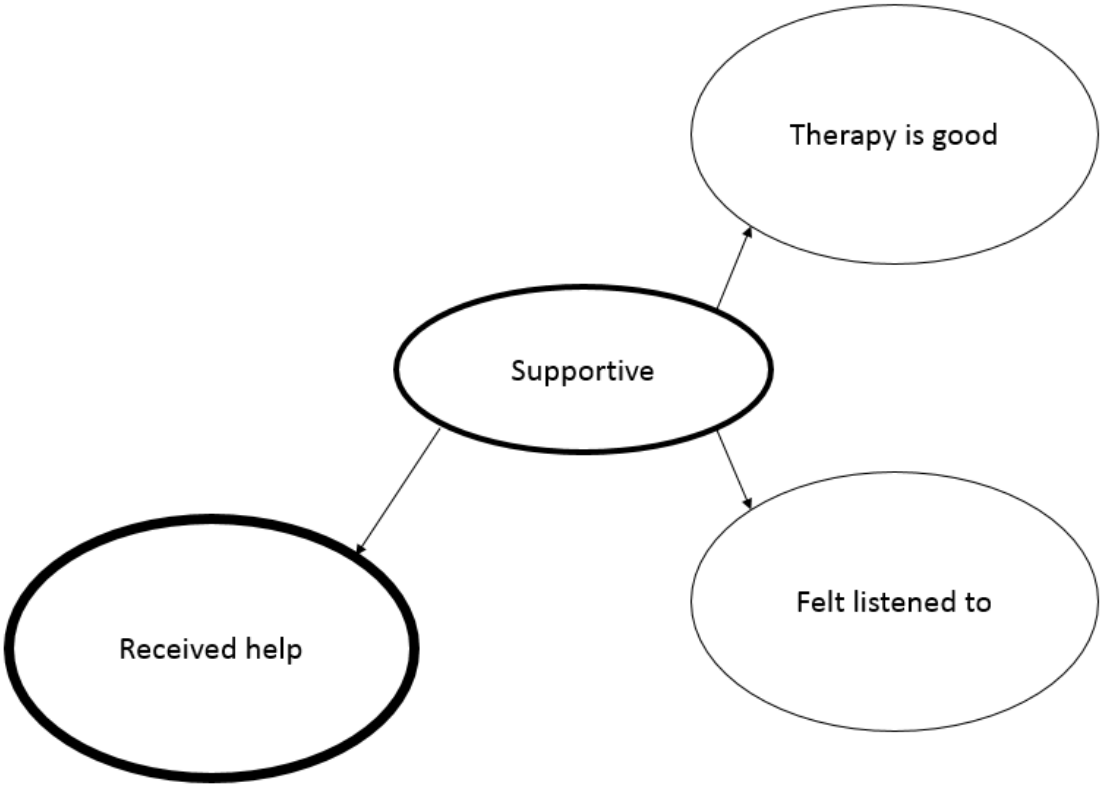
Seeking Help as a Perpetrator of IPV

The number of participants reporting seeking help for having perpetrated IPV was far less than those reporting seeking help as a victim (a total of 14 participants discussed seeking help as a perpetrator). However, all respondents reported experiences which fed into the key theme of

'Supportive'. Three thematic categories fed into this key theme: (1) received help; (2) therapy is good; and (3) felt listened to (see figure 5).

The majority of participants reported that they received the help that they sought: '*they helped me learn to trust my partner', 'for a short time I was able to feel like I was in a safe place, and that allowed me to think clearly'* and '*the support that I had enabled me to learn ways to manage and cope with my own distress reducing my negative impact on relationships'.*

Figure 5: Thematic analysis of help-seeking as a perpetrator of IPV – theme 'Supportive'



Barriers to Seeking Help as a Victim of IPV

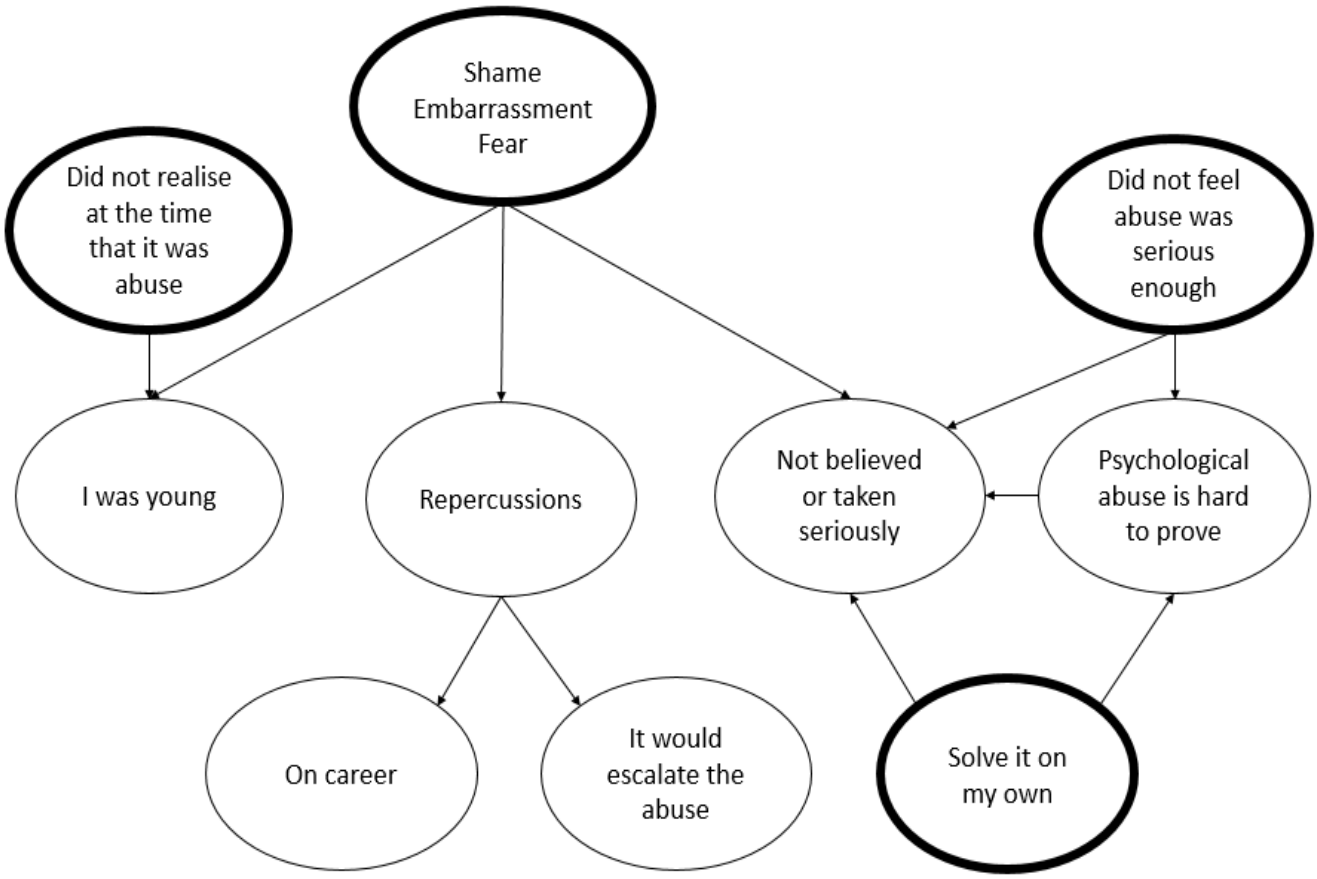
A total of 139 participants wrote about the barriers they experienced which prevented them from seeking help as a victim of IPV at times when this could have been an option. Analysis of this data revealed four key themes: (a) shame, embarrassment, fear; (b) did not feel abuse they had experienced serious enough; (c) did not realise at the time that it was abuse; and (d) belief that they could solve it on their own (see figure 6).

The key theme of 'Shame, embarrassment, fear' was by far the most commonly endorsed: '*Shame and the feeling that it's not unusual and I wasn't worthy', 'Embarrassment, isolation, fear', 'shame, embarrassment, feeling a failure. Believing it was my fault', 'Afraid they would leave. Afraid they would get my partner in legal trouble', 'Shame, didn't think they could do anything, and thought I could straighten him out on my own'* and '*embarrassed, shame. It was kind of normal'.*

Additionally, participants reported not feeling that the abuse was serious enough: '*I was younger when it happened and didn't think it was serious enough to warrant any professional help',* not realising at the time that what was happening in their relationship was abuse: *'Previous relationship, emotional abuse, did not understand what it was until years later'* and '*I didn't realise it was wrong and then, when I did, I didn't want anyone to know because I thought they would just dismiss it like I had initially'*, and a belief that they could manage the abuse on their own: '*I felt that I could*

deal with it myself', or that they had to manage on their own as no one would help them, for example: *'Felt unsafe, I didn't want to have to ever see my ex again. I felt like nobody would actually do anything since it was a gay couple'*

Figure 6: Thematic analysis of barrier to help-seeking as a victim of IPV



Barriers to Seeking Help as a Perpetrator of IPV

Compared to 139 participants who wrote about the barriers to seeking help as a victim of IPV, only 18 participants chose to speak about the barriers to them seeking help as a perpetrator of IPV. Of these all responses fed into two key themes: (a) did not realise at the time that it was abuse and (b) belief that they could solve it on their own: '*My Partner and I worked on it ourselves and became better. We also knew that Law enforcement would either overreact or dismiss it out of hand', 'I didn't realise how I was making the other person feel. There is a lot of ambiguity involved, but I never forced him to have sex, I just made him feel a little guilty for not wanting to…', 'I was very young and abusive to my partner and did not see it as abuse'* and '*I felt I was fighting back not starting fights'.*

Discussion

To broaden the field of research into IPV and psychological abuse, this study chose to select a sample of participants who specifically identified as part of the LGBT community. There were both benefits and limitations regarding the relative broadness of this. As this is the first study of its kind conducted in the LGBT community, it has established a line of study and increased awareness into an underrepresented population and an under researched topic. However, the generalizability of this research to specific groups within the LGBT community is limited. Within the sample analysed for this research, there were no significant differences in perpetration or

victimisation of physical, sexual or psychological abuse, and so the sample was analysed as a whole. However, were future research to break this group down further, it might allow for a narrower analysis and thus a more powerful comparison of relationships.

Previous research has applied a gendered view on victimisation in IPV. For example, Dobash & Dobash (1984) conducted qualitative research on women's experiences of IPV and explained that, in instances where women were abusive to male partners, this should be viewed as "*asserting herself*". Results from this study indicate that no significant differences were found in victimisation or perpetration rates between genders. It is hoped that this finding can add to the evidence against a gendered view of IPV and will allow for future research to approach victimisation in IPV from both male and female perspectives.

Qualitative analysis in this study clearly highlighted the underreporting of occurrences of IPV. This finding is important because the majority of research utilises data from crime surveys that require participants to have been officially assessed as falling within a Domestic Violence (DV) or physical/sexual assault context (Dixon & Grahm-Kevan, 2011). The impact of this is a vast underestimation of prevalence, especially within the LGBT community.

To-date, research surrounding help seeking behaviours has primarily focused on the experiences of women seeking help from male partners.

Currently in the UK, only two charities deal with members of the LGBT community who are seeking help or support for IPV. This study aims to highlight the need for provision of services that cater specifically to those from the LGBT community and for services currently in existence to develop their awareness of, and cater to, a broader range of victims and perpetrators.

Although LGBT-specific barriers to seeking help for IPV was not examined as a standalone research question, it became clear through analysis that there were certain barriers to seeking help, either as a perpetrator or a victim of IPV, which were specific to those in the LGBT community. For example, a number of participants' fears in terms of seeking help were based on the belief that they would be treated differently because they were in same sex relationships, for example: '*felt I would be treated poorly due to homophobia', 'I was in a same sex relationship in the military when the Don't Ask Don't Tell (DADT) policy was in effect. I was afraid to ask for help knowing that I would be dishonourably discharged from the military for being gay', 'from a counselling perspective, few gay supportive resources at the time…'* and *'I didn't take my experience as a victim seriously because I was in a lesbian relationship'.* Comment was also made by participants on the availability of LGBT specific services: '*there needs to be a huge marketing initiative in the educating of gays and lesbians that they don't have to live like that* [in an abusive relationship] *that there is*

help' and '*I'm not entirely sure where to seek help as a gay man in the north east* [of England]*'.*

It is clear from this study that the provision of education for service providers, policy makers and the general public is a necessary step in increasing awareness of psychological IPV. Education is necessary in order to begin to decrease the shame, embarrassment and fear that surrounds it, and ultimately to begin to decrease occurrences of it. The National Coalition of Anti-violence Programmes (NCAVP; 2014) reported that there was an increase in LGBT survivors seeking help between 2013 and 2014 (from 6% to 15%).

> *The fact that LGBTQ…people were more likely to access systems and services in 2014 is encouraging, and speaks to the work of LGBTQ organizations, and others, to reform violence response systems and expand the national discourse on intimate partner violence* (NCAVP, 2014, pg 3)

It is important to note that while this study indicates that individuals in same-sex relationships experience IPV at similar rates to those in opposite-sex relationships, homophobia plays a role in shaping this experience (Lobel, 1986).

It is recommended that future research should not only consider the impact of the perpetrator and victim separately but should also consider IPV within

the context of relationships. As detailed in Chapter Four, mating and interaction contribute significantly to acts of aggression (Jonason, Li & Buss, 2009; LaLumiere and Quinsey, 1996). White and Kowlaski (1998) report that to fully understand aggression researchers must consider the interaction between the victim, perpetrator and environment; this too can be applied to IPV.

CHAPTER 6: CONCLUSION

This thesis has aimed to provide a comprehensive and diverse enquiry into the field of IPV within the LGBT community. This field of research is paramount to providing thorough care intervention and policy to those experiencing IPV. Historically, money, and resources have been put into providing care for women seeking help from abusive male partners, however all chapters of this thesis evidence the need for varied provision. It is necessary to establish the true prevalence rates of IPV in the LGBT community and to identify the barriers to seeking help for this, so that we can build a safer, more accepting society with provisions targeted at all those who have suffered or have perpetrated IPV.

The research conducted as part of this thesis was the first of its kind to take place in England. To date the majority of empirical research into IPV in the LGBT community has taken place in the United States and so it was important that research took place in England which could add to this existing pool of literature, thereby increasing the generalisability of results.

An important aspect of fulfilling the requirements of an accredited professional doctorate is to conduct novel, meaningful research. The research in this thesis demonstrated originality in each chapter.

The systematic review conducted in Chapter Two was the first of its kind to combined data to examine prevalence rates of IPV (victimisation and

perpetration) in the LGBT community as a whole. The benefit of this was to identify variations across time, place and relationship type.

A key finding which came from this systematic review was that there is no clear unified definition of IPV, or the aspects thereof. Results of this review indicated that the most prevalent form of IPV was psychological abuse, however not a single study utilised a structured, validated or reliable measure to explain this. The critique of the Multidimensional Measure of Emotional Abuse (MMEA; Murphy and Hoover, 1999) aimed to provide an overview of the psychometric properties and applications of the MMEA in both clinical and academic settings. This was the first review conducted of the MMEA and indicated that reliability increased for those studies where the sample populations mirrored closely that of the original sample.

Chapters Four and Five were empirical investigations into IPV within the LGBT community, specifically looking at the associations between DT and general personality traits and the perpetration of, and victimisation from physical, sexual and psychological abuse. This investigation was novel in that it was the first of this kind to be completed in England and to place focus its on psychological abuse. Further, this was one of the first studies to employ a mixed methods approach which allowed participants to describe their experiences of seeking help, whether as victims or perpetrators.

There are many practical and research implications to this thesis. Firstly, estimating the proportion of a given population affected by IPV is germane to helping researchers, clinicians, policy makers, and service providers gain a greater understanding of the risk factors and treatment needs. It is necessary to build up a research base which can underpin the *Controlling or Coercive Behaviour in an Intimate or Family Relationship* legislation.

Secondly, as commented on throughout this thesis, it is necessary for a unified definition of IPV to exist amongst empirical research. The MMEA has the ability to provide such a definition for psychological abuse and the critique undertaken allows clinicians and researchers a more thorough understanding of the tool and the definition it utilises.

Thirdly, it is important to investigate the associations between DT traits and IPV to create a knowledge base comprehensive enough to further our understanding of the impact on victims and also to fully inform the treatment for the perpetrators of IPV.

There are a number of limitations to the studies included in this portfolio.

Although best efforts were made to capture all studies meeting the inclusion criteria, within the systematic review, it is possible that some studies may have been missed. Within this review itself, only one study included participants who identified as transgender. Therefore, in terms of synthesising data, it may have been more beneficial to have omitted this

study and focused solely on those studies utilising homosexual men and women.

It would have been interesting to conduct further research into the construct validity and dimensionality of the MMEA using the data gathered during the empirical research. Due to the constraints of this portfolio this was not possible at this time, however it remains a direction for future research.

Within the empirical studies there were a number of limitations with the sample itself. For example, the number of cisgender males (n=233) was greater than that of cisgender females (n=140) both of which were greater than the number of transgendered males and females (n=8, 6 respectively). Although analysis of the data did not indicate that gender impacted on results, this is still a limitation to the generalisability of the data to the LGBT community as a whole. It must also be acknowledged that although 392 participants completed the quantitative aspect of this research only, 49 participants wrote about their experiences of seeking help as either a victim or perpetrator of IPV. Greater numbers of participants writing about their experiences would have resulted in a more robust piece of qualitative research.

This research was also limited by a focus on those who had been in a relationship for more than one year; this was due to the requirements of the measures used, thereby missing out the potential for information on

the experiences of those in shorter term relationships. This would be an interesting direction for future research particularly as we know that high levels of DT trait are indicative of shorter term relationships (Jonason, Webster & Schmitt, 2009). As participants for this study were recruited opportunistically, though advertisement and social media, this study included only those with access to a computer and the internet. The nature of the topic and the sensitivity of the subject matter could have impacted on those willing to complete the survey, for example those who recently experienced, or were currently experiencing, IPV may have been reluctant to address this, even in survey form.

Future research into IPV within the LGBT community must specify the gender of the partner to whom the participant is referring. This would lead to a more concrete body of knowledge of the factors specific to same sex IPV.

Previous research has indicated that there was increased prevalence of IPV among individuals who identified as bisexual (Balsam et al., 2005; Freedner et al., 2002; Messinger, 2011). This research did not indicate any significant differences in prevalence by gender, sexual orientation or orientation of the relationship in question. This is an interesting finding that goes against current thinking and, as such, should be a focus for future research to examine.

Future research, when considering potential moderators, may want to consider using measures of LGBT specific stressors (for example minority stress (Meyer, 2003) or internalised homophobia).

There is currently a gendered view of IPV, supported by research (Dobash & Dobash, 2004), which stipulates that women are to be viewed as victims and men as perpetrators. However, in this study gender identity yielded no significant difference in perpetration rates. Taking this finding into consideration, future research, policy and provision needs to broaden our understanding of IPV by incorporating both female and male perpetrators and targeting interventions towards both genders.

In completing this thesis, knowledge has been added to an area that is currently limited in understanding. Diverse methodologies have been used, thus making this contribution robust and supported. This thesis has systematically explored the rates of IPV in the LGBT community, provided a critique of a key measure in this field of empirical research, reported on the personality characteristics which are associated with IPV, and detailed the experiences of those who have suffered or perpetrated IPV.

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APPENDICES

Appendix A: Search Strategies

ProQuest – ASSIA – 509

(MAINSUBJECT.EXACT("Psychological abuse") OR MAINSUBJECT.EXACT.EXPLODE("Physical threats") OR MAINSUBJECT.EXACT.EXPLODE("Violence") OR MAINSUBJECT.EXACT("Sexual abuse") OR MAINSUBJECT.EXACT("Domestic violence") OR MAINSUBJECT.EXACT.EXPLODE("Emotional abuse") OR MAINSUBJECT.EXACT.EXPLODE("Abuse") OR MAINSUBJECT.EXACT("Battered women") OR MAINSUBJECT.EXACT("Assault")) AND (MAINSUBJECT.EXACT.EXPLODE("Homosexuality") OR MAINSUBJECT.EXACT.EXPLODE("Bisexuals") OR MAINSUBJECT.EXACT.EXPLODE("Lesbians") OR MAINSUBJECT.EXACT.EXPLODE("Homosexuals") OR MAINSUBJECT.EXACT.EXPLODE("Transsexuality"))

ProQuest – ERIC – 1531

(MAINSUBJECT.EXACT.EXPLODE("Family Violence") OR MAINSUBJECT.EXACT("Crime") OR MAINSUBJECT.EXACT("Interpersonal Relationship") OR MAINSUBJECT.EXACT("Marital Instability") OR

MAINSUBJECT.EXACT.EXPLODE("Violence") OR MAINSUBJECT.EXACT.EXPLODE("Aggression") OR MAINSUBJECT.EXACT("Family Problems")OR MAINSUBJECT.EXACT.EXPLODE("Sexual Abuse")) AND (MAINSUBJECT.EXACT.EXPLODE("Homosexuality") OR MAINSUBJECT.EXACT.EXPLODE("Sexual Orientation") OR MAINSUBJECT.EXACT("Spouses"))

ProQuest – NCJRS – 1015

(intimate partner violence OR domestic violence OR abuse) AND homosexual OR same-sex OR gay OR lesbian OR transgender

ProQuest – PsychArticles – 3154

(MAINSUBJECT.EXACT("Family Conflict") OR MAINSUBJECT.EXACT("Physical Abuse") OR MAINSUBJECT.EXACT("Intimate Partner Violence") OR MAINSUBJECT.EXACT("Marital Conflict") OR MAINSUBJECT.EXACT("Sexual Abuse") OR MAINSUBJECT.EXACT("Battered Females") OR MAINSUBJECT.EXACT("Family Relations") OR MAINSUBJECT.EXACT("Coercion") OR MAINSUBJECT.EXACT.EXPLODE("Domestic Violence") OR MAINSUBJECT.EXACT("Emotional Abuse") OR MAINSUBJECT.EXACT("Partner Abuse") OR

MAINSUBJECT.EXACT.EXPLODE("Partner Abuse") OR MAINSUBJECT.EXACT.EXPLODE("Intimate Partner Violence") OR MAINSUBJECT.EXACT.EXPLODE("Violence")) OR (MAINSUBJECT.EXACT("Physical Abuse") OR MAINSUBJECT.EXACT("Family Conflict") OR MAINSUBJECT.EXACT("Violence") OR MAINSUBJECT.EXACT.EXPLODE("Sexual Abuse") OR MAINSUBJECT.EXACT.EXPLODE("Abuse Reporting") OR MAINSUBJECT.EXACT("Battered Females") OR MAINSUBJECT.EXACT.EXPLODE("Verbal Abuse") OR MAINSUBJECT.EXACT("Relational Aggression") OR MAINSUBJECT.EXACT("Domestic Violence") OR MAINSUBJECT.EXACT.EXPLODE("Partner Abuse") OR MAINSUBJECT.EXACT.EXPLODE("Emotional Abuse")) AND (MAINSUBJECT.EXACT("Same Sex Marriage") OR MAINSUBJECT.EXACT("Transsexualism") OR MAINSUBJECT.EXACT("Bisexuality") OR MAINSUBJECT.EXACT("Same Sex Couples") OR MAINSUBJECT.EXACT("Homosexual Parents") OR MAINSUBJECT.EXACT("Same Sex Intercourse") OR MAINSUBJECT.EXACT("Male Homosexuality") OR MAINSUBJECT.EXACT.EXPLODE("Homosexuality") OR MAINSUBJECT.EXACT.EXPLODE("Lesbianism") MAINSUBJECT.EXACT.EXPLODE("Homosexuality") OR MAINSUBJECT.EXACT.EXPLODE("Male Homosexuality"))

Ovid – Embase – 3222

1	exp partner violence/ or exp domestic violence/ or exp marital rape/	51380
2	domestic violence/ or violence/ or exp battered woman/ or family violence/ or exp partner violence/ or exp domestic waste/	62159
3	exp sexual abuse/ or exp physical abuse/ or exp abuse/ or exp emotional abuse/	187183
4	exp homosexual female/ or exp lgbt people/ or exp homosexual male/ or exp homosexuality/	27251
5	1 or 2 or 3	238268
6	4 and 5	3220

Ovid – PsychInfo – 796

# ▲	Searches	Results	Type
1	exp partner abuse/ or exp intimate partner violence/ or exp battered females/ or exp domestic violence/ or exp emotional abuse/ or exp physical abuse/ or exp sexual abuse/ or exp verbal abuse/	47583	Advanced
2	exp homosexuality/ or exp lesbianism/ or exp male homosexuality/ or exp same sex couples/	24088	Advanced
3	exp bisexuality/ or sexual orientation/ or exp lesbianism/ or exp male homosexuality/	23572	Advanced
4	2 or 3	28169	Advanced
5	1 and 4	796	Advanced

Appendix B: PICO and Inclusion/exclusion ProForma

PICO criteria

P *Population Or Participants And Conditions Of Interest*	• Adults (Over 18 years of age) • General population • Not belong to a specific sub-population, such as drug users, persons accessing domestic violence assistance resources; or samples coming from psychological treatment, therapies, prison etc. • Self-identified as LGBT • Lesbian, bisexual, gay (male/female), homosexual • Transgender • If portion of the whole sample must be analysed separately	
I *Intervention Or Exposure*	• Victims of IPV • Perpetrators of IPV	
C *Comparisons Or Control Groups*		
O *Outcomes Of Interest*	• Prevalence of IPV • Broad definition • Physical, sexual, psychological/emotional	• Excludes homophobic violence, sexual assault not in the context of IPV etc.

	• DV, partner abuse, relationship abuse etc.	• Excludes correlates of IPV • Excludes relationship distress, witness DV as child, metal health, substance use etc.
S *Study Design*	• Original • Quantitative • Cross-sectional • Cohort	• Excludes systematic reviews, meta-analysis, expert opinion, journalistic style articles etc. • Excludes qualitative, mixed method, case control, RCT
	• Measure IPV in same-sex relationships/relationships of self-identified bisexuals/transgendered individuals	
	• LGBT Sample size of 50+ • Whole sample may be bigger but LGB sample no smaller • Published in peer reviewed journal post 1990 • English	

Inclusion/Exclusion Pro-Forma

Author
Title
Date

Inclusion Criteria	Criteria met?	Comments
Population Does the population consist of self-identified LGB adults from the general population?	Yes No Unclear	
Exposure Have population examined been victim of IPV? Have population examined been perpetrated IPV?	 Yes No Unclear Yes No Unclear	
Outcome Has the study reported prevalence rates? Has the study reported correlates of IPV?	 Yes No Unclear Yes No Unclear	
Study Design Does the study use original data?	 Yes No	

	Unclear	
Is the study a quantitative cross-sectional or cohort design?	Yes No Unclear	
Does the sample consisted of 50+ LGB identified individuals?	Yes No Unclear	
Is the study published in peer reviewed journal?	Yes No Unclear	
Is the study written in English?	Yes No Unclear	

Appendix C: Murray and Mobley (2009) Methodological Criteria

1. Are representative sampling procedures (e.g., random selection, systematic sampling) used to select individual participants?

2. Are eligibility criteria for participation in the study specified?

3. Are exclusion criteria specified?

4. Does the study specify how participants' sexual orientation is measured or categorized?

5. Are partners within the same relationship either (a) not both included in the same sample or (b) paired in the analysis of the data?

6. Is the timing of data collection specified?

7. Is the methodology described in sufficient detail as to permit replication?

8. Are standardized, psychometrically sound (acceptable reliability and validity described in the text) assessment instruments utilized?

9. Is a control for social desirability used?

10. Is the study clear as to the type(s) of abuse measured within the study?

11. Are definitions of the types of abuse measured presented?

12. Are the conditions under which participants completed the surveys or participated in the research standardized?

13. Do the variables measured represent multiple levels (attitudinal, behavioural, and observational)?

14. Are appropriate statistical analyses used?

15. Are conclusions drawn appropriately?

Appendix D: Glossary of LGBT Related Terms

The following is a glossary of terms used within this study (stonewall.org.uk):

Bisexual: An umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender

Cisgender: Someone whose gender identity is the same as the sex they were assigned at birth

Gay: A man who has an emotional, romantic and/or sexual orientation towards men

Heterosexual: A person who has an emotional, romantic and/or sexual orientation towards people of the opposite gender

Heteronormative: denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation

Homosexual: someone who has an emotional romantic and/or sexual orientation towards someone of the same gender

Intersex: A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female

LGBT: The acronym for lesbian, gay, bi and transgender

Lesbian: A woman who has an emotional, romantic and/or sexual orientation towards women

Non-Binary: An umbrella term for a person who does not identify as only male or only female, or who may identify as both

Pansexual: Refers to a person whose emotional, romantic and/or sexual attraction towards others is not limited by biological sex, gender or gender identity

Queer: LGBT young people in particular who do not identify with traditional categories around gender identity and sexual orientation

Sexual Orientation: A person's emotional, romantic and/or sexual attraction to another person

Transgender: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth

Appendix E: HEXACO-60 (Ashton & Lee, 2009)

On the following pages, you will find a series of statements about you. Please read each statement and decide how much you agree or disagree with that statement. Then indicate your response using the following scale:

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Please answer every statement, even if you are not completely sure of your response.

1. I would be quite bored by a visit to an art gallery
2. I plan ahead and organize things, to avoid scrambling at the last minute
3. I rarely hold a grudge, even against people who have badly wronged me
4. I feel reasonably satisfied with myself overall
5. I would feel afraid if I had to travel in bad weather conditions
6. I wouldn't use flattery to get a raise or promotion at work, even if I thought it would succeed
7. I'm interested in learning about the history and politics of other countries
8. I often push myself very hard when trying to achieve a goal
9. People sometimes tell me that I am too critical of others
10. I rarely express my opinions in group meetings

11. I sometimes can’t help worrying about little things

12. If I knew that I could never get caught, I would be willing to steal a million dollars

13. I would enjoy creating a work of art, such as a novel, a song, or a painting

14. When working on something, I don’t pay much attention to small details

15. People sometimes tell me that I’m too stubborn

16. I prefer jobs that involve active social interaction to those that involve working alone

17. When I suffer from a painful experience, I need someone to make me feel comfortable

18. Having a lot of money is not especially important to me

19. I think that paying attention to radical ideas is a waste of time

20. I make decisions based on the feeling of the moment rather than on careful thought

21. People think of me as someone who has a quick temper

22. On most days, I feel cheerful and optimistic

23. I feel like crying when I see other people crying

24. I think that I am entitled to more respect than the average person is

25. If I had the opportunity, I would like to attend a classical music concert

26. When working, I sometimes have difficulties due to being disorganized

27. My attitude toward people who have treated me badly is “forgive and forget”

28. I feel that I am an unpopular person

29. When it comes to physical danger, I am very fearful

30. If I want something from someone, I will laugh at that person’s worst jokes

31. I’ve never really enjoyed looking through an encyclopaedia

32. I do only the minimum amount of work needed to get by

33. I tend to be lenient in judging other people

34. In social situations, I’m usually the one who makes the first move

35. I worry a lot less than most people do

36. I would never accept a bribe, even if it were very large

37. People have often told me that I have a good imagination

38. I always try to be accurate in my work, even at the expense of time

39. I am usually quite flexible in my opinions when people disagree with me

40. The first thing that I always do in a new place is to make friends

41. I can handle difficult situations without needing emotional support from anyone else

42. I would get a lot of pleasure from owning expensive luxury goods

43. I like people who have unconventional views

44. I make a lot of mistakes because I don’t think before I act

45. Most people tend to get angry more quickly than I do

46. Most people are more upbeat and dynamic than I generally am

47. I feel strong emotions when someone close to me is going away for a long time

48. I want people to know that I am an important person of high status

49. I don't think of myself as the artistic or creative type

50. People often call me a perfectionist

51. Even when people make a lot of mistakes, I rarely say anything negative

52. I sometimes feel that I am a worthless person

53. Even in an emergency I wouldn't feel like panicking

54. I wouldn't pretend to like someone just to get that person to do favours for me

55. I find it boring to discuss philosophy

56. I prefer to do whatever comes to mind, rather than stick to a plan

57. When people tell me that I'm wrong, my first reaction is to argue with them

58. When I'm in a group of people, I'm often the one who speaks on behalf of the group

59. I remain unemotional even in situations where most people get very sentimental

60. I'd be tempted to use counterfeit money, if I were sure I could get away with it

Appendix F: The Multidimensional Measure of Emotional Abuse (MMEA) (Murphy & Hoover, 1999)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason.

Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please circle how many times you did each of these things **in the past 4 months**, and how many times your partner did them **in the past 4 months**. If you or your partner did not do one of these things in the past 4 months, but it happened before that, circle 0.

How often did this happen in the past 4 months?

1	2	3	4	5	6	7	8
Not in the past year but it happened before	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Never

1. Asked the other person where s/he had been or who s/he was with in a suspicious manner

You:

Your partner:

2. Secretly searched through the other person's belongings.

You:

Your partner:

3. Tried to stop the other person from seeing certain friends or family members

You:

Your partner

4. Complained that the other person spends too much time with friends.

You:

Your partner:

5. Got angry because the other person went somewhere without telling about it

You:

Your partner:

6. Tried to make the other person feel guilty for not spending enough time together.

You:

Your partner:

7. Checked up on the other person by asking friends where s/he was or whom s/he was with.

You:

Your partner:

8. Said or implied that the other person was stupid.

You:

Your partner:

9. Called the other person worthless.

You:

Your partner:

10. Called the other person ugly.

You:

Your partner:

11. Criticized the other person’s appearance.

You:

Your partner:

12. Called the other person a loser, failure, or similar term.

You:

Your partner:

13. Belittled the other person in front of other people.

You:

Your partner:

14. Said that someone else would be a better girlfriend or boyfriend.

You:

Your partner:

15. Became so angry that s/he was unable or unwilling to talk.

You:

Your partner:

16. Acted cold or distant when angry.

You:

Your partner:

17. Refused to have any discussion of a problem.

You:

Your partner:

18. Changed the subject on purpose when the other person was trying to discuss a problem.

You

Your Partner:

19. Refused to acknowledge a problem that the other felt was important.

You:

Your partner:

20. Sulked or refused to talk about an issue.

You:

Your partner:

21. Intentionally avoided the other person during a conflict or disagreement.

You:

Your partner:

22. Became angry enough to frighten the other person.

You:

Your partner:

23. Put her/his face right in front of the other person's face to make a point more forcefully.

You:

Your partner:

24. Threatened to hit the other person.

You:

Your partner:

25. Threaten to throw something at the other person.

You:

Your partner:

26. Threw, smashed, hit, or kicked something in front of the other person.

You:

Your partner:

27. Drove recklessly to frighten the other person.

You:

Your partner:

Appendix G: The Revised Conflict Tactics Scale Short Form (CTS2S) (Straus & Douglas, 2004)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences.

This is a list of things that might happen when you have differences. Please mark how many times **you** did each to these things **in the past year**, and how many times **your partner** did them **in the past year**. If you or your partner did not do one of these things in the past year, but it happened before that, mark a "7" on your answer sheet for that question. If it never happened, mark an "8" on your answer sheet.

How often did this happen in the past year?

1	2	3	4	5	6	7	8
Once in the past year	Twice in the past year	3-5 times in the past year	6-10 times in the past year	11-20 times in the past year	More than 20 times in the past year	Not in the past year but it has happened before	This has never happened

1. I explained my side or suggested a compromise for a disagreement with my partner

2. My partner explained his or her side or suggested a compromise for a disagreement with me

3. I insulted or swore or shouted or yelled at my partner

4. My partner insulted or swore or shouted or yelled at me

5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner

6. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me

7. I showed respect for, or showed that I cared about my partner's feelings about an issue we disagreed on

8. My partner showed respect for, or showed that he or she cared about my feeling about an issue we disagreed on

9. I pushed, shoved, or slapped my partner

10. My partner pushed, shoved, or slapped me

11. I punched or kicked or beat-up my partner

12. My partner punched or kicked or beat-me-up

13. I destroyed something belonging to my partner or threatened to hit my partner

14. My partner destroyed something belonging to me or threatened to hit me

15. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner

16. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me

17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex

18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex

19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)

20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)

Appendix H: Short Dark Triad (SD3) (Jones & Paulhus, 2014)

Please rate your agreement or disagreement with each item using the following guidelines.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Machiavellianism subscale

1. It's not wise to tell your secrets.

2. Generally speaking, people won't work hard unless they have to.

3. Whatever it takes, you must get the important people on your side.

4. Avoid direct conflict with others because they may be useful in the future.

5. It's wise to keep track of information that you can use against people later.

6. You should wait for the right time to get back at people.

7. There are things you should hide from other people because they don't need to know.

8. Make sure your plans benefit you, not others.

9. Most people can be manipulated.

Narcissism subscale

1. People see me as a natural leader.

2. I hate being the centre of attention.

3. Many group activities tend to be dull without me.

4. I know that I am special because everyone keeps telling me so.

5. I like to get acquainted with important people.

6. I feel embarrassed if someone compliments me.

7. I have been compared to famous people.

8. I am an average person.

9. I insist on getting the respect I deserve.

Psychopathy subscale

1. I like to get revenge on authorities.

2. I avoid dangerous situations.

3. Payback needs to be quick and nasty.

4. People often say I'm out of control.

5. It's true that I can be mean to others. (or I enjoy having sex with people I hardly know.)

6. People who mess with me always regret it.

7. I have never gotten into trouble with the law.

8. I like to pick on losers.

9. I'll say anything to get what I want.