Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

_____ 4.21.2022 Date

Sofia Huster

Intimate Partner Violence Among LGBTQ+ Adults in Latin America and the Caribbean: A Systematic Review and Meta-Analysis

By

Sofia Huster
Master of Public Health

Hubert Department of Global Health

_____
Dabney P. Evans, PhD, MPH
Committee Chair

_____
Marcos Claudio Signorelli, PhD
Committee Member

_____
Casey D. Xavier Hall, PhD, MPH
Committee Member

Intimate Partner Violence Among LGBTQ+ Adults in Latin America and the Caribbean: A Systematic Review and Meta-Analysis

By

Sofia Huster

Bachelor of Arts in Public Health and Spanish
Elon University
2019

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
In partial fulfillment of the requirements for the degree of
Master of Public Health
In Global Health
2022

Abstract

Intimate Partner Violence Among LGBTQ+ Adults in Latin America and the Caribbean: A Systematic Review and Meta-Analysis

By Sofia Huster

Background: Rates of intimate partner violence (IPV) among lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) individuals may be equivalent to or higher than rates among the general population (Edwards et al., 2015). Understanding IPV among LGBTQ+ populations is of particular importance in Latin America and the Caribbean (LAC), as this region has some of the highest rates of violence against this population (Malta et al., 2019). This study presents the first systematic review and meta-analysis of the literature on IPV among LGBTQ+ adults in LAC, focused on four key areas: prevalence, measurement, risk and protective factors, and interventions.

Methods: Ten electronic databases were searched for key terms. Articles were included in the review if they: (1) were published after 2000; (2) contained samples of LGBTQ+ adults over the age of 18 (3) included any form of IPV (physical, sexual, psychological, etc.); and (4) reported on one of the four key aims.

Results: Out of 1,234 articles, 22 articles met inclusion criteria. Our findings show LBGTQ+ people in LAC experience IPV at similar or higher rates as heterosexuals; the pooled prevalence of any IPV victimization among studies in this review was 28% and ranged from 0.4-91.4%. Inconsistencies in estimates may be due to inconsistent measures and variability in subpopulations. Further, this review identified key risk factors for IPV among these populations included alcohol use, perceived/experienced discrimination, transactional sex, and childhood/adolescent experiences of violence. Protective factors and interventions are not well understood in this context, as there was little to no data.

Conclusion: The research on IPV among LGBTQ+ adults in LAC is limited but has been growing in recent years. However, research has primarily focused on men who have sex with men and transgender women. There is a need to develop studies focusing on bisexual populations, transgender men, intersex, and other sexual gender minority populations. The high prevalence of IPV among LGBTQ+ individuals in LAC, inconsistency in definitions and measures, unique risk factors and lack of interventions found in this review demonstrate the need for further standardized research on this population.

Intimate Partner Violence Among LGBTQ+ Adults in Latin America and the Caribbean: A Systematic Review and Meta-Analysis

By

Sofia Huster

Bachelor of Arts in Public Health and Spanish
Elon University
2019

Thesis Committee Chair: Dabney P. Evans, PhD, MPH

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
In partial fulfillment of the requirements for the degree of
Master of Public Health
In Global Health
2022

Acknowledgements

My sincerest gratitude to my thesis chair, Dabney Evans, for her support, encouragement, and thorough feedback throughout this process. I would also like to express my gratitude to my committee members, Marcos Claudio Signorelli and Casey Xavier Hall, for their thoughtfulness, expertise and mentorship. I feel grateful to have worked with a group of such powerful changemakers that are dedicated to improving the health of LGBTQ+ people worldwide. In addition, I want to thank Shenita Peterson and Hannah Rogers in the Woodruff Health Sciences Library who helped in the development of my search strategy.

Further, I could not have completed this work without all the researchers who have contributed to this field. Thank you for your dedication in improving the lives of LGBTQ+ people. I am particularly thankful for all the participants represented in these studies that participated. As a queer woman, it means so much to me to see the stories of LGBTQ+ individuals gaining momentum. Your bravery, sacrifices, and contributions do not go unnoticed. I write this thesis in hopes that one day soon we can live our lives freely and authentically without fear or violence.

I would also like to thank my friends. I could not have done this without your words of encouragement, support, and willingness to lend a listening ear whenever I needed it most. A special shoutout to my fur babies, Boba and Jupiter, for the cuddles and much needed distractions in times of need.

Finally, I owe a tremendous amount of gratitude to my family. Particularly, my parents, Gertrude and Bill Huster, who inspired me to pursue the field of Public Health. Thank you for inspiring me, instilling in me a sense of greater purpose, and always believing in me. I could not have made it here without your support. I love you so much.

Table of Contents

List of Tables

Acronyms and Abbreviations

CDC: The Centers for Disease Control and Prevention

CTS2S: Conflict Tactics Scale Short-Form

IACHR: Inter-American Commission of Human Rights

IA: Identity abuse

IPV: Intimate partner violence

LAC: Latin America and the Caribbean

LGBTQ+: Lesbian, gay, bisexual, transgender, and other queer or questioning individuals

MSM: Men who have sex with men

NISVS: The National Intimate Partner and Sexual Violence Survey

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses

SVRI: Sexual Violence Research Initiative

TGW: Transgender women

WHO: World Health Organization

Introduction

Background

Research on intimate partner violence (IPV) has grown substantially over the past several decades with a particular focus on male perpetrator/female victim heteronormative relationship dyads. Defined by the World Health Organization (WHO) as "any behavior that causes physical, psychological or sexual harm to those in that relationship", IPV is an important public health and human rights problem, both globally and in Latin America and the Caribbean (LAC). IPV has serious consequences for survivors' health and wellbeing, but IPV prevalence data have not been consistently collected (Bott et al., 2019).

IPV research was initially fueled by the United States (U.S.) women's movement in the 1970s ("Violence Against Women", 2021). IPV is often used synonymously with other terms such as violence against women, domestic violence, and increasingly, gender-based violence (Fulu et al., 2013). IPV may not always be gender-based, as it encompasses any type of violence perpetrated by an intimate partner. IPV has since been studied across the world and has become increasingly represented in academic literature (Burke and Follingstad, 1999). Globally, IPV is an epidemic that affects numerous populations (Guruge, Roche, & Catallo, 2012). However, research has predominately been guided by a heteronormative lens, framing IPV as a phenomenon that involves male perpetrators and female victims within the context of presumably heterosexual partnerships (Davis et al., 2020). It wasn't until the early 2000s that scholars began to explore ways in which IPV may affect other intimate partnerships, and particularly lesbian, gay, bisexual, transgender, and other queer or questioning (LGBTQ+) individuals. Previous research exploring IPV among LGBTQ+ individuals has primarily focused

on comparing IPV experience between heterosexual and LGBTQ+ relationships (Swan et al., 2021).

Further, most IPV research has focused on wealthy, industrialized nations, and included samples that are largely White couples. In recent systematic reviews of IPV, countries like the United States, Canada, New Zealand, Denmark, United Kingdom, and Australia have the greatest number of studies (Ogbe et al., 2020; Capaldi et al., 2012; Rollé et al., 2018). Similarly, research on same-sex IPV has primarily been conducted on North American populations, with other studies focused in Australia, China, South Africa and United Kingdom (Rollé et al., 2018). However, there is an increasing awareness of the importance of exploring IPV in settings outside of the North American context (Fischbach and Herbert, 1997; Rollé et al., 2018). One particular region of interest in IPV research is Latin America and the Caribbean (LAC). This region has increasingly gained attention in the literature due to high reports of violence, and few reports of intervention. Further, LAC is the most dangerous region for LGBTQ+ people in the world, with Brazil leading the world in violence and murders against LGBTQ+ individuals (Belle Antoine et al., 2015). The Inter-American Commission on Human Rights (IACHR) has expressed concerned about the high levels of violence against LBGTQ+ people in the region, and the lack of response from authorities (Belle Antoine et al., 2015). The social, cultural and political environment is one of significant prejudice, discrimination and violence against LGBTQ+ people (Malta et al., 2019). Further, there is a lack of adoption of measures to prevent and respond to violence committed against LGBTQ+ individuals in the LAC region (Belle Antoine et al., 2015). This creates a cultural and social environment that is unwelcoming and even dangerous for LGBTQ+ individuals, with severe implications for their romantic partnerships. Yet, there has been no review of the literature on IPV among LGBTQ+ people in LAC. Therefore, the purpose

of this study was to conduct the first systematic review and meta-analysis of the literature on IPV among LGBTQ+ adults in LAC, focused on four key areas: prevalence, measurement, risk and protective factors, and interventions.

Each of these areas were chosen due to their relevance in the IPV literature and particularly for the LAC context. IPV prevalence has been the datapoint most frequently collected in studies on LGBTQ+ individuals. These data have also been primarily collected in the context of measuring IPV rates among LGBTQ+ folks as compared to their heterosexual counterparts (Brand and Kidd, 1986; Tjaden and Thoennes, 2000). However, as research among this population continues to increase, more and more data suggest that IPV rates among LGBTQ+ individuals are similar to or higher than those among heterosexual individuals (Edwards et al., 2015). This finding is consistent with research that has documented that LGBTQ+ individuals are nearly four times more likely than non-LGBTQ+ people to experience other forms of violence including rape, sexual assault, and aggravated or simple assault (Flores et al., 2020). Additionally, LGBTQ+ people are about 6 times more likely than non-LGBTQ+ people to experience violence by someone who is well known to them, raising the concern of IPV for this population (Flores et al., 2020).

Discrepancies in the data on IPV prevalence may be due to the inconsistency of IPV measurement, particularly for LGBTQ+ populations. There is no consistent measurement tool or scale to collect data on this population, therefore measurement is a critical area to understand in IPV research (Finneran and Stephenson, 2013). In addition to ways in which measurement may influence IPV data, it is important to understand why research has found similar and often higher rates of IPV in LGBTQ+ relationships. While there are certain aspects of IPV in LGBTQ+ relationships that may be similar to heterosexual, cisgender relationships, there are considerable

aspects of IPV that are unique to LGBTQ+ relationships such as identity abuse, homophobia and transphobia, stigma, minority stress, among others (Peitzmeier et al., 2019; Scheer, Woulfe & Goodman, 2019). Lastly, although minimally explored in the literature, research has also focused on factors that may protect LGBTQ+ individuals from experiences of IPV or interventions to address it. A brief review of existing IPV research on prevalence, measurement, risk and protective factors, and interventions, as it pertains to LGBTQ+ populations will be further explored below, followed by the regional context in which this review will focus.

Prevalence

Rates of IPV among LGBTQ+ individuals vary significantly; in a 2015 systematic review of the literature IPV rates ranged anywhere from 1% to 97% (Edwards et al., 2015). This wide range has been observed across systematic and literature reviews that have sought to identify IPV prevalence rates among members of this population (Duke and Davidson, 2009; Finneran and Stephenson, 2013; Hill et al., 2012; Mason et al., 2014; Murray and Mobley, 2009). As the focus of this review is LAC, it is important to acknowledge the most recent rates of IPV in this region. Data are more readily available for men and women in LAC, with little to no data on LGBTQ+ individuals. The most recent reported IPV rates among non-LGBTQ+ women in Latin America and the Caribbean indicates nearly one-third (29.8%) of women have experienced IPV (Bott et al., 2019). These rates of IPV ranged from 14-17% in Brazil, Panama and Uruguay to over one-half (58.5%) in Bolivia (Bott et al., 2019). The most recent rates of IPV victimization reported for men in LAC found rates of any IPV victimization that range from 22.7% to 42.7% (Esquivel-Santoveña, Lambert, & Hamel, 2013). There are no regionally reported estimates of IPV prevalence for LGBTQ+ adults across the LAC region available prior to this study. However, a study published in 2021 sought to measure IPV among a convenience sample of LGBTQ+

individuals in Latin America. This study found a lifetime IPV prevalence of 60.61% among LGBTQ+ individuals, which is similar to if not higher than rates reported among men and women in LAC (Swan et al., 2021).

As there are no additional regional level data for IPV prevalence among LGBTQ+ adults in the LAC region, many refer to U.S. prevalence rates for this population, due to the robust nature and availability of the data. The most recent epidemiological data available for LGBTQ+ adults come from the US Centers for Disease Control (CDC) National Intimate Partner and Sexual Violence Survey (NISVS). The NISVS, conducted from 2010-2012, found that lifetime prevalence of IPV among LGB adults, via physical, sexual, or stalking victimization, occurred at higher rates than that of heterosexual adults: 61.1% of bisexual women, 43.8% of lesbian women, 37.3% of bisexual men and 26.0% of gay men compared to 35.0% of heterosexual women and 29.0% of heterosexual men (Walters, Chen & Brieding, 2013). When considering severe physical violence, rates were once again higher for LGB adults, with reports at 49.3% for bisexual women, 29.4% for lesbian women, 16.4% for gay men and 23.6% for heterosexual women and 13.9% for heterosexual men. While not reported in the NISVS, other studies indicate similar trends among transgender adults. Estimates for this population range from 25.0% to 47.0%, with one study finding that 31.1% of transgender people suffer from IPV, compared to 20.4% of cisgender individuals (Brown and Herman, 2015). These rates may differ across these categories due to methodological limitations, but largely research indicates that IPV rates are equal to or higher among LGBTQ+ populations compared to heterosexual populations both within and outside of the U.S.

Measurement

IPV measurement is challenging. Measurement tools vary in their definitions of IPV and whether they include physical, sexual, emotional, psychological, financial, and/or verbal violence, as well as questions about the severity or frequency of IPV experiences (Brown and Herman, 2015). Additionally, when measuring various forms of abuse, it is unknown whether researchers distinguished between various forms, and if so what definitions they used to do so (Burke and Follingstad, 1999). On top of this, measurement tools and rates vary depending on the type of survey conducted. More specifically, violence-specific surveys always find higher rates than more general surveys, such as socio demographic surveys conducted at the national level that include questions about violence (Brunton-Smith et al., 2020). Each of these aspects, IPV definitions, measurement tools, and survey instruments may influence the ways in which participants report their IPV experiences. Additionally, research in this area is often adapted from previously validated scales that were intended for use with cisgender, heterosexual individuals (Finneran and Stephenson, 2013). Many times, these scales often do not include gender-neutral language and need to be modified to make data collection appropriate for LGBTQ+ populations. Further, researchers have rarely assessed the gender identity and biological sex of the participant's partner involved in an IPV event. Researchers often collapse data across different sexual minority categories, not recognizing the unique aspects of each identity (Edwards et al., 2015). No existing reviews have focused on the properties of IPV screening tools that have been used to measure IPV among LGBTQ+ populations in LAC. It is important to understand how IPV data are being collected among this population, in order to ensure that tools are sensitive to participants' various cultural, gender and sexual identities. Given how most IPV data are collected, LGBTQ+ individuals may be mis- or underrepresented in the

data for various reasons. Generally, there is fear and hesitation surrounding disclosure of IPV among all populations due to stigma and shame, tolerance of violence, feelings of powerlessness, and passivity or negative experiences with researchers or the healthcare system (Kopčavar Guček et al., 2015). LGBTQ+ individuals face additional barriers to participation in research and IPV disclosure unique to their identity. These include fear of "outing" oneself, experiencing homophobia from researchers/institutions, heteronormative assumptions by researchers and society, and a general lack of trust due to societal mistreatment (Brown and Herman, 2015). LGBTQ+ people face stigma, prejudice and discrimination which results in a hostile and stressful social environment that perpetuates mental health problems, but also makes them difficult to disclose (Meyer, 2003). These factors may also contribute to the risk factors that place LGBTQ+ individuals at high risk for IPV experiences (Brown and Herman, 2015; Meyer, 2003).

Additionally, many of the measurement tools that do exist have been developed for English-speaking, North American populations. Therefore, it is important to explore whether measurement tools in LAC are adapted to, inclusive of, and tailored for the variety of languages spoken in the region.

Risk and Protective Factors

There has been speculation in the literature regarding whether the aggression and IPV experienced within LGBTQ+ and heterosexual relationships is similar or dissimilar. Some have posited that heterosexual couples are more likely to suffer from gender-based violence, due to the dominant role of men in society and theories that men are more inherently aggressive, particularly toward women (Maccoby and Jacklin, 1974; Frank and Golden, 1992). These researchers also describe that power differentials between sexes have a significant influence on

IPV, and that these power differentials are not at play as significantly in same-sex relationships in particular (Burke and Follingstad, 1999). However, there is also literature that LGBTQ+ individuals experience risk factors unique to their identities that put them at risk for IPV in a different way than heterosexual, cisgender individuals. Awareness of the importance of researching and identifying these risk factors has grown in recent years, and the question "What are the causes and drivers of violence against LBTQI+ women?" ranked as one of the top five research priorities identified on the Sexual Violence Research Initiative's (SVRI) "Global Shared Research Agenda" for research on violence against women in low- and middle-income countries ("Global Shared Research Agenda", 2021).

Prior evidence supports the importance of exploring this question in further depth. In a 2011 study, Messinger highlighted that abuse in any form was more likely to happen within homosexual or bisexual couples than heterosexual couples and hypothesized this was due to the unique risk factors experienced by LGB people as a result of minority stress (Messinger, 2011). The idea of minority stress comes from a model developed by Meyer in 2003, that describes the unique and additional stressors that are experienced solely by stigmatized groups, and not those outside of them. For sexual minority individuals, they are exposed to unique internalized stressors such as internalized homophobia, LGBTQ+ status disclosure, and stigma consciousness as well as externalized stressors, actual violence, discrimination, and harassment that may impact the ways they experience IPV (Rollé et al., 2018). Some research has found that minority stress variables of heterosexism and discrimination are associated with IPV perpetration and victimization (Balsam et al., 2005; Balsam and Szymanski, 2005). Additionally, internalized homophobia has found to be positively associated with experiences of IPV (Finneran and Stephenson, 2014; Edwards and Sylaska, 2013).

These minority stress variables may manifest in a variety of ways in LGBTQ+ relationships. Partners may threaten to "out" their significant other as an abusive act or a way to keep them from seeking assistance (Roch et al., 2010). Additionally, LGBTQ+ individuals may encounter barriers to seeking help if they do not want to disclose their relationship due to fear of discrimination related to their identity (Ricks et al., 2002). Research also shows that societal understanding of IPV may prevent those in LGBTQ+ relationships, particularly same-sex relationships, from recognizing abuse. Studies have cited beliefs that only men perpetrate violence and violence perpetrated by women is not viewed in the same light (Brown and Herman, 2015). This may be related to research that has found higher rates of bidirectional IPV among LGBTQ+ individuals, particularly lesbian couples. Bidirectional IPV indicates the overlap between IPV victimization and perpetration (Balsam and Szymanski, 2005). However, bidirectional violence is not unique to LGBTQ+ individuals, as a review published in 2012 found that bidirectional violence was common in many groups (Langhinrichsen-Rohling et al., 2012).

Another risk factor unique to LGBTQ+ individuals is the societal violence they experience. LGBTQ+ individuals are exposed to unique impacts from IPV, due to their minoritized position in society. Due to greater psychological distress, LGBTQ+ individuals experience higher rates of depression and substance use potentially influencing IPV perpetration and victimization (Carvalho et al., 2011).

Additionally, IPV research has identified other risk factors for IPV that include low socioeconomic status, low educational attainment, racial minority status, low self-esteem, HIV+ status, exposure to IPV as a child, and poor relationship quality (Edwards et al., 2015). While there is more robust research on these risk factors for heterosexual populations, they have also

been identified for samples of sexual minority men and women (Edwards et al., 2015; Balsam and Szymanski, 2005; Greenwood et al., 2002).

An imperative need to explore protective factors against IPV for LGBTQ+ populations has been identified in the literature (Edwards et al., 2015). Little research has explored what protective factors may exist, outside of help seeking among friends and family members (Brown and Herman, 2015).

Interventions

Another important area of IPV research focuses on interventions to address IPV. While research has identified the need for intervention, there has been little action in this area. The SVRI "Global Shared Research Agenda" describes how research has primarily focused on understanding violence against women, but not identifying interventions. Therefore, another critical question posed in their research recommendations is: "What types of interventions are effective in preventing IPV and other forms of violence against LGBTQ+ people?" ("Global Shared Research Agenda", 2021).

The studies that have identified IPV interventions that do exist for LGBTQ+ people have indicated their existence in predominantly White, North American countries. More specifically, previous studies have found the majority of the limited IPV interventions that do exist for LGBTQ+ people were developed in North America, a few in Canada and Australia, and even less among specific ethnic groups such as Asians or Black people (Rollé et al., 2018). Therefore, it is critical to understand what IPV interventions may exist and potential prevention, care and response gaps for IPV among LGBTQ+ adults in LAC.

Context

LAC has one of the highest rates of IPV in the world, largely due to regional norms that reinforce gender inequality, discourage women from seeking help, and discourage outsiders from intervening (Bott et al., 2012). Research has primarily focused on violence against women and intimate partner violence suffered by women at the hands of men, with estimates of a quarter to more than half of women reporting experiences of IPV (Buchell and Rossi, 2017). The societal norms are also particularly salient for LGBTQ+ populations in the LAC region, as they are a population with similar challenges such as societal inequality and discrimination, barriers to seeking help, and little assistance from outsiders (Brown and Herman, 2015). LAC also has the highest rates of violence against sexual and gender minorities, due to social conservatism, political instability, and other factors (Malta et al., 2019). Brazil in particular, has the highest rate of harassment, violence and homicides against LGBTQ+ people in the world (Rezende and Cunha, 2018; Mendes and Silva, 2020). Yet, no comprehensive studies of IPV among LGBTQ+ individuals in LAC exist, although research has been increasing on this topic at the country level. This review will be the first comprehensive exploration of the literature on intimate partner violence among LGBTQ+ individuals in Latin America and the Caribbean.

Purpose

The purpose of this study was to conduct the first systematic review and meta-analysis of the literature on IPV among LGBTQ+ adults in LAC, focused on four key areas: prevalence, measurement, risk and protective factors, and interventions. This topic is of critical public health importance, as IPV has been identified as a global problem, with severe impacts on survivors' physical and mental health. Given there has not been a systematic review of the literature on IPV among LGBTQ+ individuals in LAC, it is important to understand different estimates of IPV

prevalence in the literature, tools used to measure IPV, factors that influence IPV or protect individuals from it, and interventions that have been implemented to address IPV. This systematic review seeks to collect information on each of these areas to explore how IPV is conceptualized in research among LGBTQ+ people in the LAC region and work towards a better understanding of the existing literature and the gaps that still exist.

Methods

Research Questions and Aims

The protocol was registered with Prospero ID CRD42021262409. The research sought to explore the state of the literature on IPV among LGTBQ+ adults in LAC, with 4 key aims below. *Research questions:* What is the state of the literature on IPV among LGBTQ+ adults in Latin America and the Caribbean?

- Aim 1: What is the prevalence of IPV among LGBTQ+ adults in LAC?
- Aim 2: How is IPV measured among LGBTQ+ adults in LAC?
- Aim 3: What are risk and protective factors for experiencing IPV among LGBTQ+ adults in LAC?
- Aim 4: What interventions exist for LGBTQ+ adults experiencing IPV in LAC?

In order to explore these questions, a thorough search strategy was developed and employed.

Search Strategy

Since the LAC region represents a large number of countries and languages, ten databases were searched for relevant studies in English, Spanish, Portuguese and French. Primary databases included PubMed, PsycInfo, Web of Science, SCOPUS, Latin American and Caribbean Health Sciences Literature (LILACS), SciElo and VHL Regional portal, and topic relevant searches were also conducted in smaller databases Genderwatch, LGBT Life, and Women's Studies International. Target descriptors were grouped into three main categories with associated MeSH terms: (1) LGBTQ people, (2) Countries in Latin America and the Caribbean and (3) Intimate partner violence (See Appendix 1). Searches were conducted by the primary researcher and repeated on separate dates to ensure accuracy before studies were exported to Endnote 2.0 (citation software).

Inclusion/Exclusion Criteria

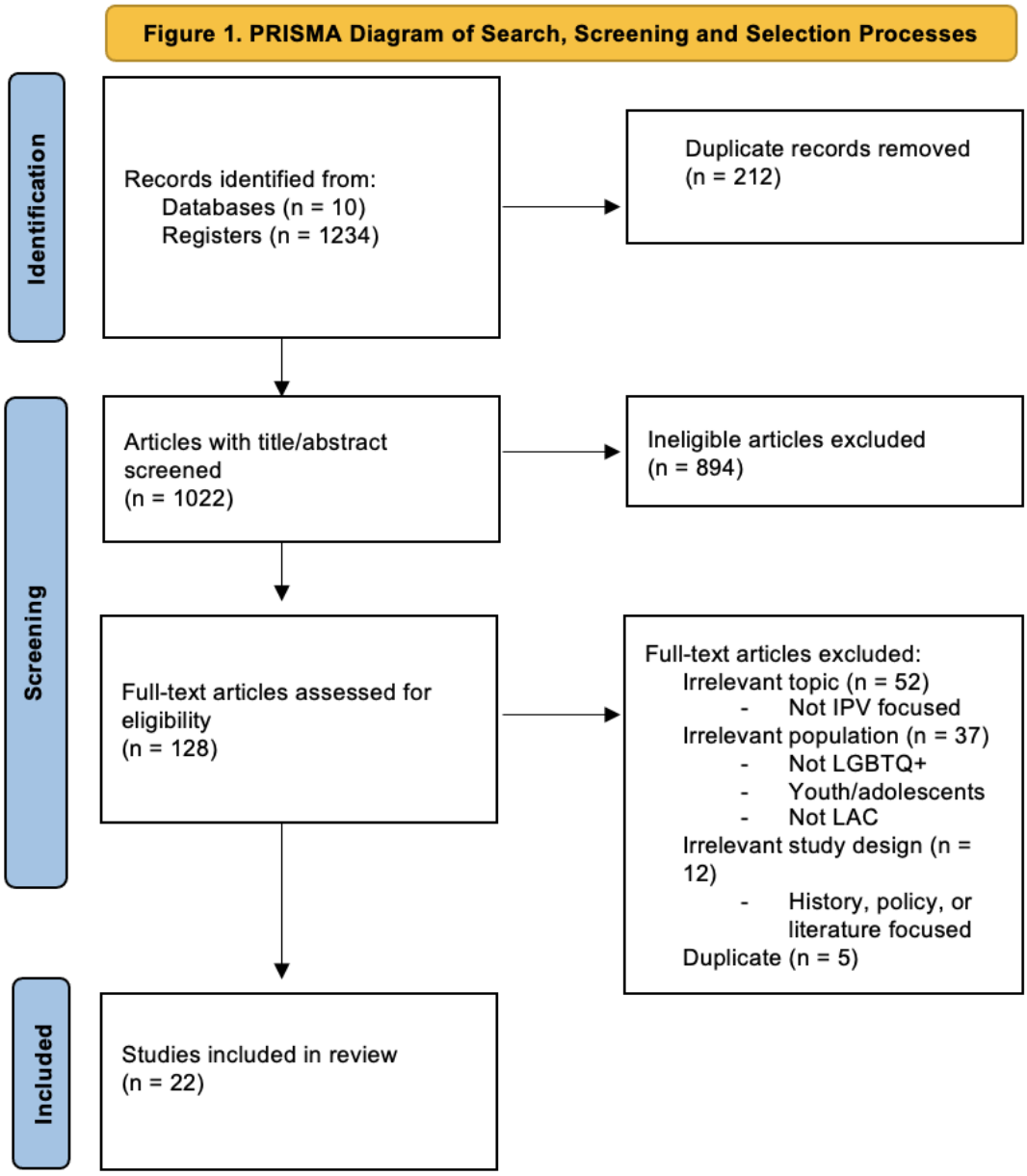
From Endnote 2.0 studies were imported into Covidence systematic review software for article review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed for the review process and article selection. The review included: (1) studies published after 2000 with any study design; (2) studies on IPV among LGBTQ+ adults over age 18 in LAC; (3) studies that included any form of IPV (physical violence, sexual violence, psychological violence, emotional violence, financial violence, verbal violence); and (4) studies that reported on one of the four key aims of the systematic review (prevalence, measurement, risk/protective factors and/or interventions). Exclusion criteria for the studies were (1) non peer reviewed studies; (2) studies on non-partner family violence, societal violence or hate crimes against LGBTQ+ individuals; (3) studies on sexual, psychological or emotional violence that did not explicitly identify the perpetrator as an intimate partner; and (4) studies that discussed homophobia or transphobia, but not explicitly violence in intimate partnerships.

Title/Abstract Review

The first author conducted a title and abstract screening for articles identified through database searches. The above inclusion and exclusion criteria were used to determine whether or not abstracts were relevant studies for full text review. Of the 1,234 articles identified in the 10 databases searched for this systematic review, 212 were duplicates and were removed prior to title/abstract screening. This left 1,022 articles that went on to be title/abstract screened, of which 894 ineligible articles were excluded.

Full Text Review

After excluding articles with title/abstracts that were irrelevant to the inclusion and exclusion criteria, 128 full-text articles were assessed for eligibility. The first author reviewed all of these, and directed any questions to the review team, who further informed whether an article was relevant. Of the 128 full-text articles assessed, 52 were excluded due to covering an irrelevant topic that was not IPV focused, such as family violence, hate crimes, and HIV, among others. Thirty-seven articles were excluded for having an irrelevant population such as a non-LGBTQ+ sample, adolescents and/or was not conducted in Latin America and the Caribbean. Twelve additional articles were excluded due to having an irrelevant study design such as history, literature or policy focused, as opposed to a study conducted among a sample of individuals. Lastly, 5 additional duplicates were identified during full-text review. This ultimately left 22 studies that were identified as relevant and included in this systematic review. Figure 1 depicts the PRISMA diagram of the screening and selection processes for this review.



Quality Assessment

The 22 eligible studies were assessed using the applicable Joanna Briggs Institute Critical Appraisal Tool (See Appendix 2 & 3). The 8-item Joanna Briggs Checklist for Analytical Cross-Sectional Studies was the primary appraisal tool, as the majority of the studies, 19 out of 22

(86.4%), employed a cross-sectional study design. Article quality ratings were classified into the following three categories based on their score: low (0-3), medium (4-6), and high (7-8). All studies fell in the medium or high-quality assessment category for cross-sectional research. The two main reasons that articles did not fall into the high-quality assessment category were: 1) the lack of a reliable or valid measurement for exposure or outcome data; or 2) absence of identifying confounding factors. One study (4.5%) included in this systematic review utilized a qualitative approach, and thus was analyzed using the Joanna Briggs Checklist for Qualitative Research, a 10-item scale. The qualitative study was placed in the following category based on its assessment score: low (0-3), medium (4-7), high (8-10). The qualitative study met high quality assessment criteria. Lastly, one study employed a mixed-methods study design and thus will be integrated into the quantitative review findings as well as qualitative findings (Santaya and Walters 2011). This study was assessed by both the Joanna Briggs Checklist for Analytical Cross-Sectional Studies and the Joanna Briggs Checklist for Qualitative Research and met high quality assessment criteria for both categories. One member of the research team independently assessed articles according to the appropriate appraisal tool and discussed any concerns with the research team to reach a consensus on article quality rating.

Data Extraction and Analysis

Data extraction was conducted by a single reviewer. Relevant study characteristics were extracted into a spreadsheet namely: author names, journal, publication year, country, city, context (urban/rural), participants, study design, sample size, year(s) when data was collected, data collection, study measures, IPV measurement, IPV measurement tool, data analysis, IPV prevalence, IPV risk factors, IPV protective factors, correlates and associations of IPV, IPV intervention, IPV pre-intervention, IPV post-intervention, conclusions, and limitations. After

data extraction, a meta-analysis of prevalence data was conducted using Cochrane's RevMan software. IPV prevalence was extracted from studies and entered into the software to calculate a pooled summary estimate of IPV prevalence weighted by sample size. A multilevel random effects model was constructed, and results were expressed as pooled prevalence rates of IPV with corresponding 95% confidence intervals. Heterogeneity was assessed graphically using "forest" plots and statistically using the I squared statistic (percentage of variation across studies) and tau squared (between study variance) (see Appendices 4-8). Subgroup analysis was performed to explore LGBTQ+ identity and type of IPV as a potential source of heterogeneity. Descriptive analysis was conducted for IPV measurement, risk factors, protective factors, correlates and associations and interventions. Descriptive analyses resulted from analyzing relationships in the data through observational comparisons between each column of the studies. Throughout the results, data were pooled and reported across all studies referred to as LGBTQ+ populations, as well as reported by subgroup. Subgroups in this analysis include MSM, TGW, lesbian women and mixed identity LGBTQ+ samples. For prevalence data, it is important to note the distinction between prevalence for LGBTQ+ adults and mixed identity LGBTQ+ samples. LGBTQ+ adults include all studies in this review that reported prevalence data, while mixed identity LGBTQ+ samples only include those studies that included LGBTQ+ populations and did not disaggregate data.

Results

Overview of studies

A total of 22 studies were eligible for inclusion after full text review (Table 1). The studies were conducted across 27 countries in Latin America and the Caribbean. Over one quarter (27.3%) were conducted in Brazil. Three (13.6%) studies were conducted in Peru, two (9.09%) in Chile, and one each in Cuba, Guatemala, Jamaica, Venezuela, and Puerto Rico*[1]. The remaining 6 studies (27.3%) included samples from two or more countries within LAC.

The sample size of studies ranges from 15 (Pollock et al., 2016) to 24,654 (Pinto et al., 2020) participants. Most studies (9 out of 22, 40.9%) focused solely on populations described as men who have sex with men (MSM) or gay men. Additionally, 4 studies (18.1%) focused on both MSM and transgender women (TGW), three focused solely on TGW (13.6%), three on both lesbian women and gay men (13.6%) and three (13.6%) on a mixed-identity LGBTQ+ population.

The sampling methodology in all studies was non-probabilistic. The majority of studies, 17 of the 22 (77.2%), utilized convenience sampling. The remaining studies employed purposive sampling (n=3, 13.6%), respondent-driven sampling (n=1, 4.5%), and volunteer sampling (n=1, 4.5%).

[1] *While Puerto Rico is a United States territory, it is included part of the LAC region by the World Bank's classification, and is located in the Greater Antilles, a geographical area of the Caribbean (World Bank Country, 2021; "Countries in Latin America and the Caribbean", n.d.). Thus, Puerto Rico was included, along with other territories and dependencies in the LAC region such as the Cayman Islands, Anguilla, Martinique, etc., in the search strategy.

The study articles in this review reported on this review's key topic areas, IPV prevalence, IPV measurement, IPV risk and protective factors and IPV interventions, to a varying degree. Prevalence was the measure most likely to be explored in articles, with 21 of the 22 eligible articles (95.5%) reporting IPV prevalence. Following prevalence, 16 of the 22 studies (72.7%) discussed IPV measurement. IPV risk factors were more likely to be explored in study articles than protective factors; 16 of the 22 studies (72.7%) reported on IPV risk factors, while only three (13.6%) reported IPV protective factors. Further, no studies reported any information on IPV interventions for LGBTQ+ individuals in the LAC region. In addition, during data extraction relevant data emerged that did not fit into the predetermined categories of focus for this systematic review. These data were captured as correlates and associations of IPV and refers to research that reported negative impacts or experiences in individuals' lives that may be associated with IPV. Six of the 22 studies (27.3%) reported on correlates and associations of IPV.

Table 1: Descriptive characteristics of twenty-two studies on IPV among LGBTQ+ populations in LAC (n=22)						
Study	**Country**	**Participants**	**Sampling method**	**Relevant IPV research included**	**IPV definition/measurement**	**Type of IPV measured**
Barrientos et al. 2018	Mexico Venezuela Chile Spain	630 lesbian women and gay men	Convenience sampling (online)	Measurement Prevalence Risk/Protective Factors	Based on definition used in previous studies on psychological abuse in same-sex couples (Bartholomew et al., 2018; Longares, Escartín, Barrientos, & Rodriguez-Carballeira, 2017)	Psychological
Barrientos et al. 2010	Chile	488 Gay men, lesbian women, transgender, bisexual and other sexual minority individuals	Convenience sampling	Measurement Prevalence Risk Factors	Based on previous questions used in studies on antigay victimization in other countries (Herek et al., 1997)	Sexual
Burke et al. 2002	Venezuela	37 gay and lesbian individuals	Convenience sampling	Measurement Prevalence Risk Factors	Not a standardized definition	Any IPV Physical Sexual Psychological Other
Castro et al. 2019	Brazil	1480 participants (569 MSM, 359 heterosexual men, 522 women, 30 TGW)	Convenience sampling	Prevalence	Not a standardized definition	Any IPV

Passaro et al. 2018	Peru	576 participants (456 MSM, 120 TGW)	Convenience sampling	Measurement Prevalence Risk Factors	Not a standardized definition	Physical Sexual Psychological
Cunha et al. 2014	Brazil	155 MSM	Convenience sampling	Measurement Prevalence Correlates	Not a standardized definition	Any IPV
Davis et al. 2020	Guatemala	374 MSM	Purposive sampling	Measurement Prevalence Correlates	WHO definition	Any IPV Physical Sexual Psychological
De Boni et al. 2018	Brazil	450 MSM/TGW	Convenience sampling	Measurement Prevalence Correlates	Based on definition by Singer et al., 2017	Any IPV
Evens et al. 2019	Barbados El Salvador Trinidad and Tobago Haiti	278 individuals (119 FSW, 74 TGW, 85 MSM)	Purposive sampling	Prevalence Risk/Protective Factors Correlates	Informed by the validated World Health Organization Violence Against Women and Girls Instrument	Physical Psychological Other
Finneran et al. 2012	United States Canada Australia United Kingdom South	2368 MSM	Convenience sampling (online)	Measurement Prevalence Risk Factors	WHO definition	Physical Sexual

	Africa Brazil					
Klingelschmidt et al. 2016	French Antilles and French Guiana	733 MSM	Convenience sampling	Measurement Prevalence Risk Factors	Not a standardized definition	Any IPV
Logie et al. 2017	Jamaica	137 TGW	Purposive non-random sampling	Risk Factors	No definition provided	—
Mimiaga et al. 2015	17 Latin American Countries: Argentina, Bolivia Brazil Chile Colombia Costa Rica Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay Peru Uruguay	24274 MSM	Convenience sampling (online)	Measurement Prevalence Correlates	Based on definition by Greenwood et al., 2002	Any IPV

	Venezuela					
Murphy et al. 2019	Peru	389 TGW	Convenience sampling	Measurement Prevalence Risk Factors	Not a standardized definition	Any IPV Physical Sexual Psychological
Gómez Ojeda et al. 2017	Chile	268 gay men 199 lesbian women	Convenience sampling	Measurement Prevalence Risk/Protective Factors	Taken from previous studies (Guzmán, Espinoza, Tay, Leiva, and Adaos, 2014)	Any IPV
Oldenburg et al. 2015	17 Latin American Countries: Argentina, Bolivia Brazil Chile Colombia Costa Rica Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Panama Paraguay Peru Uruguay	24051 MSM	Convenience sampling	Measurement Prevalence Risk Factors Correlates	Not a standardized definition	Any IPV

	Venezuela					
Pinto et al. 2020	Brazil	24654 Lesbian, Gay. Bisexual, Transvestite and Transexual individuals	Convenience sampling	Prevalence	Self-reported	Any IPV
Pollock et al. 2016	Peru	15 TGW	Convenience sampling	Risk Factors	No definition provided	–
Sabidó et al. 2015	Brazil	3745 MSM	Respondent-driven sampling	Measurement Prevalence Risk Factors	Not a standardized definition	Sexual
Swan et al. 2021	7 Latin American Countries: Mexico	99 Lesbian, Gay, Bisexual, Transgender, Intersex, and other	Convenience sampling (online)	Measurement Prevalence Risk Factors	Revised Conflict Tactics Scale-Short Form (CTS2S)	Any IPV Physical Sexual Psychological

	Ecuador Argentina Colombia Guatemala Paraguay Dominican Republic	sexual minority individuals				
Santaya and Walters 2011	Cuba	35 self-identified gay male couples	Volunteer sampling	Prevalence Risk Factors	Self-reported	Physical Sexual Psychological
Toro-Alfonso and Rodríguez-Madera 2004	Puerto Rico	199 Puerto Rican gay men	Convenience sampling	Measurement Prevalence Risk Factors	Self-administered instrument developed by Toro-Alfonso and Nieves-Rosa (1996)	Physical Sexual Psychological

Meta-analysis of prevalence

Overview

Twenty-one of the 22 studies reported prevalence data on at least one form of IPV victimization, two of these studies were qualitative studies that discussed IPV prevalence and will be discussed separately from the nineteen studies that reported specific rates of IPV (Table 2). As mentioned previously, prevalence data will be explored across all studies and referred to as LGBTQ+ prevalences, as well as by subgroup. These subgroups include MSM, mixed identity LGBTQ+ samples, TGW, and lesbian women. Eleven studies explored IPV among MSM (Cunha et al., 2014; Davis et al., 2020; Finneran et al., 2012; Klingelschmidt et al., 2016; Mimiaga et al., 2015; Oldenburg et al., 2015; Sabidó et al., 2015; Santaya and Walters, 2011; Toro-Alfonso and Rodríguez-Madera, 2004), five explored IPV among mixed identity LGBTQ+ populations (Burke et al., 2002; De Boni et al., 2018; Pinto et al., 2020; Swan et al., 2021; Barrientos et al., 2010), two looked at IPV separately for MSM and TGW (Castro et al., 2019; Passaro et al., 2018), two looked at IPV separately for gay men and lesbian women (Barrientos et al., 2018; Gómez Ojeda et al., 2017), and one assessed IPV solely among TGW (Murphy et al., 2019). Of the studies that reported IPV prevalence for mixed identity sexual minority groups, one study looked at both gay men and lesbian women (Burke et al., 2002), one looked at MSM and TGW (De Boni et al., 2018), and three looked at LGBTQ populations that included gay men, lesbian women, bisexuals, transgender people and other sexual minorities (Pinto et al., 2020; Swan et al., 2021; Barrientos et al., 2010).

For the purposes of the analysis of prevalence in this study, MSM is being considered a behavior. Therefore studies that evaluated IPV among gay men (Barrientos et al., 2018; Gómez Ojeda et al., 2017; Santaya and Walters, 2011; Toro-Alfonso and Rodríguez-Madera, 2004), are

grouped in the same category as studies that looked at MSM populations, although some MSM may not identify as gay or bisexual (Castro et al., 2019; Passaro et al., 2018; Cunha et al., 2014; Davis et al., 2020; Finneran et al., 2012; Klingelschmidt et al., 2016; Mimiaga et al., 2015; Oldenburg et al., 2015; Sabidó et al., 2015). This decision was made after analyses were run and there was no significant difference found between data looking at gay men specifically and MSM more broadly.

For all calculations performed in this section, prevalence rates will be rounded to two decimal places; otherwise, prevalence data will be reported as it was in the corresponding study.

Any IPV Victimization

The pooled prevalence for any experience of LGBTQ+ IPV victimization across all studies that reported any IPV was 28% (95% CI: 22, 33). These results had high heterogeneity, $I^2 = 100\%, p < .001$ (Table 3). For MSM these numbers ranged from 7.9 to 35.9% (Passaro et al., 2018; Castro et al., 2019; Gómez Ojeda et al., 2017; Klingelschmidt et al., 2016; Davis et al., 2020; Oldenburg et al., 2015; Mimiaga et al., 2015; Cunha et al., 2014). The pooled prevalence for any experience of IPV victimization for MSM was 24% (95% CI: 19, 30). For TGW, the prevalence of any IPV victimization ranged from 15.0, 15.17 to 26.7% (Passaro et al., 2018; Murphy et al., 2019; Castro et al., 2019). The pooled prevalence for any experience of IPV victimization for TGW was 16% (95% CI: 13, 21). Pooled prevalence was not applicable for any experience of IPV victimization for women in same-sex relationships, as only one study reported any IPV prevalence for this population (20.1%) (Gómez Ojeda et al., 2017). For LGBTQ+ individuals, the prevalence of any IPV victimization ranged from 7.3, 46.3, 60.61, to 72.97% (De Boni et al., 2018; Pinto et al., 2020; Swan et al., 2021; Barrientos et al., 2010). The pooled prevalence for any experience of IPV victimization for mixed identity LGBTQ+ samples was

46% (95% CI: 20, 73). Pooled prevalences of any IPV victimization among MSM and mixed identity LGBTQ+ samples in this review had high heterogeneity, while estimates among TGW had very low heterogeneity (Table 3).

Physical IPV Victimization

The pooled prevalence for LGBTQ+ physical IPV victimization across all studies was 15% (95% CI: 10.0, 20.0), with high heterogeneity, $I^2 = 94\%, p < .001$ (Table 3). For MSM, prevalence of physical IPV victimization varied from 3.1, 5.9, 7, 26, to 48.6% (Passaro et al., 2018; Davis et al., 2020; Finneran et al., 2012; Toro-Alfonso and Rodríguez-Madera, 2004; Santaya and Walters, 2011). The pooled prevalence for physical IPV victimization for MSM was 15% (95% CI: 8, 22). Prevalence of physical IPV victimization among TGW varied from 5.8 to 8.23% (Passaro et al., 2018; Murphy et al., 2019). The pooled prevalence for physical IPV victimization for TGW was 8% (95% CI: 5, 10). Pooled prevalence was not applicable for physical IPV victimization for women in same-sex relationships, as neither study reported physical IPV victimization on this population. Among mixed identity LGBTQ+ samples, physical IPV victimization rates ranged from 27.3 to 32.43% (Swan et al., 2021; Burke et al., 2002). The pooled prevalence for physical IPV victimization for mixed identity LGBTQ+ samples was 29% (95% CI: 21, 36). Pooled prevalences for physical IPV victimization among MSM in this review had high heterogeneity, while pooled prevalences for TGW and mixed identity LGBTQ+ samples resulted in low heterogeneity (Table 3).

Sexual IPV Victimization

The pooled prevalence for LGBTQ+ sexual IPV victimization across all studies was 11% (95% CI: 6, 15), with high heterogeneity, $I^2 = 99\%, p < .001$ (Table 3). Among MSM, rates of sexual IPV victimization were 0.4, 1.9, 2.71, 16.8, 25, and 25.7% (Passaro et al., 2018; Davis et

al. 2020; Finneran et al., 2012; Sabidó et al., 2015; Toro-Alfonso and Rodríguez-Madera, 2004; Santaya and Walters, 2011). The pooled prevalence for sexual IPV victimization for MSM was 12% (95% CI: 5, 18). Sexual violence was the only area where data were disaggregated for bisexual men and gay/homosexual MSM in one study. This study found a prevalence of sexual IPV victimization among gay/homosexual/MSM of 16.8% and among bisexual men of 13.9% (Sabidó et al., 2015). For TGW, sexual IPV victimization rates were 2.31 and 2.5% (Murphy et al., 2019; Passaro et al., 2018). The pooled prevalence for sexual IPV victimization for TGW was 2% (95% CI: 1, 4). Pooled prevalence was not applicable for sexual IPV victimization for women in same-sex relationships, as neither study reported sexual IPV victimization on this population. Among mixed identity LGBTQ+ samples, sexual IPV victimization ranged from 9.8, 13.51, to 25.3% (Barrientos et al., 2010; Swan et al., 2021; Burke et al., 2002). The pooled prevalence for sexual IPV victimization for mixed identity LGBTQ+ samples was 16% (95% CI: 6, 26). Pooled prevalences for physical IPV victimization among MSM in this review had high heterogeneity, while pooled prevalences for mixed identity LGBTQ+ samples had moderately high heterogeneity and TGW resulted in low heterogeneity (Table 3).

Psychological IPV Victimization

The pooled prevalence for LGBTQ+ psychological IPV victimization across all studies was 28% (95% CI: 16, 40), with high heterogeneity, $I^2 = 99\%, p < .001$ (Table 3). MSM had rates of psychological IPV victimization that varied from 3.1, 7.8, 13.7, 48 to 91.4% (Passaro et al., 2018; Davis et al., 2020; Barrientos et al., 2018; Toro-Alfonso and Rodríguez-Madera, 2004; Santaya and Walters, 2011). The pooled prevalence for psychological IPV victimization for MSM was 33% (95% CI: 10, 55). Rates of psychological IPV victimization for TGW ranged from 2.5 to 9.25 (Passaro et al., 2018; Murphy et al., 2019). The pooled prevalence for

psychological IPV victimization for TGW was 6% (95% CI: 1, 12). Pooled prevalence was not applicable for psychological IPV victimization for women in same-sex relationships, as only one study reported on psychological IPV prevalence for this population (16.1%) (Barrientos et al., 2018). Lastly, for studies that reported on mixed identity LGBTQ+ samples experiencing psychological IPV victimization, reported prevalences ranged from 37.84 to 54.5% (Burke et al., 2002; Swan et al., 2021). The pooled prevalence for psychological IPV victimization for mixed identity LGBTQ+ samples was 47% (95% CI: 31, 63). All pooled prevalences for psychological IPV victimization among LGBTQ+ subpopulations in this review had high heterogeneity (Table 3).

Qualitative Studies

Two qualitative studies in this review collected information on participants' experiences of IPV via structured interviews. One study on a sample of MSM and TGW found that nearly all participants had experienced psychological IPV, such as verbal abuse, threats of physical or sexual violence or harm, coercion, controlling behaviors, name calling and insults, intimidation, isolation and bully (Evens et al., 2019). Additionally, physical violence was reported by about three quarters of MSM and TGW, which included physical abuse, kidnapping, and forced consumption of drugs/alcohol. Lastly, this study also found a high prevalence of economic violence, with more than three quarters of transgender women and nearly two thirds of MSM reporting some experience where their partner used money or resources to control them or harm them economically. Another qualitative study on gay male couples in Cuba found that all couples reported some level of IPV, although the types of IPV differed. The most frequently reported type of abuse was psychological IPV, followed by physical IPV and lastly sexual IPV. For the majority of couples abuse was bidirectional, although physical and sexual violence was

more commonly perpetrated by one member of the couple when compared to psychological IPV (Santaya and Walters, 2011).

Summary

The highest IPV rates were found among mixed identity LGBTQ+ study samples as opposed to studies that focused solely on one subpopulation of the LGBTQ+ community, such as MSM, TGW, lesbian women, etc., although rates were still high among these subsamples. Additionally, the calculated pooled prevalences in this review had high heterogeneity, with the exception of some TGW and mixed identity LGBTQ+ samples. These data represent some important gaps in IPV victimization research among LGBTQ+ adults in LAC. Specifically, only two studies reported data for lesbian women, and only three focused on transgender populations, with a sole focus on transgender women.

Table 2: Intimate partner violence among LGBTQ+ populations in LAC by victimization type (n=18)					
Study	**IPV Victimization**				
	Any IPV	Physical	Sexual	Psychological	Other
*MSM**					
Barrientos et al. 2018				13.7%	
Castro et al. 2019	11.4%				
Cunha et al. 2014	35.9%				
Davis et al. 2020	28.6%	5.9%	1.9%	7.8%	
Finneran et al. 2012		7%	2.71%		
Gómez Ojeda et al. 2017	14.9%				
Klingelschmidt et al. 2016	26.4%				
Mimiaga et al. 2015	35.7%				
Oldenburg et al. 2015	35.2%				
Passaro et al. 2018	7.9%	3.1%	0.4%	3.1%	

Sabidó et al. 2015			Gay men: 16.8% Bisexual men: 13.9%		
Santaya and Walters 2011		48.6%	25.7%	91.4%	
Toro-Alfonso and Rodríguez-Madera 2004		26%	25%	48%	
MSM Pooled Prevalence	24%	15%	8%	33%	
Lesbian women					
Barrientos et al. 2018				16.1%	
Gómez Ojeda et al. 2017	20.1%				
Transgender women					
Castro et al. 2019	26.7%				
Murphy et al. 2019	15.17%	8.23%	2.31%	9.25%	
Passaro et al. 2018	15.0%	5.8%	2.5%	2.5%	
TGW Pooled	16%	8%	2%	6%	

Prevalence					
*LGTBQ+ individuals**					
Barrientos et al. 2010			9.8%		
Burke et al. 2002	72.97%	32.43%	13.51%	37.84%	Threatened with physical harm: 27.03% Withholding items: 5.41% Prohibited from seeing family/friends: 48.65% Threatened to have sexual orientation revealed: 13.51% Property vandalized or destroyed: 21.62%
De Boni et al. 2018	7.3%				
Pinto et al. 2020	46.3%				
Swan et al. 2021	60.61%	27.3%	25.3%	54.5%	
LGBTQ+ individuals Pooled Prevalence	46%	29%	16%	47%	
Overall Pooled Prevalence	28%	15%	8%	28%	

Table 3: Pooled prevalence of IPV victimization by subgroup in 22 studies of IPV among LGBTQ+ populations in LAC (n=22)												
	Any IPV			**Physical IPV**			**Sexual IPV**			**Psychological IPV**		
Subgroup	Studies (n)	Prevalence (95% CI)	I^2 *(P)*	Studies (n)	Prevalence (95% CI)	I^2*(P)*	Studies (n)	Prevalence (95% CI)	I^2 *(P)*	Studies (n)	Prevalence 95% (CI)	I^2*(P)*
MSM	8	24 (19, 30)	99% <.001	5	15 (8, 22)	96% <.001	6	12 (5, 18)	99% <.001	6	33 (10, 55)	99% <.001
TGW	3	16 (13, 21)	0% 0.37	2	8 (5, 10)	0% 0.34	2	2 (1, 4)	0% 0.91	2	6 (1, 12)	91% .001
LGBTQ+	4	46 (20, 73)	100% <.001	2	29 (21, 36)	0% 0.57	3	16 (6, 26)	83% .003	2	47 (31, 63)	68% .08
All populations	13	28 (22, 33)	100% <.001	8	15 (10, 20)	94% <.001	10	11 (6, 15)	99% <.001	8	28 (16, 40)	99% <.001

Table 4: Intimate partner violence perpetration across 5 studies among LGBTQ+ populations in LAC (n=5)				
Study	**IPV Perpetration**			
	Any IPV	Physical	Sexual	Psychological
*MSM**				
Finneran et al. 2012		4.06%	1.81%	
Gómez Ojeda et al. 2017	19.4%			
Toro-Alfonso and Rodríguez-Madera 2004		24%	14%	40%
Women in same-sex relationships				
Gómez Ojeda et al. 2017	19.1%			
*LGTBQ+ individuals**				
Swan et al. 2021	56.57%	30.3%	21.2%	53.5%
Overall Pooled Prevalence	31%	19%	12%	46%

Table 5: Pooled prevalence of IPV perpetration across 5 studies among LGBTQ+ populations in LAC (n=5)											
Any IPV			**Physical IPV**			**Sexual IPV**			**Psychological IPV**		
Studies (n)	Prevalence (95% CI)	I^2 *(P)*	Studies (n)	Prevalence (95% CI)	I^2 *(P)*	Studies (n)	Prevalence (95% CI)	I^2 *(P)*	Studies (n)	Prevalence (95% CI)	I^2 *(P)*
3	31 (13, 49)	99% <.001	3	19 (2, 37)	97% <.001	3	12 (0, 23)	95% <.001	2	46 (33, 59)	80% .03

IPV Perpetration

Four studies reported data on IPV perpetration, displayed in Table 4 (Finneran et al., 2012; Gómez Ojeda et al., 2017; Toro-Alfonso and Rodríguez-Madera, 2004; Swan et al., 2021). The pooled prevalence for any IPV perpetration across all studies was 31% (CI: 13, 49), with high heterogeneity $I^2 = 96\%, p < 0.001$ (Table 5). Individual studies reported rates of any IPV perpetration among MSM of 19.4%, for women in same-sex relationships of 19.1%, and among a general LGBTQ population, 56.57% (Gómez Ojeda et al., 2017; Swan et al., 2021). For physical IPV perpetration, the pooled prevalence was 19% across the three studies (CI: 2, 37), with high heterogeneity $I^2 = 97\%, p < 0.001$ (Table 5). The individual rates reported in the studies included 4.06 and 24% among MSM (Finneran et al., 2012; Toro-Alfonso and Rodríguez-Madera, 2004), and 30.3% among a general LGBTQ population (Swan et al., 2021). Among the three studies that reported sexual IPV perpetration, the pooled prevalence was 12% (CI: 0, 23), with high heterogeneity $I^2 = 95\%, p < 0.001$. These three studies reported rates of sexual IPV perpetration of 1.81 and 14% among MSM (Finneran et al., 2012; Toro-Alfonso and Rodríguez-Madera, 2004), and 21.2% among LGBTQ individuals. The two studies that reported on psychological IPV perpetration had a pooled prevalence of 46% (CI: 33, 59), with high heterogeneity ($I^2 = 80\%, p = 0.03$). Study specific prevalence of psychological IPV perpetration was 40% among MSM (Toro-Alfonso and Rodríguez-Madera, 2004) and 53.5% among LGBTQ individuals.

Tables 4 and 5 demonstrate a lack of data on IPV perpetration among LGBTQ+ populations in LAC. Particularly, there are no data reported specific to transgender, intersex, bisexual and other sexual gender minority populations, and only one study on both women in

same-sex relationships and LGBTQ+ individuals broadly. MSM represents greater data on IPV perpetration, although the research is still limited.

Descriptive analysis of measurement

Across the studies, IPV was most often defined as being either physical IPV, sexual IPV and psychological (including emotional IPV) in nature; otherwise, a non-specific definition of IPV was adhered to. Twenty studies collected some data on IPV prevalence. Among these, two studies (Burke et al., 2002; Evens et al., 2019) collected additional IPV measures that did not fall into these categories. Aside from these two studies, three studies (15.0%) reported on all categories and three (15.0%) reported on sexual, physical, and psychological IPV, but not "any" IPV. On the contrary, eight studies (40.0%) measured any IPV, as opposed to a specific type of violence. The remaining studies measured sexual IPV (n=2), physical and sexual IPV (n=1), and psychological IPV (n=1).

While definitions could be categorized into four main categories of IPV measurement, individual study definitions of IPV varied greatly. Half of the studies (n=10) that measured IPV prevalence utilized a standard or previously employed definition. Six of these studies utilized definitions from previous studies on IPV (27.3%), two used the World Health Organization (WHO) definition (9.09%), and two employed definitions from previously validated scales (9.09%). For studies that used previously validated scales, these included the Conflict Tactics Scale Short-Form CTS2S (4.54%, n=1; Swan et al., 2021) and the WHO Violence Against Women Instrument (4.54%, n=1; Evens et al., 2019). Swan et al., 2021 followed Chapman and Carter's 1979 guidelines for translating measures for cross-cultural use. Bilingual study team members translated the CTS2S from English into Spanish, and the other back translated the measures into English to check for consistency. All study measures were administered in

Spanish, but participants were not excluded from the study if they were from a country where Spanish was not the official language, as long as they could read Spanish. Evens et al. 2019 used the validated WHO Violence Against Women Instrument to inform the construction of their interview guide. Interviews were conducted in English, Spanish or Haitian Kreyol depending on the preference of the participants, and then translated into English as applicable; closed-ended questions were also recorded verbally and documented by the interviewer. Of the remaining 10 studies, one utilized self-report for their IPV measurement (4.54%), and nine did not reference the origin of their definition and appeared to use their own definitions of IPV (40.9%).

Studies that reported their definitions of IPV differed in two keyways. Some studies provided definitions that asked about specific behaviors by the perpetrator, while others defined IPV more generally. For any IPV victimization, a few studies did not provide the participants with a definition for IPV and asked "have you experienced intimate partner violence/domestic violence (Castro et al., 2019; Cunha et al., 2014), While others asked about specific behaviors and their combinations: "Have you experienced IPV: a means to control others through power, including physical and psychological threats (verbal and nonverbal) or injury (to the victim or to others), isolation, economic deprivation, heterosexist control, sexual assaults, vandalism (destruction of property), or any combination of methods?" (Burke et al., 2002). The same was true for studies that looked at specific categories of IPV. For psychological IPV, definitions varied from "psychological aggression" (Swan et al., 2021), "emotional violence" (Greenwood et al., 2002) to "intentional use of hurtful or offensive words by the partner" (Passaro et al., 2018), "the continuous use of strategies involving pressure, control, manipulation and coercion with the goal of dominating and subjugating the partner" (Barrientos et al., 2018) or "verbally threatened, demeaned in front of others, ridiculed for appearance, forced to get high or drunk, stalked, or had

property destroyed or damaged" (Oldenburg, 2015). For physical IPV, more definitions were general compared to behavioral. Studies with general definitions asked if participants had suffered physical violence (Greenwood et al., 2002; Gómez Ojeda et al., 2017; Toro-Alfonso and Rodríguez-Madera 2004), physical assault (Swan et al., 2021), or physical violence (hitting or assault) (Passaro et al., 2018; Murphy et al., 2019). Some examples of those with behavioral definitions expanded and asked, "have any of your partners ever tried to hurt you, this includes pushing, holding you down, hitting you with his fist, kicking, attempting to strangle, attacking with a knife, gun or other weapon?" (Finneran et al., 2012) or "Have you been physically (been hit with fists or open hand, hit with an object, pushed or shoved, kicked, or had something thrown at them) battered or forced to have sexual intercourse?" (Oldenburg, 2015), among others. For sexual IPV, more studies asked general questions such as "Did you suffer sexual abuse?" (Cunha et al., 2014) or "Have you ever experienced sexual violence" (Greenwood et al., 2002; Gómez Ojeda et al., 2012) or "sexual coercion" (Swan et al., 2021; Toro-Alfonso and Rodríguez-Madera, 2004) or "Have you experienced any type of sexual activity without consent" (Davis et al., 2020)? While those with more behavioral definitions asked questions such as "Have you experienced physical coercion/been forced to have sex when you didn't want to?" (Passaro et al., 2018; Sabidó et al., 2015).

Studies also used different recall periods. The most frequently used recall period was lifetime, with 7 studies using this timeframe (Barrientos et al., 2010; Burke et al., 2002; Castro et al., 2019; Cunha et al., 2014; De Boni et al., 2018; Klingelschmidt et al., 2016; Swan et al., 2021). Other time frames included the past 12 months (Finneran et al., 2012) and the past 5 years (Mimiaga et al., 2015; Oldenburg et al., 2015). Some asked questions based on an individual's experiences with partners instead of a specific time frame. These studies included capturing IPV

data for individual's experience with their current/previous partner (Barrientos et al., 2018; Gómez Ojeda et al., 2017; Santaya and Walters, 2011) or their last three partners (Passaro et al., 2018; Murphy et al., 2019). Three studies captured data for more than one recall period, two looked at IPV events in the lifetime as well as the past 12 months (Davis et al., 2020; Sabidó et al., 2015) and another looked at lifetime and current partner IPV (Toro-Alfonso and Rodríguez-Madera, 2004). The last two studies that captured data on IPV prevalence used self-report measures (Evens et al., 2019; Pinto et al., 2020).

Additionally, studies varied in their measurement of the severity and frequency of violence. Only two studies (9.09%) collected some data on IPV frequency (Barrientos et al., 2018) and severity (Swan et al., 2021). The remainder of the studies measured IPV as a dichotomous experience.

Descriptive analysis of risk factors

Sixteen of the 22 studies explored potential risk factors for IPV (Table 6). The most frequent risk factor identified in the research was alcohol use. Six studies found a relationship between alcohol use and IPV for MSM and TGW populations (Barrientos et al., 2018; Passaro et al., 2018; Murphy et al., 2019; Sabidó et al., 2015; Santaya and Walters, 2011; Toro-Alfonso and Rodríguez-Madera, 2004). Three studies found that alcohol use was associated with any type of IPV victimization among MSM (Passaro et al. 2018; Santaya and Walters 2011; Toro-Alfonso and Rodríguez-Madera, 2004). Toro-Alfonso and Rodríguez-Madera also found that alcohol use was associated with IPV perpetration among MSM. Two additional studies found that alcohol was associated with psychological IPV victimization specifically among MSM (Barrientos et al., 2018 and Sabidó et al., 2015). Among TGW, one study found that alcohol use was associated with psychological and sexual IPV victimization (Passaro et al., 2018) and another found alcohol

use was related to any IPV victimization (Murphy et al., 2019). Alcohol use was not listed as a risk factor for IPV victimization among lesbian women or other sexual minority populations (aside from MSM and TGW).

Perceived discrimination was another risk factor frequently associated with IPV. Five studies identified an association between perceived and/or experienced discrimination and IPV victimization with samples that included MSM and LGBTQ+ individuals. Among MSM, perceived/experienced discrimination, defined as perceptions and/or experiences of homophobia, internalized homophobia, homophobic violence, and discrimination, was a risk factor for physical IPV victimization (Finneran et al., 2012), sexual IPV victimization (Finneran et al., 2012; Sabidó et al., 2015), and any IPV victimization (Klingelschmidt et al., 2016). For studies that included non-specific LGBTQ+ participants, an association was found between perceived/experienced discrimination and sexual IPV victimization (Barrientos et al., 2010) and any IPV (Swan et al., 2021).

Transactional sex was identified as a risk factor for IPV victimization in two studies among MSM and two studies among TGW. For MSM, transactional sex was associated with any IPV victimization in their relationships (Klingelschmidt et al., 2016; Oldenburg et al., 2015). Studies on TGW who participated in transactional sex, also found it to be associated with participant's self-report IPV victimization (Logie et al., 2017) and any IPV victimization (Passaro et al., 2018).

Another risk factor for IPV victimization that emerged in a few studies in the literature was childhood and adolescent experiences of violence. Childhood/adolescent experiences of violence were found to be associated with physical IPV victimization among MSM in one study (Toro-Alfonso and Rodríguez-Madera, 2004) and psychological IPV victimization in two studies

(Toro-Alfonso and Rodríguez-Madera, 2004; Santaya and Walters, 2011). Experiences of childhood violence were also found to be associated with any IPV victimization among MSM and TGW in another study (Evens et al., 2019).

The remainder of IPV risk factors were listed two or fewer times. Two studies identified drug use as a risk factor for IPV victimization. Drug use was associated with physical/sexual IPV victimization among MSM and any IPV victimization among MSM (Passaro et al., 2018; Toro-Alfonso and Rodríguez-Madera, 2004). Two studies found that identifying as transgender was associated with higher rates of psychological IPV victimization and any IPV victimization for transgender women specifically (Barrientos et al., 2010; Evens et al., 2019). Two additional studies found that transgender women and MSM in stable partnerships experienced higher rates of psychological and sexual IPV, and any type of IPV respectively, when compared to those in casual partnerships (Passaro et al., 2018; Murphy et al., 2019). Two studies also reported that experiencing one form of IPV increased the likelihood of experiencing other forms of IPV in both a gay/lesbian study sample and LGBT+ study sample (Burke et al., 2002; Swan et al., 2021). Bidirectional IPV was also a risk factor associated with any IPV in two studies; one conducted on gay men and lesbian women (Gómez Ojeda et al., 2017) and another on LGBT+ individuals (Swan et al., 2021). Condomless receptive anal intercourse was a risk factor for psychological IPV among TGW and MSM and any type of IPV for TGW (Passaro et al., 2018; Murphy et al., 2019). STIs were a risk factor for physical IPV experiences among TGW and sexual IPV experiences among MSM (Passaro et al., 2018; Sabidó et al., 2015). HIV status was a risk factor for any IPV experience among MSM (Klingelschmidt et al., 2016) and sexual IPV victimization among MSM (Sabidó et al., 2015). Adherence to traditional gender norms was also identified as a risk factor for IPV in two studies. These gender norms and the dominant role of

the male in the society were found to be a perceived risk factor for any IPV victimization among TGW in one study and MSM in another (Pollock et al., 2016; Santaya and Walters, 2011).

There were many additional risk factors that were only reported once across the 18 studies. Depression was found to be associated with sexual victimization among MSM (Sabidó et al., 2015). Lack of conflict resolution skills was a risk factor for any IPV victimization among MSM in another study (Toro-Alfonso and Rodríguez-Madera, 2004). Lack of knowledge of resources and distrust of law enforcement was a risk factor for any IPV victimization among LBGTQ+ participants (Burke et al., 2002). Lack of accessing resources and victimization in medical care increased the risk of IPV victimization among MSM and TGW (Evens et al., 2019). Lower education increased any IPV victimization among women in same-sex relationships (Gómez Ojeda et al., 2017). Mixed racial identity increased the risk for physical and sexual IPV victimization among MSM (Finneran et al., 2012). Unstable workplace situations were a risk factor for any IPV victimization among MSM (Klingelschmidt et al., 2020), and economic stress was a risk factor for any IPV among MSM (Santaya and Walters et al., 2020). A high number of sexual partners in the last 12 months was a risk factor for sexual IPV victimization among MSM (Sabidó et al., 2015), and lastly, identifying as middle age and professional status (as opposed to student, retiree, etc.) with psychological IPV victimization among MSM (Barrientos et al., 2018).

Descriptive analysis of protective factors

Few studies explored protective factors for IPV victimization in LBGTQ+ relationships. Only three of the 22 studies in this review reported on any factors that were associated with protecting individuals from experiences of IPV in their relationships (Table 6). Among MSM, being of a younger age (specifically 18-24) and having low alcohol consumption were found to protect against experiences of psychological IPV victimization (Barrientos et al. 2018) For

lesbian women, being a student was found to be a protective factor against psychological IPV victimization (Barrientos et al., 2018) and having higher education was a protective factor against any IPV victimization (Gómez Ojeda et al., 2017). Lastly, seeking counseling, legal and healthcare services was identified as a protective factor for MSM and TGW against any IPV victimization (Evens et al., 2019).

Descriptive analysis of correlates and associations

As previously discussed, during full-text review and data extraction, relevant data emerged that were not captured under key review topic areas. Therefore, the category "IPV correlates and associations" was created to capture negative factors that were experienced by LGBTQ+ individuals who reported IPV in their relationships. Six studies reported any data on correlates or associations of IPV experienced by study participants (Table 7). Two studies reported higher levels of depression among MSM and LGBTQ+ individuals who had any IPV experience with an intimate partner (Davis et al., 2020; De Boni et al., 2020). An additional two studies found a correlation between any IPV victimization and higher rates of condomless receptive anal intercourse among MSM (Cunha et al., 2014; Mimiaga et al., 2015). The remaining correlates and associations of IPV reported in the studies included in this systematic review were only reported once across the six studies that included such correlates. Emotional distress, economic consequences, restricted access to healthcare, legal and social services, and physical and sexual trauma were found to be correlated with any IPV experience among MSM and TGW in one study (Evens et al., 2019). Engaging in transactional sex and vulnerability to future IPV were found to be correlated with any IPV experience among MSM (Oldenburg et al., 2015). Additionally, self-reported HIV infection was a correlate of any IPV experience among

MSM in another study (Mimiaga et al., 2015). Lastly, anxiety was correlated with any IPV experience among MSM (Davis et al., 2020.

Table 6: Risk and protective factors reported in a review of 22 studies among LGBTQ+ populations in LAC (n=16)		
Study	**IPV risk factors**	**IPV protective factors**
Barrientos et al. 2018	*Gay men:* Ages 26-40 Professional status, mainly working in private enterprise Moderate alcohol consumption (up to 4 drinks per day)	*Gay men:* Ages 18-25 Low alcohol consumption *Lesbian women:* Students
Barrientos et al. 2010	Higher levels of perceived discrimination events Transgender identity	–
Burke et al. 2002	Experiencing one form of IPV No knowledge of resources Distrust of law enforcement	–
Passaro et al. 2018	*Physical IPV* Problematic alcohol use among MSM Using drugs before sex Concurrent sexual partners, stable relationships STIs among TW	–

	Psychological IPV Alcohol use disorder Endorsing condomless receptive anal intercourse with one or more of their last 3 partners Stable and transactional sex partnerships vs. casual partnerships *Sexual IPV* Alcohol or drug use	
Evens et al. 2019	Experiences of violence in childhood home Transgender woman identity Victimization by service providers Did not seek services	Seeking counseling, legal and healthcare services
Finneran et al. 2012	Mixed racial identity Experiences of homophobia Internalized homophobia	–
Klingelschmidt et al. 2016	Engaging in transactional sex Homophobia and homophobic violence Unstable administrative situations	–

	HIV positive status	
Logie et al. 2017	Involvement in sex work	–
Murphy et al. 2019	Stable partners vs. unpartnered Alcohol use by participants and partners Condomless receptive anal intercourse	–
Gómez Ojeda et al. 2017	Lower education Receiving violence and perpetrating violence	Higher education
Oldenburg et al. 2015	Transactional sex	–
Pollock et al. 2016	Forgiving partner out of “love” Perception of partner’s control as a reflection of his desire/attachment Dominant masculinity of the male partner Traditional gender relations	–
Sabidó et al. 2015	Younger age at first sex with a man First sex with a man High number of sexual partners in the last 12 months (at least 5) Drinking alcohol at least twice a week	–

	Perceiving themselves as being at higher or moderate risk for HIV infection, ever having syphilis Presenting STI symptoms during the last 12 months Feeling sad or depressed during the last 6 months, and having suicidal ideas during the last 6 months Self-perceived discrimination due to sexual orientation during the last 12 months	
Swan et al. 2021	*Physical IPV* Work/school heterosexism *Any IPV victimization or perpetration* Heterosexism Experiences of discrimination Perpetrating or being a victim of IPV	–
Santaya and Walters 2011	*Quantitative analyses* Alcohol use Experiencing emotional or psychological abuse as an adolescent was positively related to psychological abuse *Qualitative analyses:* Violence as the natural consequence of the gendered socialization as male in a Latin society The expression of male power with a male lover	–

	Economic stress	
Toro-Alfonso and Rodríguez-Madera 2004	*Any IPV* Compulsive use of, or addiction to, at least one of the following: alcohol, drugs, food and/or sex Violent approach to conflict resolution Lack of conflict resolution skills *Physical/psychological* Childhood experiences of violence (emotional, phyiscal and sexual) and adult physical and emotional violence with partners *Sexual IPV* Feeling the need to please their partner Feeling pressured by their partner's insistence Partner lying	–

Table 7: Correlates and associations of IPV reported in 22 studies among LGBTQ+ populations in LAC (n=6)	
Study	**Correlates and associations of IPV**
Cunha et al. 2014	Increased likelihood of condomless receptive anal intercourse
Davis et al. 2020	Anxiety and depression
De Boni et al. 2018	Depression
Evens et al. 2019	Emotional distress, fear of future GBV led to restricted movement and behaviors Economic consequences such as trouble meeting basic needs if a partner withheld support Physical and sexual trauma Restricted access to legal, health and other social services
Mimiaga et al. 2015	Engaging in higher risk condomless anal sex Self-reported HIV infection
Oldenburg et al. 2015	Engaging in transactional sex Vulnerability to IPV

Descriptive analysis of interventions

None of the 22 studies included in the analysis reported on IPV interventions.

Discussion

Study Overview

While there was a comprehensive systematic review of IPV among same-sex couples published by Burke and Follingstad in 1999, there has never been a review of literature among LGBTQ+ adults specifically in LAC. The current review is the first comprehensive examination of the literature on IPV among LGBTQ+ adults in LAC. This review focused on articles published after 2000 and demonstrated that a growing body of research does exist among this population in LAC, though it is still limited by comparison to research among heterosexual populations. Although the review focused on articles published after 2000, only three of the 22 studies that met the inclusion criteria were published between 2000-2010, with the remainder published after 2011. Further, 16 articles were published after 2015, suggesting that the literature among LGBTQ+ adults in LAC has been gaining increasing attention in recent years.

Brazil in particular represented the greatest number of studies in this systematic review. This aligns with recent trends in the literature that have demonstrated increased focus on research among sexual minority populations in Brazil, including an integrative review of violence against LGBTI individuals in Brazil published in 2018 (Rezende and Cunha, 2018). However, the relative lack of published research from other countries across the region demonstrates the limits of knowledge about LGBTQ+ populations in this area. While the studies represented 27 of the 33 countries in LAC, there was often only one study that was conducted in each country ("Countries in Latin America and the Caribbean", n.d.). This raises questions and concerns regarding why there is such little representation among other LAC countries in the literature. This may be influenced by a lack of investment, both internally and externally, on research and development in these countries. The LAC countries that spend the most on research and development

initiatives are Argentina, Brazil, Chile, and Mexico (United Nations, 2004). These countries tend to have higher Gross Domestic Product (GDP) than others in LAC, allowing them to invest more in research and development. The lack of investment in research for other LAC countries is largely due to limited resources that require countries to focus their efforts on a few activities, instead of spreading them across multiple initiatives (United Nations, 2004). However, compared to other developed countries, even those investing the most in the LAC region are substantially behind internationally. Economic crises in recent years in some countries, including Argentina and Brazil, as well as neoliberalism and austerity governments in other countries such as Chile, also limit the capacity to focus on LGBTQ+ research (Ocampo, 2021). Further, there are political issues that contribute to the lack of representation of LAC countries in the LGBTQ+ literature. Specifically, the region's history of far-right wing governments, political corruption and social conservatism contribute to policies that do not prioritize minority issues, and even reinforce discriminatory laws that ostracize LGBTQ+ individuals from society (Malta et al., 2019). Lastly, cultural attitudes and values such as machismo, a strong sense of masculine pride which leads to an exaggerated sense and expression of power and strength, may create barriers to LGBTQ+ individuals' participation in field studies (Neri et al., 2020).

Further, many studies in this review were conducted by the same authors or had significant overlap in study authors. Jaime Barrientos, Raquel B. De Boni, Catherine Finneran, Rob Stephenson, Carmen H. Logie, Catherine E. Oldenburg are dominating research in this space. They have all made significant contributions to the field, yet there is only a small group of researchers focusing on this topic area. This further demonstrates the need to expand research in this area, particularly in LAC and led by local researchers.

This review also identified some factors unique to the research in LAC that point to some additional gaps in the research. While previous studies have reported that research on IPV is often predominately collected among female populations, this systematic review had the greatest number of studies focused on sexual minority men (Burke and Follingstad, 1999; Bott et al., 2019). This is of note since systematic reviews have indicated a greater number of studies focused on female victimization, likely due to society's view of females as the victims and males as the perpetrators (Burke and Follingstad, 1999). Further, more studies focus on lesbian and bisexual women, as opposed to gay and bisexual men (Burke and Follingstand, 1999; Finneran and Stephenson, 2013; Liu et al., 2021; Laskey et al., 2019). The greatest number of studies in this review focused on MSM (7) or gay male populations (2). Four additional studies focused on both MSM and transgender women, and three studies evaluated IPV among transgender women. The remaining six studies included IPV data on sexual minority women, as well as sexual minority men. Therefore, it is important to note how sexual minority women are underrepresented in the data presented in this systematic review. This may be a reflection of the culture of machismo in the region, as the greatest number of studies focused on MSM and gay men, with lesbian and bisexual women largely invisible in the literature. Additionally, while bisexual individuals were included in LGBTQ+ and some MSM samples, only one study disaggregated data separately for bisexual adults. The lack of bisexual specific estimates is an important discrepancy, as there is evidence of disparities in IPV for bisexual individuals in the U.S. (Walters, Chen, & Brieding, 2011).

One likely explanation for greater representation of MSM and gay men in this review as opposed to others, could be the heavy focus within the LAC literature of exploring IPV as it relates to HIV/AIDS and transactional sex. Three of the seven studies that focused on MSM

populations explored how quality of life, mental health, and syndemic conditions (each of which included IPV measurement) were related to HIV and/or sexual risk behaviors (Cunha et al., 2014; Davis et al., 2020; Mimiaga et al., 2015). Three of the four studies that focused on MSM and TGW had a similar theme. These studies focused on syndemics, gender-based violence, and quality of life among MSM/TGW living with or at high risk of contracting HIV (De Boni et al., 2018; Evens et al., 2019; Castro et al., 2019). Two additional studies among MSM, and one other study among TGW, focused on transactional sex and its associated factors, which included IPV (Oldenburg et al., 2015; Klingelschmidt et al., 2016; Logie et al., 2017). Therefore, there is a need to expand the research literature on IPV among LGBTQ+ adults in LAC to include more diverse representation of sexual minority populations, as well as explore IPV as it relates to contexts other than that of HIV and transactional sex.

In addition to these key factors and limitations for studies in this review on study population, location, and context, the remainder of this discussion will analyze the key results from this review on prevalence, measurement, risk and protective factors, and interventions organized by sexual orientation and gender identity as available from the included studies. As stated in the results, MSM, gay men, TGW, and lesbian women will be discussed as individual subgroups when possible and grouped together as LGBTQ+ people when findings were not otherwise disaggregated.

Prevalence

The pooled prevalence for any IPV experience across all studies in the systematic review of 28%, is similar to most recent IPV rates among heterosexual men and women in Latin America and the Caribbean. Among women in LAC, the most recent rates indicate nearly one-third (29.8%) have experienced IPV (Bott et al., 2019). For men in LAC, the most recent rates

were reported in a 2013 comprehensive review of partner abuse worldwide. This review found that rates of any IPV victimization among men in Latin America range from 22.7% to 42.7% (Esquivel-Santoveña, Lambert, & Hamel, 2013). Therefore, the pooled prevalence of 28% for any IPV among all sexual minority population samples in this study is closely aligned with the rates for heterosexual men and women in LAC. While it is likely that the pooled prevalence found in this review is an underestimate of IPV experienced by LGBTQ+ adults in the region, the same is also true for heterosexual populations. There are barriers to IPV disclosure in general including "feelings of shame, denial that abuse was occurring; fear of a negative reaction of friends family or the health care provider after disclosure; fear of consequences to children; not feeling ready to change the relationship with the abuser; and fear of the abuser's reaction to disclosure" that are true for both heterosexual and LGBTQ+ relationships (Heron and Eisma, 2021). However, there are also factors unique to LGBTQ+ relationships that may further prevent them from disclosing IPV experiences. Specifically, LGBTQ+ individuals may not disclose their relationship due to fear of having their sexual orientation or gender identity revealed (or being outed), fear of discrimination related to their identity, fear of being judged or not believed, fear it will reflect badly on the LGBTQ+ community or that they may be mislabeled as the perpetrator, and lastly because they do not have access to resources (Calton, Cattaneo, & Gebhard, 2016; "Barriers to reporting", 2020). Additionally, societal understanding of what constitutes IPV also poses a barrier to LGBTQ+ individuals' ability to recognize incidents of abuse as wrong. Particularly for women that experience violence from a same-sex perpetrator, they may be unlikely to view the incident as IPV, due to the dominant societal narrative that only men perpetrate violence or fear that violence perpetrated by women will not be viewed as serious or dangerous (Brown and Herman, 2015). These factors may also influence the high levels of

heterogeneity found for pooled prevalence of IPV victimization across all studies. Heterogeneity may be impacted by the various subpopulations represented in the studies, inconsistencies in IPV definitions and measurement, and study specific factors, such as recruitment strategy and relationship building which may impact rates of IPV disclosure.

Therefore, there are few estimates of IPV prevalence for LGBTQ+ adults in general, and to the authors' knowledge, no estimates of IPV prevalence for LGBTQ+ adults across the LAC region available prior to this study. Therefore, sexual minority population results will be compared to most recent epidemiological data for LGBTQ+ populations in the U.S., as done in other studies on LGBTQ+ adults in LAC (Bott et al., 2019; Davis et al., 2020; Swan et al., 2021).

This study found a prevalence of IPV victimization for mixed identity LGBTQ+ samples of 46%, with rates ranging from 7.3% to 72.97%. These estimates are higher than previous studies of LGBTQ+ individuals that have found lifetime prevalence of IPV between 14.5% and 21.5% (Brown and Herman, 2015). These rates suggest that LGBTQ+ adults in LAC may experience IPV at higher rates than LGBTQ+ adults in the United States. This could be due to societal conditions in LAC that exacerbate discrimination and violence against LGBTQ+ people. Discriminatory laws against LGBTQ+ people are particularly common in the LAC region, with some legislation that prohibits same-sex relations. While there are some countries that have significant LGBTQ+ protective legislations, such as Argentina, Uruguay, and Brazil, they are not representative of the reality for LGBTQ+ individuals. For example, Brazil has extensive legal protections for LGBTQ+ individuals, but has some of the highest rates of violence and homicide against these individuals in the world. In the region in general, there is entrenched prejudice, stigma, discrimination, and violence create an unwelcoming environment for LGBTQ+ people where legislation is often not enforced (Malta et al., 2019). Therefore, the cultural and social

environment may place additional stress on the relationships of LGBTQ+ adults and perpetuate and normalize violence within them. However, it is also possible that the IPV estimates in this study are higher for mixed identity LGBTQ+ samples when compared to studies with one or two subsamples as they are representative of more populations, and particularly populations that may experience IPV at higher rates as expressed in U.S. IPV research (Messinger, 2011). Unfortunately, few studies have reported IPV prevalence for mixed identity LGBTQ+ samples. Studies have primarily focused on specific subsamples of this population. The IPV prevalence for mixed identity LGBTQ+ samples in this study is closer to IPV estimates among U.S. sexual minority women including 43.8% for lesbian women, 61.1% for bisexual women and 54% for transgender individuals (Brown and Herman, 2015; James et al., 2015). Our review also found rates of physical IPV victimization of 29%, sexual IPV victimization of 16% and psychological IPV victimization of 47% among mixed identity samples of LGBTQ+ adults. An analysis conducted in 2010 found that respondents with a history of same-sex relationships experienced physical, sexual, and psychological IPV at higher rates than heterosexual individuals (Messinger, 2011). These rates are similar to rates of physical (13.4-52.3%) violence among women in LAC, but higher than rates of sexual (5.2-15.2%) and psychological violence (17-47.8%) among women in LAC (Bott et al., 2012).

However, IPV rates for LGBTQ+ adults in this review are consistent with other studies that have identified the vast range of IPV rates for this population. For example, A 2015 systematic review found prevalence rates ranging from 1% to more than 97% (Edwards et al., 2015). Therefore, it is likely prevalence data are impacted by a number of factors including type of study sample, IPV definition, IPV measurement tool, and time period (lifetime vs. 12-month prevalence of IPV). These factors likely also influenced high levels of heterogeneity of any,

sexual, and psychological IPV victimization among mixed identity LGBTQ+ samples in this review. Low levels of heterogeneity for physical IPV estimates may have been influenced by the few number of studies (2) that reported on physical IPV for mixed identity LGBTQ+ samples.

An overall IPV rate of 24% (7.9-35.9%) among MSM in this review, is close to previously mentioned estimates of IPV victimization among men in Latin America that range from 22.7% to 42.7% (Esquivel-Santoveña, Lambert, & Hamel, 2013). This study's finding of 15% physical IPV victimization among MSM is lower than other study estimates. Some studies have found rates of physical IPV as high as 41% and 45.1% among gay and bisexual men (Bartholomew et al., 2008; Craft and Serovich, 2005). However, the most recent systematic review of IPV among MSM found a 17% prevalence of physical violence, similar to our study finding of 15% (Liu et al., 2021). Lower rates of physical IPV in this study could be due to the lack of specificity in some study definitions for physical abuse. For example, some studies asked "have you experienced physical abuse" and did not provide specific examples of what physical abuse may entail. As previously discussed, LGBTQ+ individuals in same-sex relationships may not view themselves as victims due to societal perceptions that violence involves male perpetrators and female victims (Davis et al., 2020). For this reason, MSM may not view themselves as victims of physical abuse or may be more reluctant to report instances of physical violence. Our study results regarding sexual IPV rates align with previous data that suggest a tendency for individuals to report lower rates of victimization, with 9.5% of gay and bisexual men reporting sexual victimization when they are asked using author-created questions (Feldman et al., 2007). This finding is similar to, and may help explain, the rate of 8% sexual IPV victimization found in our study. Previous studies have found higher rates of psychological IPV among MSM, and a previous study indicated that psychological IPV was the most commonly

reported form of IPV in their sample of perpetrators (Liu et al., 2021). Our study finding of 33% psychological IPV victimization aligns with the most recent systematic review data that reported a prevalence of 33% emotional violence among MSM (Liu et al., 2021). The pooled prevalence of all types of IPV victimization among MSM resulted in high heterogeneity, which is likely due to previously explained discrepancies in IPV definitions and measurement.

Rates of IPV victimization for TGW in this study differ from previous studies that suggest transgender people confront similar levels, if not higher levels, of IPV compared to cisgender individuals, and sexual minority men and women (Brown and Herman, 2015). Previous lifetime IPV victimization data reports rates from 31.1% to 50.0% among transgender individuals, which is significantly higher than this review's finding of 16% (Brown and Herman, 2015). The 2015 U.S. Transgender Survey found a 54% prevalence of IPV victimization among this population (James et al., 2015). Additionally, this review found a pooled prevalence of 8% physical IPV victimization, 2% sexual IPV victimization, and 6% psychological IPV victimization for TGW. Pooled prevalence estimates for TGW all resulted in low heterogeneity, aside from psychological IPV victimization. These rates are lower than a recent systematic review conducted on IPV in transgender populations in 2020 that found a median lifetime physical IPV prevalence of 37.5% and lifetime sexual IPV rates of 25% (Peitzmeier et al., 2020). These rates may be lower in our study due to the lack of data available on transgender populations in our review. This may also explain the low levels of heterogeneity among TGW samples, as fewer data may result in less discrepancies. Only three studies reported on TGW, and there were no disaggregated data available for other transgender individuals. Other possibilities for lower rates in our study include societal stigma that may make transgender populations inaccessible to researchers or reluctant to participate and disclose IPV. Transgender people also

face unique barriers when compared to sexual minority men and women, due to barriers to legal recognition of their gender identity which is necessary to access the most basic services. Transgender people are unable to change their gender in several LAC countries and frequently experience discrimination, harassment, sexual and physical violence at the hands of police officers, other state officials and non-State actors (Malta et al., 2019). Therefore, these populations are likely isolated and mistrusting when asked to participate in surveys and disclose personal information.

This review was limited in data available for sexual minority women, as well as only one study on bisexual men, and no studies on transgender men, intersex, and other sexual and gender minorities. There were only two studies that separated out prevalence rates in their analysis for lesbian women. These studies found a prevalence of any IPV victimization of 20.1% and psychological IPV victimization of 16.1%, rates that are lower than IPV rates reported among heterosexual women in LAC of 29.8%, although estimates range from 1 in 7 women in Brazil, Panama, and Uruguay to over 50% in Bolivia (Bott et al., 2019). Additionally, these estimates are lower than those reported for sexual minority women in the U.S.; NISVS data reported rates of 61.1% IPV victimization among bisexual women and 43.8% for lesbian women (Gómez Ojeda et al., 2017; Barrientos et al., 2018; Brown and Herman, 2015). As mentioned throughout this discussion, these populations are likely underrepresented due to societal stigma, lack of awareness that they are victims of abuse, fear of outing themselves, among others (Calton, Cattaneo, & Gebhard, 2016). Bisexual, transgender, and gender minority individuals experience higher rates of discrimination relative to cisgender, heterosexual individuals, further isolating them and contributing to reluctance to disclose IPV or other violence experiences (Malta et al., 2019; Messinger, 2011).

Despite the societal tendency to view IPV as a phenomenon that primarily involves female victims of male perpetrated violence, this review demonstrates that IPV rates among LGBTQ+ populations are similar to, and in some cases higher, than those among heterosexual couples. Yet, IPV estimates in this study varied greatly and prevalence estimates largely suggested substantial heterogeneity, raising a number of concerns regarding IPV measurement strategies and consistency.

Measurement

The difference in estimates presented in this analysis may result from variability in a variety of factors including IPV definition, measurement, and study sample characterization. Across the studies IPV was not defined or measured consistently. Only half of the studies that measured IPV prevalence used a standardized or existing definition of IPV. Studies also differed in the type of IPV they measured, with some focusing on any IPV experience, while others specified IPV type, including sexual, physical, and/or psychological IPV, among others. Therefore, studies that group together various types of IPV may capture more IPV events and therefore report higher levels of IPV when compared to those that focused on a specific subtype. When it came to measuring IPV, the majority of studies used dichotomous or Likert scale style questions based on a previously used definition, or their own study-specific definition of IPV. These questions can be categorized as general, for example, “Have you experienced physical abuse?”, or behaviorally specific, for example, “Has your partner ever hit or shoved you?” Research shows that questions that ask about behaviorally specific events, instead of terms such as abuse, rape, or violence, consistently result in higher levels of disclosure. Behaviorally specific questions are emotionally easier for individuals to answer, as they identify specific behaviors, rather than expecting individuals to interpret and ascribe meaning to terms such as

abuse, violence, etc. Additionally, having questions that ask about specific behavioral acts makes responses more comparable across settings (Heise and Hossain, 2017). Additionally, it is recommended to capture data on frequency, severity, and timing of acts. For example, the frequency and severity of violence may vary widely in intimate relationships and asking about frequency and severity allows experiences to be differentiated between isolated incidents and recurring IPV. Additionally, data on severity are important as research shows that those who have experienced only moderate IPV (particularly in the case of physical IPV) have fewer long-term health consequences when compared to acts of severe violence (Heise and Hossain, 2017). Yet only two studies (9.09%) in this review captured any information on IPV frequency (Barrientos et al., 2018) and severity (Swan et al., 2021), a gap that has also been noted in IPV studies in general ("Global Shared Research Agenda", 2021). This demonstrates a need to standardize the incorporation of frequency and severity metrics into IPV measurement tools and raise awareness among those conducting IPV research of the importance of capturing these data.

Further, capturing the timeframe of IPV is another important metric. Reports of ever experiencing IPV will likely yield higher prevalence than questions asking about IPV experienced in a specific timeframe. This may be one reason that contributed to the high variability in IPV rates in this study that ranged anywhere from 0.4%-91.4%. Standard practice in prevalence surveys on IPV is to capture data on lifetime prevalence, as well as violence experienced in the last 12 months. However, this review demonstrated a vast difference in IPV recall periods. In this review the greatest number of studies (31.8%, n=7) used a lifetime recall period, and only two studies (9.09%) captured both lifetime and 12-month IPV prevalence data. Other studies in this review also used recall periods based on individual's experiences with their current or past 3 partners, further complicating how IPV recall is measured. IPV researchers

should align measurement with violence best practices of examining lifetime and past 12-month prevalence.

Standardized definitions of IPV and measures are needed to improve data collection, comparison, and generalization. Without consistent definitions and questions, it can be challenging to make valid comparisons across studies. Therefore, definitions/questions should be specific, clear, concise, and measured separately for all domains of IPV. Further, the IPV scales employed to measure IPV must be consistent, validated, and reliable and when possible, capture frequency, severity, and timeframe data.

In this study, only two studies measured IPV with previously validated scales, including the Conflict Tactics Scale Short-Form (CTS2S) and the World Health Organization Violence Against Women Instruments (Swan et al., 2021; Evens et al., 2019). Of note, these scales were developed, and have predominately been used, to measure IPV among heterosexual couples in English-speaking populations (Matte and Lafontaine, 2011). Few studies have sought to validate the Conflict Tactics Scale for sexual minority populations. One study investigated the physical violence items of the Conflict Tactics Scale and found that using it to assess male same-sex relationships was reasonable (Regan et al., 2002). Another study evaluated the psychological aggression scales of the Revised Conflict Tactics Scale and found that it was reliable and valid among same-sex couples (Matte and Lafontaine, 2011). Yet another study evaluated the Revised Conflict Tactics Scale among sexual gender minority assigned female at birth populations and created some adapted measures that provide initial evidence of reliability and validity of the scale (Dyar et al., 2019). However, few additional attempts have been made to evaluate the other dimensions of the Conflict Tactics Scale/Revised Conflict Tactics Scale among LGBTQ+ couples, let alone among Spanish- or Portuguese speaking LBGTQ+ couples. Additionally, the

WHO Violence Against Women Instrument has only been validated for use among women, and yet was modified for a study in this review for a population of TGW and MSM (Evens et al., 2019). The remaining 18 studies used self-made questions incorporating varying definitions of IPV (as discussed previously) and were not assessed for validity and reliability.

However, there are some existing IPV measurement tools that have been validated for LBGTQ+ adults. In 2015, the CDC published a report with uniform definitions that could be used for same-sex couples, although further research is needed to explore the applicability of these definitions in other LGBTQ+ partnerships and language contexts (Breiding et al., 2015). Other validated tools include the IPV-GBM scale to measure IPV among gay and bisexual men (Finneran and Stephenson, 2013), the transgender-related IPV tool (Peitzmeier et al., 2019), and the sexual and gender minorities-specific IPV Conflict Tactics Scale mentioned previously (Dyar et al., 2019). Additionally, one attempt has been made to validate a tool to measure psychological abuse among Spanish-speaking sexual minority populations. La Escala de Abuso Psicológico Aplicado en La Pareja or The Psychological Abuse in Intimate Partner Violence Scale (EAPA-P) has been evaluated among a sample of Spanish-speaking lesbian, gay, bisexual, and pansexual individuals, and was found to be a valid and reliable instrument to assess psychological abuse victimization among this population (Longares et al., 2018). However, LAC also includes French, Haitian Creole, Portuguese, Dutch, and many indigenous language speakers.

Additionally, LGBTQ+ individuals may experience IPV in ways that are unique from those in heterosexual couples such as identity abuse, homophobia and transphobia, stigma, minority stress, among others (Peitzmeier et al., 2019; Scheer, Woulfe, & Goodman, 2018). These characteristics may also be different for subsamples of the LGBTQ+ population, which is

of note, as mixed identity study samples in this review used the same questions or tools to assess IPV among all populations. Some attempts have been made to incorporate dimensions of identity abuse (IA), or "the use of homophobic, lesbophobic, biphobic and transphobic societal and structural norms against their LGBTQ partner, discrediting, undermining, or devaluating their already stigmatized sexual or gender identity", into the Revised Conflict Tactics Scale (Balsam and Szymanski, 2005). Although these items presented novel information about the impacts IA has on LGBTQ+ couples, these items were not assessed for validity and reliability (Scheer, Woulfe, & Goodman, 2018). In 2018, Woulfe and Goodman aimed to build on this research and create a more comprehensive IA measurement scale (Woulfe and Goodman, 2018). Through various analyses their 7-item IA Scale was found to be internally valid (Woulfe and Goodman, 2018). An additional study supported the psychometric validity and reliability of the IA scale among a large, diverse sample of LGBTQ+ individuals (Scheer, Woulfe, & Goodman, 2018). However, this validation was only tested among English-speaking individuals. Therefore, measurement tools that incorporate identity abuse among LGBTQ+ adults should be developed, tested, and implemented in Spanish-speaking populations, to capture this important dimension of LGBTQ+ IPV.

Future studies on this population should aim to use instruments validated for LGBTQ+ populations, and additional efforts should be made to translate, develop and/or adapt comprehensive IPV measurement tools for sexual minority individuals, particularly in languages other than English.

Risk Factors

The most frequent risk factors cited in this systematic review for IPV among LGBTQ+ couples were alcohol use, experiences of perceived discrimination, transactional sex, and childhood or adolescent experiences of discrimination.

Alcohol use was the most frequently reported risk factor and has been considered a predictor of IPV in research literature, due to its hypothesized effect on aggression; studies on substance-abusing samples have shown rates of IPV 3-4 times higher than national samples (Flanzer, 2005; Klostermann and Fals-Stewart, 2006; Klostermann, Mignone, & Chen, 2009). Few studies have explored the relationship between alcohol use and victimization and IPV among LGBTQ+ couples, but growing research demonstrates that LGBTQ+ individuals are more likely to drink in large quantities, experience alcohol dependence and less likely to abstain from alcohol than the general population (Klostermann et al., 2011). Prevalence rates of heavy drinking among this population range from 20-32%, and alcohol dependence rates range from 10-16% in recent studies (Klostermann et al., 2011). Therefore, higher rates of alcohol misuse among this population may indicate alcohol use as a likely risk factor for IPV, and further may contribute to higher rates of partner violence. A review of alcohol related IPV perpetration among sexual minorities in 2019 identified limited research on this topic, with no longitudinal or event level research available (Shorey et al., 2019). Some studies, although limited, have documented alcohol use as a risk factor for IPV among lesbian women, gay, bisexual and MSM in the United States (Lewis et al., 2015; Lewis et al., 2018; Davis et al., 2016). Further research is needed to understand the role of alcohol use as a risk factor for IPV among LGBTQ+ adults in LAC.

Perceived and experienced discrimination was the next most frequently reported risk factor among studies with MSM and LGBTQ+ samples in this review. Relationships of discrimination and IPV among sexual minority individuals has primarily been explored in the literature as minority stress, the "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position" (Meyer, 2003, p. 675). Many studies have indicated how minority stressors may place sexual minority individuals at an increased risk for IPV, with one study documenting a significant association between three minority stress indicators (internalized homophobia, sexually based discrimination, and racism) and IPV (Whitton et al., 2019; Stephenson and Finneran, 2017). Additional areas of minority stress including internalized homophobia and homonegativity have been found to be a risk factor for perpetrating physical, sexual and psychological IPV (Stephenson and Finneran, 2016). Additionally, homophobic discrimination and concealing of one's sexual orientation has been found to be correlated to physical IPV perpetration (Edwards and Sylaska, 2013; Lewis et al., 2017). Therefore, perceived and experienced discrimination as described in these studies based in LAC is a form of minority stress which likely leads to an increased risk of IPV. "Previous studies suggest experiences of minority stress can evoke feelings of anxiety, shame and victimization, resulting in self-devaluation" (Stephenson and Finneran, 2016). The relationship between perceived and experienced discrimination as a form of minority stress should be explored further to understand its complex relationship with IPV among LGBTQ+ adults. Additionally, exploring this relationship for LGBTQ+ samples in LAC is necessary, as no studies have focused in this area and societal stress and discrimination presents unique challenges due to the religious and historical context of this region.

Four studies in this review identified transactional sex as a risk factor for IPV among MSM and TGW study samples. Previous literature has identified that women who engage in transactional sex are more likely to experience IPV (Fielding-Miller and Dunkle, 2017). Additionally, a study conducted in China found that engaging in transactional sex was positively associated with victimization and perpetration of IPV among a sample of MSM (Wei et al., 2021). Otherwise, transactional sex and IPV have been predominately studied as syndemic conditions in HIV risk among transgender women and MSM. Little is known about the relationship between transactional sex and IPV among LGBTQ+ individuals. Therefore, this risk factor should be studied in further depth, particularly due to its relationship with other syndemic conditions.

Childhood and adolescent experiences of violence were found to be a risk factor for IPV in three studies among MSM and TGW in this review. This review's finding of childhood and adolescent experiences of violence in three studies has been frequently cited as a risk factor for IPV predominantly in the heterosexual literature (Capaldi et al., 2012). Capaldi's systematic review of risk factors for IPV in 2012 identified a low to moderate significant association of child abuse and neglect with later IPV. However, studies have predominantly relied on retrospective reports. Among LGBTQ+ populations, studies have indicated that LGBTQ+ adults are up to three times more likely to experience abuse during childhood (Friedman et al., 2011; Charak et al., 2019). However, limited research has explored the relationship between such experiences and IPV. The research that exists suggests that the risk of psychological, physical, and sexual IPV victimization and perpetration may be linked to childhood experiences of violence among sexual and gender minorities (Dyar et al., 2019; Jaffray, 2021). These studies

have focused on North American populations, and thus more studies exploring the complex relationship between experiences of childhood and adolescent abuse and IPV are warranted.

Other risk factors identified in two or fewer studies in this review have also been cited in previous research literature. Specifically, drug use was found to be a risk factor in two studies among MSM in this review and has been cited consistently as a risk factor for IPV perpetration, particularly among men (Fleming et al., 2015; Leonard and Quigley, 2017; Cafferky et al., 2018). Additionally, substance use shares many risk factors with IPV, including adverse childhood experiences, personality disorders, psychosis, and depression, which further demonstrates this complex relationship (Gilchrist et al., 2019).

Identifying as transgender was found to be a risk factor for IPV in two studies which is consistent with previous literature that has found IPV prevalence to be twice as high among transgender and gender diverse individuals (Peitzmeier et al., 2020).

An additional risk factor identified in two studies in this review was MSM and TGW that were in stable partnerships versus casual partnerships, aligning with some studies that have indicated dating violence happens more often in committed relationships compared to casual ones (Katz, Kuffels, & Coblentz, 2002; Kaukinen, Gover, & Hartman, 2012). However, none of these studies included an LGBTQ+ sample.

Another risk factor identified in two studies among a gay and lesbian sample and LGBTQ+ sample in this review, consistent with previous literature, is bidirectional IPV, or relationships in which both parties perpetrate intimate partner violence against one another. A review of literature on same-sex bidirectional IPV found a weighted mean of 55% bidirectional IPV rates, which is similar to bidirectional IPV rates of 56-58% previously reported in a systematic review among a heterosexual population (Messinger, 2011). This suggests that both

experiencing and perpetrating IPV may increase the risk of IPV experiences in LGBTQ+ relationships.

Condomless receptive anal intercourse was found as a risk factor for TGW and MSM in two studies, which has previously been identified as a risk factor for IPV among MSM in Atlanta (Stephenson and Finneran, 2017). Many studies have explored the relationship between IPV and condomless receptive anal intercourse, however IPV is often viewed as the risk factor for condomless receptive anal intercourse among MSM (Duncan et al., 2016; Finneran and Stephenson, 2013; Stults et al., 2016; Houston and McKirnan, 2007; Buller et al., 2014). Therefore, this relationship is not fully understood, and future studies should continue to explore this relationship and employ longitudinal approaches for evaluation of causality.

STIs and HIV status also emerged as important risk factors for IPV in two studies on TGW and MSM. Prior research has documented the complex relationships between STIs, including HIV and IPV experiences. STIs/HIV have been identified as both a risk factor and consequence of IPV among LGBTQ+ individuals, with research primarily focused on MSM (Heintz and Melendez, 2006; Greenwood et al., 2002; Stall et al., 2003). There have been a few studies that have explored this relationship in the LAC region as well, primarily among MSM, likely due to the high prevalence of HIV/AIDS in this region, particularly for MSM and TGW populations (Hernandez et al., 2016; Wheeler et al., 2014; Feldman et al., 2007; Geibel et al., 2010).

Adherence to traditional gender norms is a well-known risk factor for IPV and was reported in two studies conducted among MSM and TGW in this review (Centers for Disease Control and Prevention, 2021). However, traditional gender roles often lead to the belief that only females can be victims and only males can be perpetrators. Therefore, there has often been a

failure to acknowledge partner abuse among LGBTQ+ adults, as there is an assumption that individuals in same-sex relationships have the same level of power (Brown, 2008). However, traditional gender roles are also a significant risk factor for IPV in LGBTQ+ relationships as partners may reproduce exaggerated gender relations and equate jealousy and violence as sign of masculinity and forgiveness and submission as a sign of femininity, particularly in transgender women's relationships (Pollock et al., 2016). For same-sex couples, traditional gender relations may serve as a risk factor for IPV as it may minimize the perception that abuse can occur in female same-sex relationships due to the perception that abuse is perpetrated by men. In male same-sex relationships, violence may be viewed as acceptable and even normalized due to traditional male roles and attitudes of aggression. For bisexual individuals, the view that these individuals use heterosexual privilege results in a perception that victimization in their relationships is not as serious as that of lesbian and gay people; this biphobia increases the risk of IPV for bisexual individuals and decreases the resources available to them (Rollé et al., 2018).

Other risk factors in this review that were identified and also documented in previous literature include depression (Centers for Disease Control and Prevention, 2021), lack of conflict resolution skills (Centers for Disease Control and Prevention, 2021), mixed racial identity (Belle Antoine et al., 2015), unstable administrative situations (Centers for Disease Control and Prevention, 2021), economic stress (Centers for Disease Control and Prevention, 2021), and high number of sexual partners in the last 12 months (Duncan et al., 2016) among MSM; lack of knowledge of and accessing resources among LGBTQ+ people (Brown and Herman, 2015); victimization in medical care among MSM and TGW (Belle Antoine et al., 2015); and lower education among lesbian women (Centers for Disease Control and Prevention, 2021). Additional risk factors that were reported once but not listed as a risk factor for MSM in previous literature

are middle age and professional status. These factors are actually in opposition to existing literature that lists young age, unemployment and lower education as risk factors for IPV (Centers for Disease Control and Prevention, 2021). As these risk factors were only reported once, further research is needed to understand the role they play in IPV risk in LGBTQ+ couples in LAC.

There were no longitudinal studies in this review, and therefore causality of risk factors cannot be established. This need for more longitudinal studies has been a priority identified in IPV research literature ("Global Shared Research Agenda", 2021; Finneran and Stephenson, 2013). Therefore, future IPV research literature should employ longitudinal studies to contribute to understanding of causal mechanisms, and thus inform IPV response.

Protective factors

There was limited research on protective factors against IPV for LGBTQ+ adults in LAC. Additionally, some of the protective factors reported in this review were not consistent with previous literature. Young age was found to be protective against IPV among MSM in one study, which does not align with the majority of the literature that has identified young age as a risk factor for IPV (Abramsky et al., 2011; Wei et al., 2021; Yakubovich et al., 2018). Additionally, the CDC's Division of Violence Prevention reports young age as an individual level risk factor for IPV perpetration (Centers for Disease Control and Prevention, 2021). Additionally, being a student was shown to be a protective factor among lesbian women; higher education was a protective factor against IPV, and therefore being a student may be protective against IPV as education has been shown, to a varying degree, to be a protective factor (Capaldi et al., 2012).

Low alcohol consumption was identified as a protective factor for MSM, which aligns with literature that has identified alcohol use and dependence as a risk factor for IPV among

MSM, as previously discussed (Buller et al., 2014; Lewis et al., 2015; Lewis et al., 2018; Davis et al., 2016).

Seeking counseling, legal and healthcare services was found to be a protective factor against IPV for MSM and TGW aligning with the CDC Division of Violence Prevention's assessment of community protective factors for IPV (Centers for Disease Control and Prevention, 2021). These factors include communities with access to medical care and mental health services, communities with access to economic and financial help, and coordination of resources and services among community agencies (Centers for Disease Control and Prevention, 2021). It is important that LGBTQ+ individuals have access to these services, but even more so that these services are equipped to provide services to sexual minority individuals in a culturally competent manner.

The limited research on protective factors in violence research in general has been identified as a thematic gap ("Global Shared Research Agenda", 2021). Particularly for LGBTQ+ individuals experiencing IPV, little research has explored what protective factors may exist (Brown and Herman, 2015). Exploring protective factors against IPV for LGBTQ+ populations has been identified as an imperative need, and thus should be a priority in IPV research for LGBTQ+ adults in LAC (Edwards et al., 2015).

Correlates and associations

Many significant correlates and associations with IPV emerged from this review, the majority of which relate to adverse mental health outcomes and sexual health outcomes. First, mental health outcomes such as emotional distress, depression, and anxiety were correlated with IPV, consistent with the literature on heterosexual populations. Depression was correlated with IPV in two studies among MSM and LGBT populations, which is consistent with literature that

documents higher prevalence of depression among LGBTQ+ individuals who have experienced IPV victimization compared to those who had not (Miltz et al., 2019; Descamps et al., 2000; Walls et al., 2019; Houston and McKirnan, 2007; Edwards and Ullman, 2018; LaChance, 2019). Anxiety was also found to be a correlate of IPV among MSM in one study in this review, a frequently cited consequence of IPV in research literature (Henry et al., 2021).

Adverse sexual health outcomes correlated with IPV in this review that have also been documented in previous literature included higher rates of condomless receptive anal intercourse, engaging in transactional sex, and self-reported HIV infection among MSM (Finneran and Stephenson, 2013) and physical and sexual trauma among MSM and TGW (Committee on Health, 2019). However, studies have shown that sexual minority populations have higher rates of mental health disorders and sexual risk behaviors. Therefore, it is difficult to ascertain relationships of causality for IPV and these factors. Additionally, these findings align with the theory of syndemics, particularly for MSM, that poor health outcomes exist simultaneously, compound upon each other and may confound results (Stall, Friedman, & Catania, 2008).

Additional correlates of IPV for LGBTQ+ adults in LAC in this review that align with previous literature include restricted access to healthcare, legal, and social services (Scheer and Poteat, 2021), economic consequences among MSM and TGW (McLean and Gonzalez Bocinski, 2017), and vulnerability to future IPV among MSM (Finneran and Stephenson, 2013). These correlates of IPV are important to note, as they further marginalize this already marginalized and difficult-to-reach population (Scheer and Poteat, 2021). Future research should explore these correlates in greater depth and employ longitudinal approaches to better understand relationships of causality between IPV and its resulting consequences.

Interventions

This systematic review did not identify any interventions to address IPV among LGBTQ+ adults in LAC. This is consistent with previous literature that has identified few publications on interventions for LGBTQ+ IPV in general (Rollé et al., 2018; Cannon, 2019). The studies that have identified IPV interventions that do exist for LGBTQ+ people have indicated their existence in predominantly White, North American countries. More specifically, previous studies have found the majority of the limited IPV interventions that do exist for LGBTQ+ people were developed in North America, a few in Australia, and even less among specific ethnic groups such as Asians or Black people (Rollé et al., 2018). Additionally, IPV interventions were more developed in urban communities as opposed to rural areas (Rollé et al., 2018). Therefore, further research is needed to identify strategies and interventions that are effective at preventing, addressing, and reducing IPV among LGBTQ+ adults in general, with an emphasis on additional regions and countries outside of the North American context. This objective aligns with the "Global Shared Research Agenda on Violence Against Women in Low and Middle-Income Countries" that has ranked intervention research as the most needed in the field at this time ("Global Shared Research Agenda", 2021). This review further emphasizes the importance of interventions for those that experience LBGTQ+ IPV, as risk factors such as lack of resources, victimization in healthcare, and distrust of law enforcement, indicate the structural barriers posed to this population in LAC (Evens et al., 2019). Therefore, there is a critical need for research on treatment of IPV for these individuals to understand how to integrate and develop services that are safe and accessible to this population.

Limitations

The majority of studies in this systematic review utilized convenience sampling, as there are many challenges to accessing LGBTQ+ populations. Therefore, many study analyses do not appear to be generalizable.

Further, all studies conducted in this review were cross-sectional. Therefore, there is a lack of prospective data, so causal pathways cannot be determined. Since much of this literature also assessed the relationship between IPV and HIV seropositivity, it is difficult to assess whether IPV places individuals at an increased risk for HIV seroconversion, or if HIV positivity increases IPV risk, a limitation previously identified by Finneran and Stephenson in 2013. Longitudinal research is necessary to explore causal relationships within IPV experiences and better understand IPV risk factors and relationships.

Another key limitation is the heterogeneity of the populations included in this review. There are various subpopulations that fall under the LGBTQ+ umbrella, and definitions of sexual orientation and gender identity in the studies were not consistent as they are constantly evolving in practice. Further, this review included countries across LAC which is made up of numerous different countries with unique cultures and characteristics. There are some LGBTQ+ identities that are unique to LAC. For example, in various countries in LAC, there is a gender identity referred to as "travesti". Travesti most frequently refers to "people who are assigned male sex at birth and who feminize their bodies, dress and behavior; prefer feminine pronouns and forms of address; and often make significant bodily modifications by injecting silicone or taking hormonal treatments but do not necessarily seek sex-reassignment surgery" (Pierce, 2020). While terms such as transgender, trans and transexual refer to changing gender and sex, a travesti may be assigned "male" at birth, but not necessarily consider themselves a woman (although some do)

(Pierce, 2020). In addition to heterogeneity in LGBTQ+ identities, IPV was also measured in a variety of ways with different definitions, different tools, and different measurements of frequency and severity. This heterogeneity and lack of consistent definitions hampers the comparability of the data. Another key consideration when it comes to measurement is also the risk of underreporting IPV in general, but particularly for sexual minority populations in LAC. Stigma, discrimination and fear among this population may hamper their willingness to report IPV experiences. Additionally, as many of these studies did not tailor their IPV definitions and measurement tools to LGBTQ+ populations, there may be IPV experiences unique to LGBTQ+ individuals, such as identity abuse and outing, that were not captured, also contributing to underreporting.

Further, since this review sought to identify the status of IPV among LBGTQ+ adults across LAC in various domains, specific search terms related to risk factors, protective factors and interventions were not used. Therefore, the search strategy could have overlooked studies with specific terms relevant to these topic areas; this could help explain the lack of results for these topic areas, particularly intervention data. However, it is likely that protective factors and intervention research related to IPV are underrepresented, as these IPV research areas have been identified as thematic gaps in the IPV research literature. As previously mentioned, interventions in particular have been identified as the most needed research area in the field ("Global Shared Research Agenda", 2021).

There are certainly many limitations to evaluating IPV among LGBTQ+ individuals, particularly due to the novelty of this topic. However, the data are still valuable and provide the first descriptive analysis of IPV among LGBTQ+ adults in LAC. The high prevalence of IPV among LGBTQ+ individuals, unique risk factors and lack of interventions warrant further

research, to understand the complex processes that contribute to this health and human rights crisis among LGBTQ+ populations.

Conclusions and Implications

The research on IPV among LGBTQ+ adults in LAC is limited, as only 22 studies met the inclusion criteria for this review, despite use of a comprehensive and best practice literature search strategy. However, this review does suggest that LGBTQ+ IPV literature in LAC has been growing in recent years, with 16 of the 22 articles published after 2015. The findings of this systematic review suggest several key findings from existing LGBTQ+ IPV literature in LAC, and numerous areas in need of attention to improve this field of research going forward.

1) LGBTQ+ people in LAC experience IPV at similar or higher rates as heterosexual individuals and LGBTQ+ people in other regions, such as North America

This review found a pooled prevalence of any IPV victimization among LGBTQ+ adults in LAC of 28%, which is similar to the rates of IPV victimization reported in the general population (Brown and Herman 2015). However, estimates of prevalence vary greatly both within and between populations; in this review, IPV rates were anywhere from 0.4% to 91.4%, demonstrating the vast discrepancies. Additionally, it is possible that the rates found in this review may be underestimates, as LGBTQ+ individuals experiencing IPV may be less likely to disclose IPV than heterosexual people due to reasons previously stated that include fear of being outed, fear of discrimination, fear of being judged or not believed, fear it will reflect badly on the LGBTQ+ community, fear they may be mislabeled as the perpetrator, and lastly because they do not have access to resources to report or respond to abuse/violence (Calton, Cattaneo, & Gebhard, 2016; "Barriers to reporting", 2020). However, the varying prevalences reported in this

study are noteworthy, and could also be related to the lack of consistency in IPV definitions and measurement.

2) There is a need for more consistent and standardized measurement of IPV for LGBTQ+ adults, particularly in the LAC region where there are Spanish, Portuguese and French speaking populations.

None of the studies in this review utilized the same definition and measurement of IPV. Only half of the studies measured IPV with a standard or previously employed definition, and IPV was primarily measured with dichotomous or Likert-scale style questions. Only two studies used validated scales or instruments to measure IPV, but these scales have not been validated for the LGBTQ+ population in LAC. There is an urgent need to develop standardized definitions and validate measurement tools for IPV among LGBTQ+ adults in LAC. Consistent definition and measurement are key to making comparisons across studies. Additionally, these definitions and tools should be translated and standardized across the LAC region for Spanish, Portuguese and French speaking populations.

3) There is a need to develop studies focusing on bisexual populations, transgender men, intersex and other sexual gender minority populations

The literature on IPV among LGBTQ+ adults in LAC has primarily focused on MSM and TGW. In this review, nineteen of the 22 studies included some sample of MSM or gay men, ten included some sample of TGW, and six included lesbian women. In studies conducted on MSM, bisexual men were included, but data was only disaggregated in one study to analyze bisexual men separately. Additionally, only three studies collected data on various subpopulations of the LGBTQ+ community and did not disaggregate the data. Bisexual and transgender individuals have been shown to have higher rates of IPV and are often overlooked in the literature (Brown

and Herman, 2015; Peitzmeier et al., 2020). In particular, bisexual IPV victims are often misclassified as heterosexual or lesbian, or excluded entirely in IPV literature (Addington, 2019). Both transgender women and men have been shown to have higher prevalence of IPV victimization compared to cisgender individuals. They also have unique risk factors related to sexual risk, substance use and mental health burden that make them further vulnerable to IPV (Peitzmeier et al., 2020). Therefore, research in LAC should expand in general, but particularly among bisexual, transgender, intersex, and other sexual gender minority populations that are currently less represented even in research among LGBTQ+ populations.

4) There are many risk factors for IPV that act in complex ways. The most frequently reported risk factors for IPV among this population were alcohol use, perceived/experienced discrimination, transactional sex, and childhood/adolescent experiences of violence.

While many studies reported on risk factors for IPV among LGBTQ+ adults in LAC, these risk factors often co-occur and act in complex ways that are not well understood. Future research should emphasize understanding the associations between risk factors and IPV. This review found key risk factors among LGBTQ+ adults that included alcohol use, perceived/experienced discrimination, transactional sex and childhood/adolescent experiences of violence. These findings align with risk factors identified in previous literature and are factors known to be disproportionately experienced among the LGBTQ+ population. However, further research should be done on risk factors particularly for subpopulations of the LGBTQ+ community that are less represented in the literature. This will help provide important context for areas to address during the development and implementation of IPV interventions.

5) All studies in this review were cross-sectional. There is a need for longitudinal studies to identify causal relationships in IPV experiences.

A common limitation noted in violence research is the cross-sectional nature of study designs. There are few prospective studies that exist on IPV in general, and none in the LAC region. Prospective, longitudinal and life course studies on IPV among LGBTQ+ adults are needed, in order to better understand IPV risk factors. This is further important in the LAC context, as a large number of studies on IPV among LGBTQ+ populations in this region have focused on the relationship between IPV and HIV. Specifically, studies have suggested IPV as a risk factor for HIV, and vice versa. Therefore, prospective, longitudinal studies would aid in understanding causal pathways between IPV and HIV. Understanding causal pathways for IPV among LGBTQ+ adults is crucial, as it will inform best practices to respond and develop interventions for this vast health and human rights issue in LAC.

6) The majority of studies reported on prevalence and risk factors for IPV. There is a need for greater research on protective factors and for interventions to address IPV among LGBTQ+ adults in LAC.

Very few studies in this review reported on protective factors and interventions to address IPV among this population. Only three studies reported information on protective factors against IPV for LGBTQ+ adults in LAC, and no studies reported on interventions. This is likely due to the infancy of the literature on IPV in this region. Researchers should focus on understanding protective factors as this could prove informative for prevention efforts, as well as utilizing known risk factors to develop interventions specific to LGBTQ+ individuals' needs.

7) There is a need for greater funding for IPV research on LGBTQ+ populations in LAC.

IPV research has identified a need to address the under-representation of vulnerable groups, such as sexual and gender minority populations and populations in low- and middle-income countries ("Global Shared Research Agenda", 2021; Finneran and Stephenson, 2013). Research funding has not prioritized these populations, as only 0.1% of all NIH-funded studies concerned LGBT health (Coulter et al., 2014). Further, many studies on LGBT health that are funded are focused on HIV/AIDS, a finding which was also true in this review. While many studies in this review collected IPV data, it was often measured as an exposure variable with HIV/AIDS as the outcome variable of interest. Of LGBT-funded projects by the NIH, 79.1% focused on HIV/AIDs (Coulter et al., 2014). While understanding HIV/AIDs among this population is important, there is a need to fund IPV research specifically, to better understand the high prevalence rates and significant risk present for LGBTQ+ adults in LAC and develop appropriate prevention and response strategies. Emphasis should also be placed on the funding of longitudinal studies, as funding agencies have historically been resistant to fund such studies, due to their expensive nature (Fox and Neathey, n.d.). However, although they may appear expensive and complex, they have been identified as essential to research, and "among the most valuable work that can be done" (Milam, 2013, p. 12). Therefore, to fully understand the context of IPV among LGBTQ+ populations in LAC, more funding should be allotted in general, but particularly regarding longitudinal research.

References

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC public health*, *11*, 109. https://doi.org/10.1186/1471-2458-11-109

Addington, L. A. (2019). (rep.). *Bisexual Women and Intimate Partner Violence*. The University of Minnesota. Retrieved from https://genderpolicyreport.umn.edu/bisexual-women-and-intimate-partner-violence/.

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: A comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, *73*, 477-487. doi:10.1037/0022- 006X.73.3.477

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, *29*, 258-269. doi:10.1111/j.1471-6402.2005.00220.x

Barrientos, J., Escartín, J., Longares, L., & Rodríguez-Carballeira, Á. (2018). Sociodemographic characteristics of gay and lesbian victims of intimate partner psychological abuse in Spain and Latin America / *características sociodemográficas de gais y lesbianas víctimas de abuso psicológico en pareja en españa E hispanoamérica*. *Revista De Psicología Social*, *33*(2), 240–274. https://doi.org/10.1080/02134748.2018.1446393

Barrientos, J., Silva, J., Catalan, S., Gomez, F., & Longueira, J. (2010). Discrimination and victimization: parade for lesbian, gay, bisexual, and transgender (LGBT) pride, in Chile. *Journal of homosexuality*, *57*(6), 760–775. https://doi.org/10.1080/00918369.2010.485880

Belle Antoine, R.-M., Cavallaro, J. L., Orozco Henríquez, J. de J., González, F., Ortiz, R. M., Robinson, T., & Vannuchi, P. (2015). (rep.). *Violence against LGBTI Persons* (pp. 1–284). Organization of American States.

Bott, S., Guedes, A., Goodwin, M., & Mendoza, J.A. (2012) Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries. Washington, DC: Pan American Health Organization.

Bott, S., Guedes, A., Ruiz-Celis, A. P., & Mendoza, J. A. (2019). Intimate partner violence in the Americas: a systematic review and reanalysis of national prevalence estimates. *Pan American journal of public health*, *43*, e26. https://doi.org/10.26633/RPSP.2019.26

Brand, P. A., & Kidd, A. H. (1986). Frequency of physical aggression in heterosexual and female homosexual dyads. *Psychological Reports*, *59*, 1307-1313.

Breiding, M.J., Basile K.C., Smith S.G., Black M.C., & Mahendra R.R. (2015). Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta (GA): *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*.

Brown, C. (2008). Gender-role implications on same-sex intimate partner abuse. *Journal of Family Violence*, *23*(6), 457–462. https://doi.org/10.1007/s10896-008-9172-9

Brown, T. N., & Herman, J. L. (2015). *Intimate Partner Violence and Sexual Abuse Among LGBT People: A Review of Existing Research* (pp. 1-32, Rep.). Los Angeles, CA: Williams Institute.

Brunton-Smith, I., Flatley, J., & Tarling, R. (2020). Prevalence of sexual violence: A comparison of estimates from UK national surveys. European Journal of Criminology. https://doi.org/10.1177/1477370820932077

Buchell, M., & Rossi, M. (2017). *Attitudes towards intimate partner violence against women in Latin America*. Montevideo, Uruguay: Universidad de la República.

Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: a systematic review and meta-analysis. *PLoS medicine*, *11*(3), e1001609. https://doi.org/10.1371/journal.pmed.1001609

Burke, L. K, & Follingstad, D. R.. (1999) "Violence in Lesbian and Gay Relationships Theory, Prevalence, and Correlational Factors." *Clinical Psychology Review*, 19(5), 487–512. https://doi.org/10.1016/s0272-7358(98)00054-3.

Burke, T. W., Jordan, M. L., & Owen, S. S. (2002). A Cross-National Comparison of Gay and Lesbian Domestic Violence. Journal of Contemporary Criminal Justice, 18(3), 231–257. https://doi.org/10.1177/1043986202018003003

Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence, 8*(1), 110–131. https://doi.org/10.1037/vio0000074

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence & Abuse*, *17*(5), 585–600. https://www.jstor.org/stable/26638153

Cannon, C. E. (2019). What services exist for LGBTQ perpetrators of intimate partner violence in batterer intervention programs across North America? A qualitative study. *Partner Abuse*, *10*(2), 222–242. https://doi.org/10.1891/1946-6560.10.2.222

Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A Systematic Review of Risk Factors for Intimate Partner Violence. *Partner abuse*, *3*(2), 231–280. https://doi.org/10.1891/1946-6560.3.2.231

Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence*, *26*, 501-509. doi:10.1007/s10896-011-9384-2

Castro, R., De Boni, R. B., Luz, P. M., Velasquez, L., Lopes, L. V., Medina-Lara, A., Cardoso, S. W., De Oliveira, M. S., Friedman, R. K., Grinsztejn, B., & Veloso, V. G. (2019). Health-related quality of life assessment among people living with HIV in Rio de Janeiro, Brazil: a cross-sectional study. *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation*, *28*(4), 1035–1045. https://doi.org/10.1007/s11136-018-2044-8

Centers for Disease Control and Prevention. (2021, November 2). *Risk Factors for Intimate Partner Violence*. Centers for Disease Control and Prevention. Retrieved February 24, 2022, from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

Charak, R., Ford, J. D., Modrowski, C. A., & Kerig, P. K. (2019). Polyvictimization, Emotion Dysregulation, Symptoms of Posttraumatic Stress Disorder, and Behavioral Health Problems among Justice-Involved Youth: a Latent Class Analysis. *Journal of abnormal child psychology*, *47*(2), 287–298. https://doi.org/10.1007/s10802-018-0431-9

Committee on Health Care for Underserved Women. (2019). *Intimate Partner Violence*. Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence#.

Coulter, R. W., Kenst, K. S., Bowen, D. J., & Scout (2014). Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *American journal of public health*, *104*(2), e105–e112. https://doi.org/10.2105/AJPH.2013.301501

Countries in Latin America and the Caribbean: Worldometer. (n.d.). Retrieved February 10, 2022, from https://www.worldometers.info/geography/how-many-countries-in-latin-america/

Cunha, C. B., De Boni, R. B., Guimarães, M. R., Yanavich, C., Veloso, V. G., Moreira, R. I., Hoagland, B., Grinsztejn, B., & Friedman, R. K. (2014). Unprotected sex among men who have sex with men living with HIV in Brazil: a cross-sectional study in Rio de Janeiro. *BMC public health*, *14*, 379. https://doi.org/10.1186/1471-2458-14-379

Davis, A., Kaighobadi, F., Stephenson, R., Rael, C., & Sandfort, T. (2016). Associations between alcohol use and intimate partner violence among men who have sex with men. *LGBT Health*, *3*(6), 400–406. https://doi.org/10.1089/lgbt.2016.0057

Davis, D. A., Rock, A., Santa Luce, R., McNaughton-Reyes, L., & Barrington, C. (2020). Intimate Partner Violence Victimization and Mental Health Among Men Who Have Sex With Men Living With HIV in Guatemala. *Journal of interpersonal violence*, 886260520928960. Advance online publication. https://doi.org/10.1177/0886260520928960

De Boni, R. B., Machado, I. K., De Vasconcellos, M., Hoagland, B., Kallas, E. G., Madruga, J. V., Fernandes, N. M., Cerqueira, N. B., Moreira, R. I., Goulart, S. P., Veloso, V. G., Grinsztejn, B., & Luz, P. M. (2018). Syndemics among individuals enrolled in the PrEP Brasil Study. *Drug and alcohol dependence*, *185*, 168–172. https://doi.org/10.1016/j.drugalcdep.2017.12.016

Descamps, M. J., Rothblum, E., Bradford, J., & Ryan, C. (2000). Mental health impact of child sexual abuse, rape, intimate partner violence, and hate crimes in the National Lesbian Health Care Survey. *Journal of Gay & Lesbian Social Services*, 11(1), 27-55.

Duke, A., & Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18, 795–816. http://dx.doi.org/10.1080/10926770903291787

Duncan, D. T., Goedel, W. C., Stults, C. B., Brady, W. J., Brooks, F. A., Blakely, J. S., & Hagen, D. (2016). A study of intimate partner violence, substance abuse, and sexual risk behaviors among gay, bisexual, and other men who have sex with men in a sample of geosocial-networking

smartphone application users. *American Journal of Men's Health*, *12*(2), 292–301. https://doi.org/10.1177/1557988316631964

Dyar, C., Messinger, A. M., Newcomb, M. E., Byck, G. R., Dunlap, P., & Whitton, S. W. (2019). Development and initial validation of three culturally sensitive measures of intimate partner violence for sexual and gender minority populations. *Journal of Interpersonal Violence*, *36*(15-16). https://doi.org/10.1177/0886260519846856

Eckhardt, C. I. (2007). Effects of alcohol intoxication on anger experience and expression among partner assaultive men. *Journal of Consulting and Clinical Psychology, 75*(1), 61–71. https://doi.org/10.1037/0022-006X.75.1.61

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate Partner Violence among Sexual Minority Populations: A Critical Review of the Literature and Agenda for Future Research. *Psychology of Violence*, 5(2), 112-121.

Edwards, K. M., & Sylaska, K. M. (2013). The perpetration of intimate partner violence among LGBTQ college youth: The role of minority stress. *Journal of Youth and Adolescence*, *42*, 1721-1731. doi:10.1007/s10964-012-9880-6

Edwards, K. M., & Ullman, S. E. (2018). Preliminary data on an intervention to reduce negative social reactions to victims' disclosures. *Journal of College Student Development,* 59(1), 105-110.

Esquivel-Santoveña, E. E., Lambert, T. L., & Hamel, J. (2013). Partner abuse worldwide. *Partner Abuse, 4*(1), 6–75. https://doi.org/10.1891/1946-6560.4.1.6

Evens, E., Lanham, M., Santi, K., Cooke, J., Ridgeway, K., Morales, G., Parker, C., Brennan, C., de Bruin, M., Desrosiers, P. C., Diaz, X., Drago, M., McLean, R., Mendizabal, M., Davis, D., Hershow, R. B., & Dayton, R. (2019). Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: A qualitative study to inform HIV programming. *BMC International Health and Human Rights*, *19*(1). https://doi.org/10.1186/s12914-019-0187-5

Fielding-Miller, R., & Dunkle, K. (2017). Constrained relationship agency as the risk factor for intimate partner violence in different models of transactional sex. *African journal of AIDS research: AJAR*, *16*(4), 283–293. https://doi.org/10.2989/16085906.2017.1345768

Finneran, C., Chard, A., Sineath, C., Sullivan, P., & Stephenson, R. (2012). Intimate Partner Violence and Social Pressure among Gay Men in Six Countries. *The western journal of emergency medicine*, *13*(3), 260–271. https://doi.org/10.5811/westjem.2012.3.11779

Finneran, C., & Stephenson, R. (2013). Intimate partner violence among men who have sex with men: A systematic review. *Trauma, Violence, & Abuse*, 14, 168–185. http://dx.doi.org/10.1177/1524838012470034

Finneran, C., & Stephenson, R. (2014). Intimate partner violence, minority stress, and sexual risk-taking among U.S. men who have sex with men. *Journal of Homosexuality*, *61*, 288-306. doi:10.1080/00918369.2013.839911

Fischbach, R. L., & Herbert, B.. (1997) "Domestic Violence and Mental Health: Correlates and Conundrums within and across Cultures." *Social Science & Medicine*, 45(8), 1161–1176. https://doi.org/10.1016/s0277-9536(97)00022-1.

Feldman M.B., Ream G.L., Diaz R.M., El-Bassel N. (2007). Intimate partner violence and HIV sexual risk behavior among Latino gay and bisexual men: the role of situational factors. *Journal of LGBT Health Research,* 3, 75–87.

Flanzer J,P. (2005). Alcohol and other drugs are key causal agents of violence. In: Loseke DR, Gelles RJ, Cavanaugh MM, editors. *Current controversies on family violence,* 163–189.

Fleming, P. J., McCleary-Sills, J., Morton, M., Levtov, R., Heilman, B., & Barker, G. (2015). Risk factors for men's lifetime perpetration of physical violence against intimate partners: results from the international men and gender equality survey (IMAGES) in eight countries. *PloS one*, *10*(3), e0118639. https://doi.org/10.1371/journal.pone.0118639

Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances*, *6*(40). https://doi.org/10.1126/sciadv.aba6910

Foran H.M., & O'Leary K.D. (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical Psychology Review,* 28(7), 1222–1234.

Fox, J. & Neathey, J. (n.d.). Planning, organising and funding longitudinal studies. *Proceedings of the Longitudinal Social and Health Surveys in an International Perspective.* http://www.ciqss.umontreal.ca/longit/Doc/John_Fox.pdf

Frank, P.B. & Golden, G.K. (1992). "Blaming by naming: Battered women and the epidemic of codependence". *Social Work*, 37, 5-6.

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American journal of public health*, *101*(8), 1481–1494. https://doi.org/10.2105/AJPH.2009.190009

Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with male perpetration of intimate partner violence: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health, 1*(4). doi:10.1016/s2214-109x(13)70074-3

Geibel, S., Tun, W., Tapsoba, P., & Kellerman, S. (2010). HIV vulnerability of men who have sex with men in developing countries: Horizons studies, 2001-2008. Public health reports (Washington, D.C. : 1974), 125(2), 316–324. https://doi.org/10.1177/003335491012500222

Gilchrist, G., Dennis, F., Radcliffe, P., Henderson, J., Howard, L. M., & Gadd, D. (2019). The interplay between substance use and intimate partner violence perpetration: A meta-ethnography. *The International journal on drug policy*, *65*, 8–23. https://doi.org/10.1016/j.drugpo.2018.12.009

Global shared research agenda for research on violence against women in low and middle-income countries. (Rep.). (2021, September 23). Retrieved https://svri.org/documents/global-shared-research-agenda-vawg

Gómez Ojeda, F., Barrientos Delgado, J., Guzmán González, M., Cárdenas Castro, M., & Bahamondes Correa, J. (2017). Violencia de Pareja en hombres gay y mujeres Lesbianas Chilenas: Un Estudio Exploratorio. *Interdisciplinaria: Revista De Psicología y Ciencias Afines*, *34*(1). https://doi.org/10.16888/interd.2017.34.1.4 =

Greenwood, G. L., Relf, M. V., Huang, B., Pollack, L. M., Canchola, J. A., & Catania, J. A. (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health*, 92(12), 1964-1969.

Guruge, S., Roche, B., & Catallo, C. (2012). Violence against Women: An Exploration of the Physical and Mental Health Trends among Immigrant and Refugee Women in Canada. *Nursing research and practice*, *2012*, 434592. https://doi.org/10.1155/2012/434592

Heintz, A. J., & Melendez, R. M. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals. *Journal of interpersonal violence*, 21(2), 193–208. https://doi.org/10.1177/0886260505282104

Heise, L., & Hossain, M. (2017). (tech.). *Measuring intimate partner violence*. London School of Hygiene and Tropical Medicine. Retrieved from https://researchonline.lshtm.ac.uk/id/eprint/4476182/1/Measuring%20intimate%20partner%20violence.pdf.

Henry, R. S., Perrin, P. B., Coston, B. M., & Calton, J. M. (2021). Intimate Partner Violence and Mental Health Among Transgender/Gender Nonconforming Adults. *Journal of interpersonal violence*, *36*(7-8), 3374–3399. https://doi.org/10.1177/0886260518775148

Hernandez, I., Reina-Ortiz, M., Johnson, A., Rosas, C., Sharma, V., Teran, S., Naik, E., Salihu, H. M., Teran, E., & Izurieta, R. (2016). Risk factors associated with HIV among men who have sex with men (MSM) in Ecuador. *American Journal of Men's Health*, *11*(5), 1331–1341. https://doi.org/10.1177/1557988316646757

Heron, R. L., & Eisma, M. C. (2021). Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research. *Health & Social Care in the Community*, *29*(3), 612–630. https://doi.org/10.1111/hsc.13282

Hill, N. A., Woodson, K. M., Ferguson, A. D., & Parks, C. W., JR. (2012). Intimate partner abuse among African American Lesbians: Prevalence, risk factors, theory and resilience. *Journal of Family Violence*, 27, 401-413. http://dx.doi.org/10.1007/s10896-012-9439-z

Houston, E., & McKirnan, D. J. (2007). Intimate partner abuse among gay and bisexual men: risk correlates and health outcomes. *Journal of urban health : bulletin of the New York Academy of Medicine*, *84*(5), 681–690. https://doi.org/10.1007/s11524-007-9188-0

Jaffray, B. (2021). Intimate partner violence: Experiences of sexual minority men in Canada, 2018. *Statistics Canada*. Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00004-eng.htm.

James, S. E., Herman, J., Keisling, M., Mottet, L., and Anafi, M. (2015). U.S. Transgender Survey (USTS). Inter-university Consortium for Political and Social Research [distributor], 2019-05-22. https://doi.org/10.3886/ICPSR37229.v1

Katz, J., Kuffel, S. W., Coblentz, A. (2002). Are there gender differences in sustaining dating violence? An examination of frequency, severity, and relationship satisfaction. *Journal of Family Violence*, 17, 247-271.

Kaukinen, C., Gover, A.R. & Hartman, J.L. (2012) College Women's Experiences of Dating Violence in Casual and Exclusive Relationships. *Am J Crim Just.* 37, 146–162. https://doi.org/10.1007/s12103-011-9113-7

Klingelschmidt, J., Parriault, M. C., Van Melle, A., Basurko, C., Gontier, B., Cabié, A., Hoen, B., Sow, M. T., & Nacher, M. (2017). Transactional sex among men who have sex with men in the French Antilles and French Guiana: frequency and associated factors. *AIDS care*, *29*(6), 689–695. https://doi.org/10.1080/09540121.2016.1234680

Klostermann, K. C., & Fals-Stewart, W. (2006). Intimate partner violence and alcohol use: Exploring the role of drinking in partner violence and its implications for intervention. *Aggression and Violent Behavior, 11*(6), 587–597. https://doi.org/10.1016/j.avb.2005.08.008

Klostermann, K., Kelley, M. L., Milletich, R. J., & Mignone, T. (2011). Alcoholism and partner aggression among gay and lesbian couples. *Aggression and Violent Behavior*, *16*(2), 115–119. https://doi.org/10.1016/j.avb.2011.01.002

Klostermann, K., Mignone, T., & Chen, R. (2009). Subtypes of alcohol and intimate partner violence: A latent class analysis. *Violence and Victims*, *24*(5), 563–576. https://doi.org/10.1891/0886-6708.24.5.563

Kopčavar Guček, N., Petek, D., Švab, I., & Selič, P. (2015). Barriers to Screening and Possibilities for Active Detection of Family Medicine Attendees Exposed to Intimate Partner Violence. *Zdravstveno varstvo*, *55*(1), 11–20. https://doi.org/10.1515/sjph-2016-0002

LaChance, A. S. (2019) "Risks and correlates of intimate partner violence among LGB+ and heterosexual college students". *Master's Theses and Capstones*. 1297. https://scholars.unh.edu/thesis/1297

Langhinrichsen-Rohling, J., McCullars, A., & Misra, T. A. (2012). Motivations for men and women's intimate partner violence perpetration: A comprehensive review. *Partner Abuse, 3*(4), 429–468. https://doi.org/10.1891/1946-6560.3.4.429

Laskey, P., Bates, E. A., & Taylor, J. C. (2019). A systematic literature review of intimate partner Violence Victimisation: An inclusive review across gender and sexuality. *Aggression and Violent Behavior*, *47*, 1–11. https://doi.org/10.1016/j.avb.2019.02.014

Leonard, K. E., & Quigley, B. M. (2017). Thirty years of research show alcohol to be a cause of intimate partner violence: Future research needs to identify who to treat and how to treat them. *Drug and alcohol review*, *36*(1), 7–9. https://doi.org/10.1111/dar.12434

Lewis, R. J., Padilla, M. A., Milletich, R. J., Kelley, M. L., Winstead, B. A., Lau-Barraco, C., & Mason, T. B. (2015). Emotional Distress, Alcohol Use, and Bidirectional Partner Violence Among Lesbian Women. *Violence against women*, *21*(8), 917–938. https://doi.org/10.1177/1077801215589375

Lewis R. J., Mason T. B., Winstead B. A., Kelley M. L. (2017). Empirical investigation of a model of sexual minority specific and general risk factors for intimate partner violence among lesbian women. *Psychology of Violence*, 7, 110–119.

Lewis, R. J., Winstead, B. A., Braitman, A. L., & Hitson, P. (2018). Discrepant Drinking and Partner Violence Perpetration Over Time in Lesbians' Relationships. *Violence against women*, *24*(10), 1149–1165. https://doi.org/10.1177/1077801218781925

Logie, C. H., Wang, Y., Lacombe-Duncan, A., Jones, N., Ahmed, U., Levermore, K., Neil, A., Ellis, T., Bryan, N., Marshall, A., & Newman, P. A. (2017). Factors associated with sex work involvement among transgender women in Jamaica: a cross-sectional study. *Journal of the International AIDS Society*, *20*(1), 21422. https://doi.org/10.7448/IAS.20.01

Longares, Lara, Saldaña, Omar, Escartín, Jordi, Barrientos, Jaime, & Rodríguez-Carballeira, Álvaro. (2018). Measuring psychological abuse in same-sex couples: evidence of validity of the EAPA-P in a Spanish-speaking sample. *Anales de Psicología*, *34*(3), 555-561. https://dx.doi.org/10.6018/analesps.34.3.306281/21422

Liu M., Cai X., Hao G. et al., (2021). Prevalence of Intimate Partner Violence Among Men Who Have Sex With Men: An Updated Systematic Review and Meta-Analysis. *Sex Med*, 9:100433.

Maccoby, E.E. & Jacklin, C. N. (1974). *The psychology of sex differences.* Stanford University Press, Stanford, CA.

Malta, M., Cardoso, R., Montenegro, L., Jesus, J. G., Seixas, M., Benevides, B., & Whetten, K. (2019). Sexual and gender minorities rights in Latin America and the Caribbean: A multi-country evaluation. *BMC International Health and Human Rights, 19*(1). doi:10.1186/s12914-019-0217-3

Matte, M. & Lafontaine, M. F. (2011) Validation of a Measure of Psychological Aggression in Same-Sex Couples: Descriptive Data on Perpetration and Victimization and Their Association with Physical Violence, *Journal of GLBT Family Studies*, 7:3,226-244, DOI: 10.1080/1550428X.2011.564944

Mason, T. B., Lewis, R. J., Milletich, R. J., Kelley, M. L., Minifie, J. B., & Derlega, V. J. (2014). Psychological aggression in lesbian, gay, and bisexual individuals' intimate relationships: A review of prevalence, correlates, and measurement issues. *Aggression and Violent Behavior*, 19, 219–234. http://dx.doi.org/10.1016/j.avb.2014.04.001

McLean, G., & Gonzalez Bocinski, S. (2017). (rep.). *The Economic Cost of Intimate Partner Violence, Sexual Assault, and Stalking*. Institute for Women's Policy Research. Retrieved from https://iwpr.org/iwpr-general/the-economic-cost-of-intimate-partner-violence-sexual-assault-and-stalking/.

Mendes, W. G., & Silva, C. (2020). Homicide of Lesbians, Gays, Bisexuals, Travestis, Transexuals, and Transgender people (LGBT) in Brazil: a Spatial Analysis. Homicídios da População de Lésbicas, Gays, Bissexuais, Travestis, Transexuais ou Transgêneros (LGBT) no Brasil: uma Análise Espacial. *Ciencia & saude coletiva*, *25*(5), 1709–1722. https://doi.org/10.1590/1413-81232020255.33672019

Messinger A. M. (2011). Invisible victims: same-sex IPV in the National Violence Against Women Survey. *Journal of interpersonal violence*, *26*(11), 2228–2243. https://doi.org/10.1177/0886260510383023

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.

Milam, J. (2013). (rep.). *Longitudinal Studies: Context, Measures, Construction and Tools*. DePaul University. Retrieved from https://www.airweb.org/docs/default-source/documents-for-pages/reports-and-publications/longitudinal-studies-context-measures-construction-and-tools.pdf?sfvrsn=af1a915f_2.

Miltz, A.R., Lampe, F.C., Bacchus, L.J. et al. Intimate partner violence, depression, and sexual behaviour among gay, bisexual and other men who have sex with men in the PROUD trial. *BMC Public Health* 19, 431 (2019). https://doi.org/10.1186/s12889-019-6757-6

Mimiaga, M. J., Biello, K. B., Robertson, A. M., Oldenburg, C. E., Rosenberger, J. G., O'Cleirigh, C., Novak, D. S., Mayer, K. H., & Safren, S. A. (2015). High prevalence of multiple syndemic conditions associated with sexual risk behavior and HIV infection among a large sample of Spanish- and Portuguese-speaking men who have sex with men in Latin America. *Archives of sexual behavior*, *44*(7), 1869–1878. https://doi.org/10.1007/s10508-015-0488-2

Murphy, E. C., Segura, E. R., Lake, J. E., Huerta, L., Perez-Brumer, A. G., Mayer, K. H., Reisner, S. L., Lama, J. R., & Clark, J. L. (2020). Intimate Partner Violence Against Transgender Women: Prevalence and Correlates in Lima, Peru (2016-2018). *AIDS and Behavior*, *24*(6), 1743-1751. https://doi.org/10.1007/s10461-019-02728-w

Murray, C. E., & Mobley, A. K. (2009). Empirical research about same-sex intimate partner violence: A methodological review. *Journal of Homosexuality,* 56, 361–386. http://dx.doi.org/10.1080/00918360902728848

Neri, V., Singh, G., Mwenda, M., Hermann, L. J., Santi, S., Santi, S., Soldati, C., & Soldati, C. (2020, June 15). *LGBT rights in Latin America, caught between progressive laws and widespread homophobia*. LifeGate. Retrieved April 18, 2022, from https://www.lifegate.com/lgbt-rights-in-latin-america

Ocampo, J. A. (2021, October 25). *The dramatic Latin American crisis*. Global Americans. Retrieved April 18, 2022, from https://theglobalamericans.org/2021/06/the-dramatic-latin-american-crisis/

Ogbe, E., Harmon, S., Van den Bergh, R., & Degomme, O. (2020). A systematic review of intimate partner violence interventions focused on improving social support and/mental health outcomes of survivors. *PloS one*, *15*(6), e0235177. https://doi.org/10.1371/journal.pone.0235177

Oldenburg, C. E., Perez-Brumer, A. G., Biello, K. B., Landers, S. J., Rosenberger, J. G., Novak, D. S., Mayer, K. H., & Mimiaga, M. J. (2015). Transactional sex among men who have sex with men in Latin America: economic, sociodemographic, and psychosocial factors. *American journal of public health*, *105*(5), e95–e102. https://doi.org/10.2105/AJPH.2014.302402

Passaro, R. C., Segura, E. R., Gonzales-Saavedra, W., Lake, J. E., Perez-Brumer, A., Shoptaw, S., Dilley, J., Cabello, R., & Clark, J. L. (2020). Sexual Partnership-Level Correlates of Intimate Partner Violence Among Men Who Have Sex with Men and Transgender Women in Lima, Peru. *Archives of sexual behavior*, *49*(7), 2703–2713. https://doi.org/10.1007/s10508-020-01682-2

Patrikar, S., Basannar, D., Bhatti, V., Chatterjee, K., & Mahen, A. (2017). Association between intimate partner violence & HIV/AIDS: Exploring the pathways in Indian context. *The Indian journal of medical research*, *145*(6), 815–823. https://doi.org/10.4103/ijmr.IJMR_1782_14

Peitzmeier, S. M., Hughto, J., Potter, J., Deutsch, M. B., & Reisner, S. L. (2019). Development of a Novel Tool to Assess Intimate Partner Violence Against Transgender Individuals. *Journal of interpersonal violence*, *34*(11), 2376–2397. https://doi.org/10.1177/0886260519827660

Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates. *American journal of public health*, *110*(9), e1–e14. https://doi.org/10.2105/AJPH.2020.305774

Pierce, J. M. (2020). I Monster: Embodying Trans and *Travesti* Resistance in Latin America. *Latin American Research Review*, *55*(2), 305–321. DOI: http://doi.org/10.25222/larr.563

Pinto, I. V., Andrade, S., Rodrigues, L. L., Santos, M., Marinho, M., Benício, L. A., Correia, R., Polidoro, M., & Canavese, D. (2020). Profile of notification of violence against Lesbian, Gay, Bisexual, Transvestite and Transsexual people recorded in the National Information System on Notifiable Diseases, Brazil, 2015-2017. *Brazilian journal of epidemiology*, *23 Suppl 1*, e200006.SUPL.1. https://doi.org/10.1590/1980-549720200006.supl.1

Pollock, L., Silva-Santisteban, A., Sevelius, J., & Salazar, X. (2016). 'You should build yourself up as a whole product': Transgender female identity in Lima, Peru. *Global public health*, *11*(7-8), 981–993. https://doi.org/10.1080/17441692.2016.1167932

The Rape, Abuse and Incest National Network (RAINN). (2020, June 19). *Barriers to reporting sexual violence in LGBTQ communities*. RAINN. Retrieved February 27, 2022, from https://www.rainn.org/news/barriers-reporting-sexual-violence-lgbtq-communities

Regan, K. V., Bartholomew, K., Oram, D., & Landolt, M. A. (2002). Measuring physical violence in male same-sex relationships: An item response theory analysis of the Conflict Tactics Scales. *Journal of Interpersonal Violence, 17*(3), 235–252. https://doi.org/10.1177/0886260502017003001

Rezende, L., & Cunha, W. D. (2018). Integrative review of violence against LGBTQI population in Brazil. *Nursing & Care Open Access Journal, 5*(2). doi:10.15406/ncoaj.2018.05.00126

Ricks, J. L., Vaughan, C., & Dziegielewski, S. F. (2002). Domestic Violence Among Lesbian Couples. In A. R. Roberts (Ed.), Handbook of Domestic Violence: Intervention Strategies (451-463), New York, NY: Oxford University Press.

Roch, A., Morton, J., & Ritchie, G. (2010). Out of Sight, Out of Mind?: Transgender People's Experiences of Domestic Abuse. LGBTYouth Scotland & Equality Network.

Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When Intimate Partner Violence Meets Same Sex Couples: A Review of Same Sex Intimate Partner Violence. *Frontiers in psychology*, *9*, 1506. https://doi.org/10.3389/fpsyg.2018.01506

Sabidó, M., Kerr, L. R., Mota, R. S., Benzaken, A. S., de A Pinho, A., Guimaraes, M. D., Dourado, I., Merchan-Hamman, E., & Kendall, C. (2015). Sexual Violence Against Men Who Have Sex with Men in Brazil: A Respondent-Driven Sampling Survey. *AIDS and behavior*, *19*(9), 1630–1641. https://doi.org/10.1007/s10461-015-1016-z

Santaya, P. O. T., & Walters, A. S. (2011). Intimate partner violence within gay male couples: Dimensionalizing partner violence among Cuban gay men. *Sexuality & Culture: An Interdisciplinary Quarterly, 15*(2), 153–178. https://doi.org/10.1007/s12119-011-9087-0

Scheer, J. R., & Poteat, V. P. (2021). Trauma-Informed Care and Health Among LGBTQ Intimate Partner Violence Survivors. *Journal of interpersonal violence*, *36*(13-14), 6670–6692. https://doi.org/10.1177/0886260518820688

Scheer, J. R., Woulfe, J. M., & Goodman, L. A. (2019). Psychometric validation of the identity abuse scale among LGBTQ individuals. *Journal of community psychology*, *47*(2), 371–384. https://doi.org/10.1002/jcop.22126

Schumacher J.A., Feldbau-Kohn S., Smith Slep A.M.S., Heyman R.E. (2001) Risk factors for male-to-female partner physical abuse. *Aggression and Violent Behavior,* 6, 281–352.

Shorey, R.C., Stuart, G.L., Brem, M.J. *et al.* Advancing an Integrated Theory of Sexual Minority Alcohol-Related Intimate Partner Violence Perpetration. *J Fam Viol* 34, 357–364 (2019). https://doi.org/10.1007/s10896-018-0031-z

Stall, R., Friedman, M. and Catania, J.A. (2008) Interacting Epidemics and Gay Men's Health: A Theory of Syndemic Production among Urban Gay Men. In: Wolitski, R.J., Stall, R. and Valdiserri, R.O., Eds., Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States, Oxford University Press, New York, 251-274.

Stall, R., Mills, T. C., Williamson, J., Greenwood, G. L., Paul, J., Pollack, L. M., et al. (2003). Association of co-occurring psychosocial health problems and increased vulnerability to

HIV/AIDS among urban men who have sex with men. *American Journal of Public Health,* 93(6), 939-942.

Stephenson, R., & Finneran, C. (2017). Minority Stress and Intimate Partner Violence Among Gay and Bisexual Men in Atlanta. *American journal of men's health*, *11*(4), 952–961. https://doi.org/10.1177/1557988316677506

Stephenson, R., & Finneran, C. (2017). Receipt and Perpetration of Intimate Partner Violence and Condomless Anal Intercourse Among Gay and Bisexual Men in Atlanta. *AIDS and behavior*, *21*(8), 2253–2260. https://doi.org/10.1007/s10461-017-1709-6

Stotzer, R. L. (2009). Violence against Transgender People: A Review of United States Data. *Aggression and Violent Behavior*, 14(3), 170-179.

Stults, C. B., Javdani, S., Greenbaum, C. A., Kapadia, F., & Halkitis, P. N. (2016). Intimate Partner Violence and Sex Among Young Men Who Have Sex With Men. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, *58*(2), 215–222. https://doi.org/10.1016/j.jadohealth.2015.10.008

Swan, L. E., Henry, R. S., Smith, E. R., Arelis, A. A., Barajas, B. V., & Perrin, P. B. (2021). Discrimination and Intimate Partner Violence Victimization and Perpetration Among a Convenience Sample of LGBT Individuals in Latin America. *Journal of Interpersonal Violence,* 088626051984477. doi:10.1177/0886260519844774

Temple J.R., & Freeman D.H. (2011). Dating violence and substance use among ethnically diverse adolescents. *Journal of Interpersonal Violence,* 26, 701–18.

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women*, *6*, 142-161.

Toro-Alfonso, J., & Rodríguez-Madera, S. (2004). Domestic violence in Puerto Rican gay male couples: perceived prevalence, intergenerational violence, addictive behaviors, and conflict resolution skills. *Journal of interpersonal violence*, *19*(6), 639–654. https://doi.org/10.1177/0886260504263873

United Nations. (2004, November 29). Latin America and the Caribbean Are Behind in Research and Development. *United Nations Economic Commission for Latin America and the Caribbean*. Retrieved from https://www.cepal.org/en/comunicados/america-latina-caribe-rezagada-investigacion-desarrollo.

"Violence against Women: Key Facts." *World Health Organization*, World Health Organization, 9 Mar. 2021, https://www.who.int/news-room/fact-sheets/detail/violence-against-women.

Walls, N. E., Atteberry-Ash, B., Kattari, S. K., Peitzmeier, S., Kattari, L., & LangenderferMagruder, L. (2019). Gender identity, sexual orientation, mental health, and bullying as predictors of partner violence in a representative sample of youth. *Journal of Adolescent Health*, 64(1), 86–92.

Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control.

Wei, D., Hou, F., Hao, C., Gu, J., Dev, R., Cao, W., Peng, L., Gilmour, S., Wang, K., & Li, J. (2021). Prevalence of Intimate Partner Violence and Associated Factors Among Men Who Have Sex with Men in China. *Journal of interpersonal violence*, *36*(21-22), NP11968–NP11993. https://doi.org/10.1177/0886260519889935

Wheeler, J., Anfinson, K., Valvert, D., & Lungo, S. (2014). Is violence associated with increased risk behavior among MSM? Evidence from a population-based survey conducted across nine cities in Central America. *Global health action*, 7, 24814. https://doi.org/10.3402/gha.v7.24814

White H.R., Chen P.H. (2002). Problem drinking and intimate partner violence. *Journal of Studies on Alcohol,* 63, 205–214.

Whitton, S. W., Dyar, C., Mustanski, B., & Newcomb, M. E. (2019). Intimate Partner Violence Experiences of Sexual and Gender Minority Adolescents and Young Adults Assigned Female at Birth. *Psychology of women quarterly*, *43*(2), 232–249. https://doi.org/10.1177/0361684319838972

World Bank Country and lending groups. World Bank Country and Lending Groups – World Bank Data Help Desk. (2021). Retrieved February 26, 2022, from https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

Woulfe JM, & Goodman LA (2018). Identity abuse as a tactic of violence in LGBTQ communities: Initial validation of the identity abuse measure. *Journal of Interpersonal Violence*, 1–21.

Yakubovich, A. R., Stöckl, H., Murray, J., Melendez-Torres, G. J., Steinert, J. I., Glavin, C., & Humphreys, D. K. (2018). Risk and Protective Factors for Intimate Partner Violence Against Women: Systematic Review and Meta-analyses of Prospective-Longitudinal Studies. *American journal of public health*, *108*(7), e1–e11. https://doi.org/10.2105/AJPH.2018.304428

Appendices

Appendix 1: Search Strategy Terms

	Search Step	English	Spanish	Portuguese	French
#1	LGBTQ+	Bisexual OR bisexuality OR gay OR GLB OR GLBT OR homosexual OR homosexuality OR homosexuals OR intersex OR lesbian OR lesbianism OR lesbians OR LGB OR LGBT OR LGBTQIA OR "men who have sex with men" OR msm OR queer OR "sexual minorities" OR "sexual and gender minorities" OR "sexual minority" OR "sexual orientation" OR "women loving women" OR "women who have sex with women" OR WSW OR "Transsexualism" OR "Transvestism"	bisexual OR bisexualidad OR bisexuales OR gay OR gays OR GLB OR GLBT OR homosexual OR homosexualidades OR homosexualidad OR homosexualidad OR homosexuales OR intersexual OR lesbianas OR lesbianismo OR LGB OR LGBT OR hombres que tienen sexo con hombres OR minorías sexuales OR minoría sexual OR orientación sexual OR mujeres que aman a las mujeres OR mujeres que tienen sexo con mujeres OR Transsexualismo OR Travesti OR Travestismo OR personas transgénero OR identidad de género OR transgénero OR	bissexual OR bissexualidade OR bissexual OR gay OR GLB OR GLBT OR homossexual OR homossexualidade OR intersexo OR lésbica OR lesbianismo OR LGB OR LGBT OR "homens que fazem sexo com homens" OR "minorias sexuais" OR "orientação sexual" OR "mulheres que amam mulheres" OR "mulheres que fazem sexo com mulheres" OR Transexualismo OR Travestis OR "pessoas transgêneros" OR "identidade de gênero" OR transgêneros OR transexuais OR "redesignação de sexo" OR "homens trans" OR	Bisexuel OR bisexulité OR bisexualité OR bisexuels OR "pansexuel" gay OR gai OR gays OR GLB OR GLBT OR homosexuel OR homosexualités OR homosexualité OR OR homosexuels OR intersexe OR intersexuation OR lesbienne OR lesbianisme OR lesbiennes OR LGB OR LGBT OR LGBTQIA OR "hommes ayant des rapports sexuels avec des hommes" OR queer OR "minorités sexuelles" OR "minorités sexuelles et de genre" OR "minorité sexuelle" OR "orientation sexuelle" OR "femmes aimant les femmes" OR "Femmes ayant des rapports sexuels avec des femmes" OR pansexul OR transsexualisme OR travestism OR travesti OR travestissement

		OR "Sex Reassignment Procedures" OR "Transgender Persons" OR transgender” OR transsexual” OR "sex reassignment*""gender dysphoria" OR "trans men" OR "trans man" OR "trans women" OR "trans woman" OR "cross gender*" OR crossgender* OR "trans people" OR "trans person*" OR "gender reassignment*" OR "gender change*" OR "gender transition*" OR "trans male*" OR "trans female*" OR "gender non-conform*" OR "two spirit*" OR "gender fluid*" OR "non-binary" OR agender* OR "gender varian*" OR "gender queer" OR genderqueer OR	transexual OR reasignación de sexo OR hombres trans OR hombre trans OR mujeres trans OR mujer trans OR género transversal OR personas trans OR "persona trans" OR "cambio de género" OR "transición de género*" OR "género no conforme*" OR "dos-espíritus" OR "género fluido" OR "no binario" OR ágenero	“mulheres trans” OR transsexuais OR “pessoas trans” OR "pessoa trans" OR "mudança de gênero" OR "transição de gênero" OR "gênero não conforme" OR "dois espíritos" OR "gênero fluido" OR “gênero não binário" OR “não binário” OR gênero	OR “personnes transgenres” OR “identité de genre” OR “transgenr” OR “transgénérisme” OR transidentité OR transsexuel OR changement de sexe OR “hommes trans” OR “femmes trans” OR “personnes trans” Or “changement de genre” OR “transition de genre” OR “genre non conforme” OR “bispirituel” OR “bispiritualité” OR “genre fluide” OR “non binaire” OR “non-binaire” OR “Non-binarité” OR “genre” OR “agenre” OR “bigenre” or “pangenre” OR “androgyne”

		“gender minorities” OR pansexual			
#2	Latin America and the Caribbean	“Latin America and the Caribbean” OR “Central America” OR “South America” OR “Latin America” OR “Caribbean” OR “Antigua and Barbuda” OR “Antigua” OR “Barbuda” OR “Aruba” OR “Bahamas” OR “Barbados” OR “Cayman Islands” OR “Cuba” OR “Dominica” OR “Dominican Republic” OR “Grenada” OR “Guadeloupe” OR “Haiti” OR “Jamaica” OR “Martinique” OR “Puerto Rico” OR “Saint Barthélemy” OR “St. Kitts and Nevis” OR “St. Lucia” OR “St. Vincent and the	"América Latina y el Caribe" OR "América Central" OR "América del Sur" OR "América Latina" OR "Caribe" OR "Antigua y Barbuda" OR "Antigua" OR "Barbuda" OR "Aruba" OR "Bahamas" OR " Barbados” OR “Islas Caimán” OR “Cuba” OR Dominica OR “República Dominicana” OR Granada OR Guadalupe OR Haití OR Jamaica OR Martinica OR “Puerto Rico” OR “San Bartolomé” OR “St. Kitts y Nevis” OR “St. Lucía” OR “St. Vicente y las Granadinas” OR “Trinidad y Tobago” OR “Islas Turcas y Caicos” OR “Islas Vírgenes” OR “Colombia” OR “Bolivia” OR “Panamá” OR Belice OR “Costa Rica” OR “El Salvador” OR “Guatemala” OR “Honduras” OR “México”	“América Latina e Caribe” OR “América Central" OR "América do Sul" OR "América Latina" OR Caribe OR "Antígua e Barbuda" OR Antígua OR Barbuda OR Aruba OR Bahamas OR Barbados OR "Ilhas Cayman" OR Cuba OR Dominica OR "República Dominicana" OR Granada OR Guadalupe OR Haiti OR Jamaica OR Martinica OR "Porto Rico" OR "São Bartolomeu" OR "São Cristóvão e Nevis" OR "Santa Lúcia” OR “São Vicente e Granadinas" OR "Trinidad e Tobago" OR "Ilhas Turks e Caicos" OR "Ilhas Virgens" OR Colômbia OR Bolívia OR Panamá OR Belize OR "Costa Rica" OR "El Salvador" OR Guatemala OR	“Amérique latine et Caraïbes” OR “Amérique centrale” OR “Amérique du Sud” OR “Amérique latine” OR Caraïbes OR “Antigua-et-Barbuda” OR Antigua OR Barbuda OR Aruba OR Bahamas OR Barbade OR “Îles Caïmans” OR Cuba OR Dominique OR “République dominicaine” OR Grenade OR Guadeloupe OR Haïti OR Jamaïque OR Martinique OR “Porto Rico” OR “Saint-Barthélemy” OR “St. Kitts et Nevis" OR "St. Lucie" OR "St. Vincent et les Grenadines” OR “Trinité-et-Tobago” OR “Îles Turques et Caïques” OR “Îles Vierges” OR Colombie OR Bolivie OR Panama OR Belize OR “Costa Rica” OR “El Salvador” OR Guatemala OR Honduras OR Mexique OR Nicaragua OR Argentine OR Brésil OR Chili OR Équateur OR “Îles Malouines” OR “Guyane française” OR

		Grenadines” OR “Trinidad and Tobago” OR “Turks and Caicos Islands” OR “Virgin Islands” OR “Colombia” OR “Bolivia” OR “Panama” OR “Belize” OR “Costa Rica” OR “El Salvador” OR “Guatemala” OR “Honduras” OR “Mexico” OR “Nicaragua” OR “Argentina” OR “Brazil” OR “Chile” OR “Ecuador” OR “Falkland Islands” OR “French Guiana” OR “Guyana” OR “Paraguay” OR “Peru” OR “Suriname” OR “Uruguay” OR “Venezuela”	OR “Nicaragua” OR “Argentina” OR “Brasil” OR “Chile” OR “Ecuador” OR “Islas Malvinas” OR “Guyana Francesa” OR “Guyana” OR “Paraguay” OR “Perú” OR “Surinam” OR “Uruguay” OR “Venezuela”	Honduras OR México OR Nicarágua OR Argentina OR Brasil OR Chile OR Equador OR "Ilhas Malvinas" OR "Guiana Francesa” OR Guiana OR Paraguai OR Peru OR Suriname OR Uruguai OR Venezuela	Guyane OR Paraguay OR Pérou OR Suriname OR Uruguay OR Venezuela
#3	Intimate Partner Violence	“Intimate partner violence” OR “partner violence” OR “domestic abuse” OR	“Violencia de pareja íntima” OR “violencia de pareja” OR “abuso doméstico” OR “violencia	“Violência por parceiro íntimo” OR “violência por parceiro” OR “violência doméstica”	“violence entre partenaires intimes” OR “violence entre partenaires” OR “violence domestique” OR “violence

		“domestic violence” OR “intimate partner abuse” OR “partner abuse” OR “IPV” OR “marital violence” OR “dating violence” OR “spousal abuse” OR “spouse violence” OR “spouse abuse” OR “interpersonal violence” OR “intimate violence” OR “interpersonal violence” OR “Relationship violence” OR “date rape” OR (batter OR abuse OR abusive OR violent OR abused OR battering OR victimization OR rape OR assault OR beat OR victim OR aggress* AND (marital OR domestic OR spouse OR spousal OR wife OR wives OR husband OR husbands OR couples OR partners OR partner OR adults	doméstica” OR “abuso de pareja íntima” OR “abuso de pareja” OR “violencia marital” OR “violencia de noviazgo” OR “violencia en la intimidad” OR “violación cometida durante una cita” OR (maltrato OR abuso OR abusivo OR violento OR maltratado OR maltrato OR victimización OR violación OR asalto OR golpe OR víctima OR agresión AND (conyugal OR doméstico OR cónyuge OR esposa OR esposas OR esposo OR esposos OR pareja OR parejas OR adultos OR “hombre a hombre” OR “mujer a mujer” OR citas)) OR ipv NOT “violencia familiar” NOT “crímenes de odio”	OR “violência doméstica”OR “abuso por parceiro íntimo” OR “abuso por parceiro” OR “VPI” OR “violência no namoro” OR “violência conjugal” OR “abuso conjugal” OR “violência interpessoal” OR “violência no relacionamento” OR “estupro” OR (espancamento OR abuso OR abusivo OR violento OR abusado OR espancamento OR vitimização OR estupro OR agressão OR vítima OR agressão* AND (conjugal OR doméstico OR cônjuge OR esposa OR esposas OR marido OR maridos OR casais OR parceiros OR parceiro OR adultos OR “homem para homem” OR “mulher para mulher” OR namoro)) NOT “violência familiar” NOT “crimes de ódio”	domestique” OR “violence conjugale” or “violence familiale” OR “violences entre partenaires intimes” OR “violences entre partenaires” OR “violence conjugale” OR “violence dans les fréquentations” OR "violence interpersonnelle" OR "violence dans les relations" OR (coups OR maltraitance OR abusif OR violent OR maltraité OR victimisation OR viol OR agression OR victime AND (conjugal OR domestique OR conjoint OR épouse OR épouses OR mari OR maris OR couples OR partenaires OR partenaire OR adultes OR “homme à homme” OR “femme à femme” OR fréquentation)) NOT “la violence familiale” NOT “crimes haineux”

		OR “male to male” OR “female to female” OR dating)) NOT “family violence” NOT “hate crimes”			
#4	#1 and #2 and #3				

Appendix 2: Quality Assessment for Included Cross-Sectional Studies Using the 8-item Joanna Briggs Checklist for Analytical Cross-Sectional Studies (n=20)

First Author, Date	Overall Score	Were the criteria for inclusion in the sample clearly defined?	Were the study subjects and the setting described in detail?	Was the exposure measured in a valid and reliable way?	Were objective, standard criteria used for measurement of the condition?	Were confounding factors identified?	Were strategies to deal with confounding factors stated?	Were the outcomes measured in a valid and reliable way?	Was appropriate statistical analysis used?
Barrientos, 2018	6	Y	Y	Y	Y	NA	NA	Y	Y
Barrientos, 2010	5	Y	Y	Y	Y	NA	NA	Y	U
Burke, 2002	7	Y	Y	Y	Y	Y	Y	N	Y

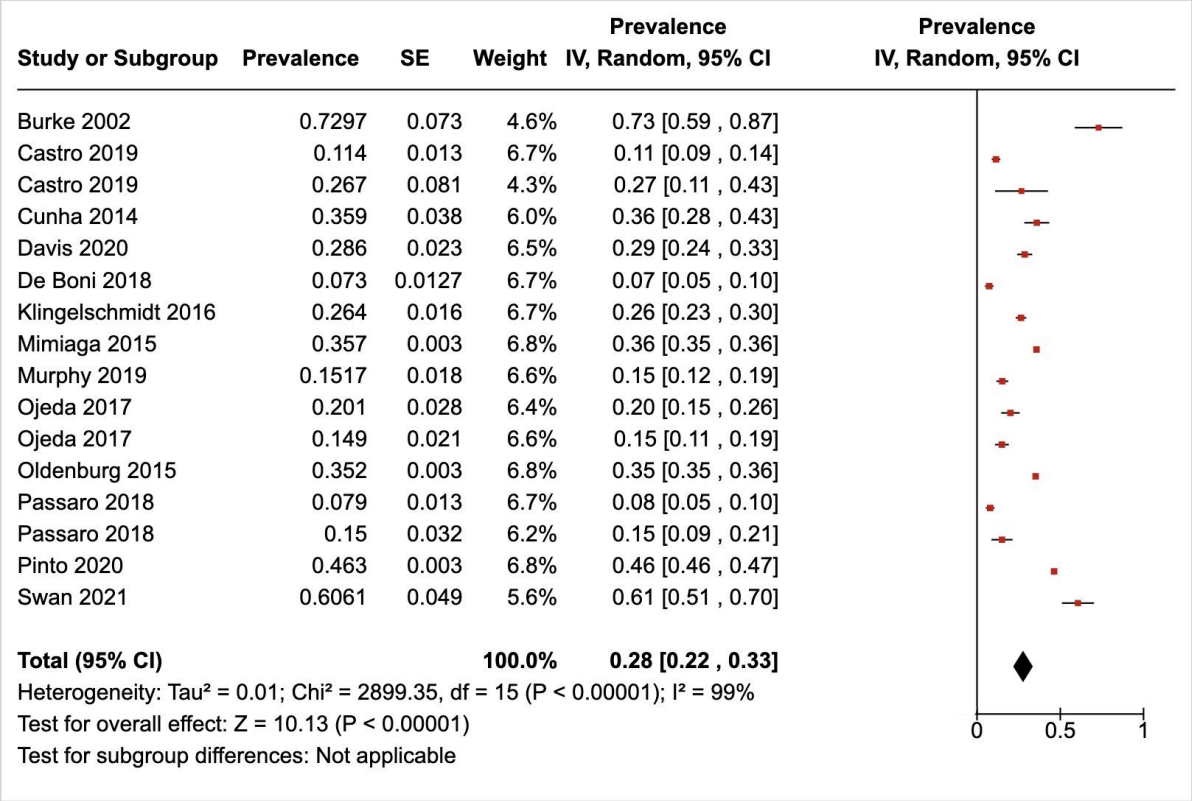
Castro, 2019	5	Y	Y	N	Y	NA	NA	Y	Y
Passaro, 2018	6	Y	Y	Y	Y	NA	NA	Y	Y
Cunha, 2014	8	Y	Y	Y	Y	Y	Y	Y	Y
Davis, 2020	6	Y	Y	Y	Y	NA	NA	Y	Y
De Boni, 2018	8	Y	Y	Y	Y	Y	Y	Y	Y
Finneran, 2012	6	Y	Y	Y	Y	NA	NA	Y	Y
Klingelschnidt, 2016	5	Y	Y	Y	Y	NA	NA	N	Y
Logie, 2017	5	Y	Y	N	Y	NA	NA	Y	Y
Mimiaga, 2015	6	Y	Y	Y	Y	NA	NA	Y	Y
Murphy, 2019	5	Y	Y	N	Y	NA	NA	Y	Y
Gómez Ojeda, 2017	6	Y	Y	Y	Y	NA	NA	Y	Y
Oldenburg, 2015	6	Y	Y	Y	Y	NA	NA	Y	Y
Pinto, 2020	4	Y	Y	N	N	NA	NA	Y	Y
Sabidó, 2015	7	Y	Y	N	Y	Y	Y	Y	Y
Swan, 2021	6	Y	Y	Y	Y	NA	NA	Y	Y
Toro-Alfonso,	6	Y	Y	Y	Y	NA	NA	Y	Y

2004									
Santaya, 2011	6	Y	Y	Y	Y	NA	NA	Y	Y

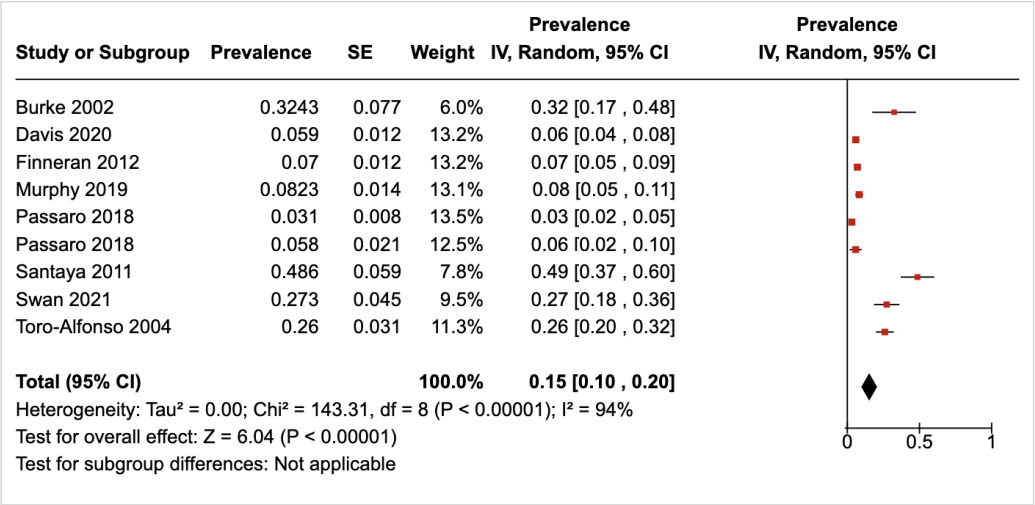
Appendix 3: Quality Assessment for Included Qualitative Studies Using the 10-item Joanna Briggs Checklist for Qualitative Research (n=3)

First Author, Date	Overall Score	Is there congruity between the stated philosophical perspective and the research methodology?	Is there congruity between the research methodology and the research question or objectives?	Is there congruity between the research methodology and the methods used to collect data?	Is there congruity between the research methodology and the representation and analysis of data?	Is there congruity between the research methodology and the interpretation of results?	Is there a statement locating the researcher culturally or theoretically?	Is the influence of the researcher on the research, and vice-versa, addressed?	Are participants, and their voices, adequately represented?	Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?
Evens, 2019	9	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Pollock, 2016	10	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Santaya, 2011	8	Y	Y	Y	Y	Y	N	N	Y	Y	Y

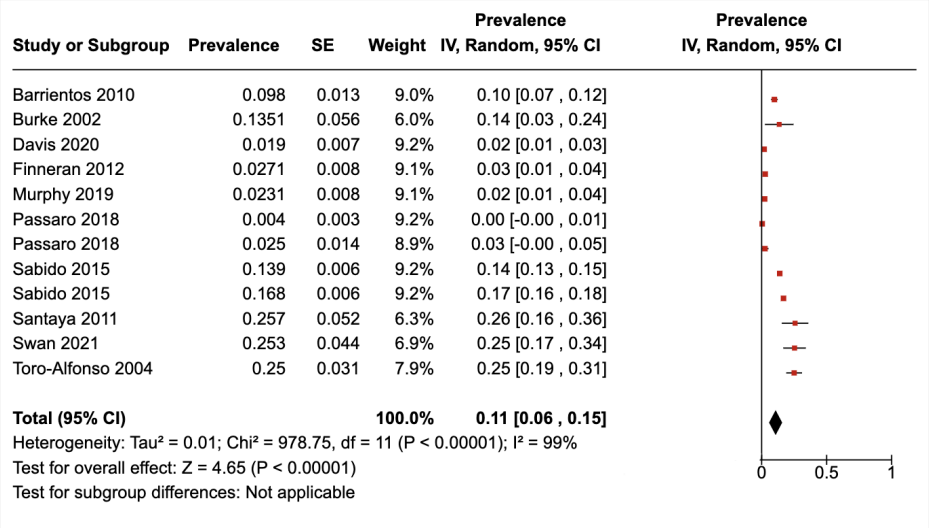
Appendix 4: Forest Plot of prevalence of any IPV victimization across all studies (n=16).



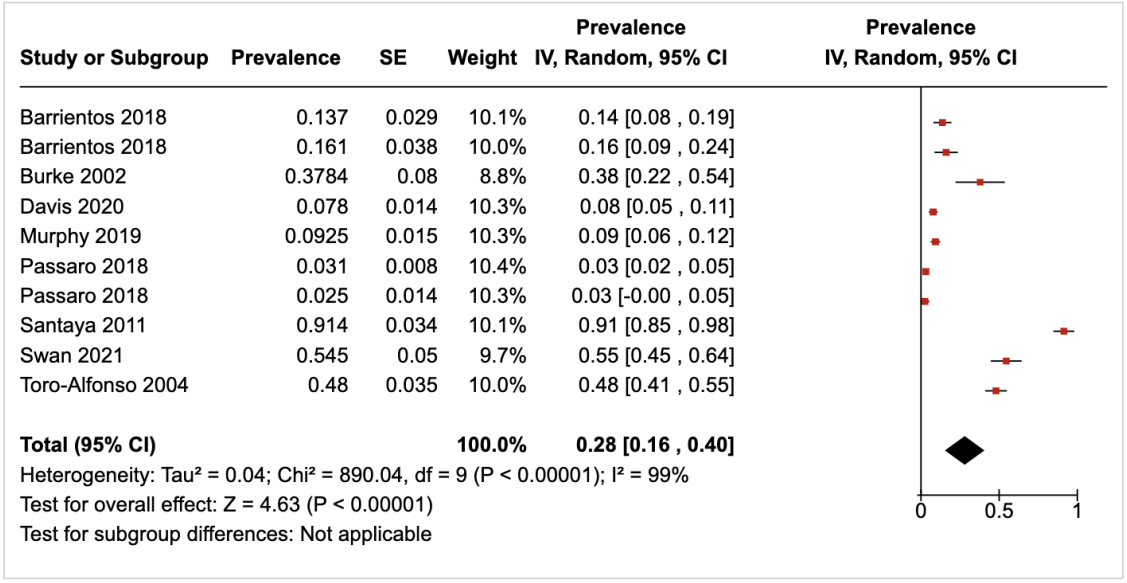
Appendix 5: Forest plot of prevalence of physical IPV victimization across all studies (n=9).



Appendix 6: Forest plot of prevalence of sexual IPV victimization across all studies (n=12).



Appendix 7: Forest plot of prevalence of psychological IPV victimization across all studies (n=10).



Appendix 8: Forest plot of prevalence of IPV perpetration across all studies (n=3).