UNIVERSITY OF BIRMINGHAM

INTIMATE PARTNER VIOLENCE IN SAME-SEX COUPLES:

THE ROLE OF DISINHIBITION AND PROFESSIONALS' ATTITUDES

by

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Abstract

The current thesis explores Intimate Partner Violence (IPV) in same-sex couples. Previous research has demonstrated high IPV prevalence rates, particularly amongst same-sex couples. Despite this, individuals experiencing same-sex IPV are reluctant to seek support and there is an absence of tailored psychometric measures, risk assessment and intervention for same-sex IPV. This may be impacted by a heteronormative lens across IPV research, policy and practice, and a limited understanding of the factors associated with same-sex IPV. Chapter One introduces IPV and its harmful consequences. It specifically introduces IPV in same-sex couples and its implications on attitudes, help-seeking and available same-sex IPV resources. The overall thesis aims, and the aims of each chapter, are also provided. Chapter Two presents a systematic literature review of the attitudes that professionals, within the Criminal Justice System (CJS), hold towards incidents of IPV in same-sex couples. Negative and biased attitudes that promote inequality were found amongst some CJS professionals, which support barriers to help-seeking. Practical implications that aim to continue improving CJS professionals' attitudes are discussed. Chapter Three considered that CJS professionals' attitudes may also impact on the prevalence of individuals in the CJS who have engaged in same-sex IPV, and on the subsequent need for appropriate, tailored same-sex IPV risk assessment and intervention. Chapter Three presents a research study that investigates the impact of disinhibition (impulsivity and risk-taking) on IPV between individuals in same-sex and opposite-sex couples. Risk-taking predicted psychological aggression, particularly amongst individuals in opposite-sex couples. However, same-sex couples demonstrated higher levels of impulsivity and risk-taking compared to opposite-sex couples. The findings contribute to an understanding of factors associated with same-sex IPV and inform the design of same-sex IPV risk assessment and intervention. Chapter Four presents a critique of the Revised Conflict Tactics Scale (CTS2) to determine its utility when researching same-sex IPV. The CTS2 was found to be a reliable and valid IPV measure amongst same-sex couples. However, further research is needed that investigates the psychometric properties of the CTS2 amongst same-sex couples. Chapter Five presents an overview of the current thesis and synthesises the main thesis findings, strengths and limitations. Key implications of the thesis findings for practice and future research are also provided. These aim to increase awareness of same-sex IPV, reduce high same-sex IPV prevalence rates, target specific same-sex IPV risk factors, improve help-seeking, mitigate recidivism and protect against the health and economic consequences associated with IPV.

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CHAPTER ONE

Introduction

Intimate Partner Violence

Definition of Intimate Partner Violence

The World Health Organisation (WHO) (2022) has defined Intimate Partner Violence (IPV) to be "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion or psychological abuse and controlling behaviours". This comprehensive definition reflects the multi-faceted nature of IPV and has evolved over time from a framework that focused primarily on physical aggression and physical injury as defining markers of IPV (Burelomova et al., 2018). Accordingly, the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996) provides a comprehensive framework to conceptualise and measure different types of IPV behaviours.

The CTS2 considers IPV behaviours to be "concrete acts or events" that are used to resolve conflict. It assumes that conflict within relationships is normal, but violence as a conflict resolution strategy is not an acceptable behaviour within societal norms. Whilst the CTS2 may need updating to reflect the increased recognition of financial abuse as a type of IPV (Postmus et al., 2020), it nonetheless incorporates four categories of behaviours within an intimate relationship, that in some contexts could be indicative of IPV: physical assault; psychological aggression; sexual coercion; negotiation. A fifth subscale is included (injury), however, this represents the consequences of each relationship behaviour, rather than the behaviour itself.

Health & Economic Consequences of Intimate Partner Violence

IPV can consequently lead to significant health, cognitive and social impairments that can remain throughout the victims, their families and their communities' lives (Cotter, 2021; Pereira et al., 2020). Literature reviews have consistently demonstrated poorer physical and mental health amongst those who experience IPV (White et al., 2024), including chronic pain, gastro-intestinal disorders, post-traumatic stress disorder, depression and anxiety (Gehring & Vaske, 2017; Hardesty & Ogolsky, 2020; Pereira et al., 2020; Santambrogio et al., 2019; Sugg, 2015). Specifically, IPV victims are more likely to develop an alcohol or substance misuse addiction and have a higher rate of violent delinquency, self-harm and suicidality (Gehring & Vaske, 2017; McManus et al., 2022).

These detrimental consequences to an individual also place a high demand on healthcare services at a wider systemic level, with the demand and subsequent cost rising as

the severity and prevalence of IPV increases (Peterson et al., 2018; Santambrogio et al., 2019). Campbell (2002) estimated that victims of IPV generate a 92% greater cost to society per year than non-victims, and Peterson et al. (2018) estimated a $3.6 trillion dollar economic burden in the US, across victims' lifetimes. These financial costs, combined with high IPV prevalence rates (WHO, 2022), highlights the significant economic impairment that IPV also creates (Peterson et al., 2018).

Prevalence Rates of Intimate Partner Violence

The WHO (2022) has concluded that the lifetime prevalence rate of any type of IPV is 34.8%. However, published IPV prevalence rates are likely to be an under-estimation due to the tendency to use self-report measures as the primary assessment method, which relies on respondent integrity to ensure that valid and reliable data is reported (Chan, 2011). In studies where self-report measures are not used, the reliability of reported prevalence rates can still be impacted by different definitions of IPV and different methodologies adopted by studies. For instance, the type and severity of IPV behaviours measured and the inclusion, or not, of past unreported IPV and IPV cases that do not result in prosecution, may reflect the continued evolution of the IPV definition and can create significant variations in data (Ali et al., 2021; Decker et al., 2018; Hardesty & Ogolsky, 2020).

Despite methodological differences and limitations, IPV can affect all genders and relationship dyads, regardless of race, age, sexual orientation, socioeconomic status, religion or culture (Hardesty & Ogolsky, 2020; Scott-Storey et al., 2023; Sugg, 2015). However, the phenomenon of IPV in same-sex couples is widely understudied; published research primarily focuses on violence from men against women, and explicit data regarding sexual orientation or the nature of the intimate relationship dyad (female/male, same-sex/opposite-sex) is rarely gathered within national crime surveys or police statistics (Ali et al., 2021; Lantz, 2020; Scott-Storey et al., 2023). This then further impacts the accurate publication of IPV statistics.

Intimate Partner Violence in Same-Sex Couples

Prevalence Rates of IPV in Same-Sex Couples

Literature reviews that specifically investigate IPV within same-sex couples have concluded that the overall lifetime prevalence rate of all types of IPV (i.e. physical, sexual and psychological), is equal to or greater in same-sex couples, compared to opposite-sex couples (Decker et al., 2018; Edwards et al., 2015; Finneran & Stephenson, 2013). However, the

methodological limitations and differences that occur in research investigating IPV in opposite-sex couples also apply to IPV research in same-sex couples (Callan et al., 2021; Chan, 2011; Rollè et al., 2018; Walsh & Stephenson, 2023). This may account for the significant variation found between studies investigating the prevalence rates of IPV in same-sex couples (Decker et al., 2018; Rollè et al., 2018). For instance, Decker et al. (2018) identified the reported prevalence rate of IPV to be between 6.5% – 85.7% and Edwards et al. (2015) identified the prevalence rate to be between 1 – 97% in same-sex couples.

Nonetheless, an increasing number of individual studies across the world are demonstrating a higher IPV prevalence rate amongst same-sex couples compared to opposite-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran et al., 2012; Graham et al., 2019; Kar et al., 2023), with some studies identifying IPV to be two to three times as prevalent in same-sex couples (Dyar et al., 2021; Messinger, 2011). In particular, all types of IPV, such as psychological, physical and sexual IPV, have been found to occur at greater rates amongst female same-sex couples than male same-sex couples (Breiding et al., 2013; Messinger, 2011; Rollè et al., 2018).

Specifically, individuals in same-sex couples are significantly more likely to engage in and/or experience IPV that results in physical injury (Graham et al., 2019), with physical violence being the most prevalent type of IPV found in both male (Finneran et al., 2012) and female same-sex couples (Lin et al., 2022). Alternatively, verbal or psychological IPV has also shown to be the most prevalent type of IPV amongst male and female same-sex couples (Badenes-Ribera et al., 2016; Graham et al., 2019; Liu et al., 2021; Messinger, 2011). Sexual violence is however often documented to be the least prevalent form of IPV in both male and female same-sex couples (Finneran & Stephenson, 2013; Kar et al., 2023).

Methodological differences, and a reliance on respondent integrity, may again begin to account for the conflicting findings (Walsh & Stephenson, 2023). However, they do not retract from the overall phenomenon and the significant public health concerns posed by IPV in same-sex couples (Kar et al., 2023). Consequently, the current thesis recognises that IPV in same-sex couples is widely understudied and intends to present important and novel insights by seeking to develop understanding and awareness of same-sex IPV, its prevalence rates, associated risk factors and implications, particularly within the Criminal Justice System (CJS).

Characterisation of Intimate Partner Violence in Same-Sex Couples

Research has demonstrated IPV behaviours that are distinct to same-sex couples, such as partner's isolating an individual from the same-sex community, using stigmatised language, questioning their partner's sexual identity or threatening to disclose their partner's sexual identity without their consent (Dyar et al., 2021; Whitton et al., 2019). Similarly, research has also begun to identify markers of risk that are unique to same-sex IPV. For instance, sexual identity insecurities, stress related to discriminatory laws and policies, struggles conforming to traditional gender roles and internalised homophobia, are factors specific to same-sex couples that can lead to negative feelings towards self and/or others, that may project onto the partner and motivate IPV (Kar et al., 2023; Kimmes et al., 2019; Magalhães et al., 2023; Witarsa & Poerwandari, 2022).

This further demonstrates clear differences between IPV in same-sex and opposite-sex couples, and an inherent need for the current thesis to explicitly investigate and emphasise IPV in same-sex couples as its own distinct phenomenon. Consequently, by furthering awareness and understanding of same-sex IPV, the current thesis' novel insights intend to guide IPV research, policy and practice. They may establish a foundation to ensure that individuals who experience IPV in same-sex couples are distinctly considered and receive appropriate, tailored intervention and support through the CJS, helping to reduce the high prevalence rate and protect against health and economic consequences.

Challenges in Addressing Intimate Partner Violence in Same-Sex Couples

Although legal definitions of IPV have evolved to become broader and more gender neutral (Domestic Abuse Act, 2021), this change is still relatively new and IPV research, policies, media coverage, preventative measures and training programmes across the world all primarily remain from a heteronormative lens, that neglects the high prevalence rates and distinct characterisation of same-sex IPV (Brown & Herman, 2015; Dyar et al., 2021; Kar et al., 2023; Lo, 2023). A heteronormative lens promotes a view that heterosexual relationships are the norm or the preferred relationship dyad, which can contribute to myths and assumptions that IPV is an issue between men and women in opposite-sex couples (Goodson, 2023).

This impacts on societal attitudes whereby IPV in same-sex couples continues to be perceived as less serious and less relevant than IPV from men against women in opposite-sex couples (Graham et al., 2023; Poorman et al., 2003; Savage et al., 2022; Seelau & Seelau, 2005). This can prevent professionals across healthcare and criminal justice settings from

accurately identifying IPV within same-sex couples (Ayhan et al., 2020; Ozeren, 2014). Individuals within same-sex couples have also been demonstrated to endorse heteronormative IPV myths and do not always recognise IPV behaviours within their own same-sex relationship (Kar et al., 2023). This can further prevent accurate identification of same-sex IPV, particularly if self-report measures are used that may be validated on opposite-sex couples and may not incorporate IPV behaviours distinct to same-sex couples (Stephenson et al., 2013).

Consequently, endorsement of heteronormative attitudes and subsequent effects on underestimated prevalence rates can detrimentally impact on the resources available to support and address same-sex IPV. For instance, there is an absence of IPV measures, risk assessment tools and risk-reducing interventions that are tailored to the specific factors, needs and experiences associated with same-sex IPV (Dyar et al., 2021; Rollè et al., 2018; Whitton et al., 2019). In addition, heteronormative IPV attitudes can impact on help-seeking processes amongst individuals that experience IPV in same-sex couples. Research has demonstrated that individuals experiencing same-sex IPV may not identify a need for support, or may be reluctant to seek support, particularly from public help sources, such as the police and health care services, as they fear and perceive a negative and biased response (Dwyer, 2014; Guadalupe-Diaz & Yglesias, 2013; Santoniccolo et al., 2021; Scheer et al., 2023; Walters & Lippy, 2016; Whitton et al., 2023).

There is a need to novelly address a gap in knowledge by systematically synthesising research on the specific individual attitudes that professionals within the Criminal Justice System hold towards same-sex IPV, to further support, or oppose, these beliefs held by individuals who experience same-sex IPV. The distinct IPV behaviours and markers of risk amongst same-sex couples compared to opposite-sex couples also suggests a need to continue investigating factors that may predict same-sex IPV, to enhance understanding and accurately inform the design and development of specific same-sex IPV risk assessment and intervention.

Furthermore, the impact of heteronormative and IPV myths on professionals' attitudes and same-sex IPV prevalence rates highlights that reliance cannot be placed on professional identification alone to appropriately support individuals experiencing same-sex IPV. Self-report measures are inherent, within the current thesis and wider research and practice, to accurately investigate same-sex IPV prevalence rates and ensure individuals who experience same-sex IPV have appropriate access to public help sources and specific same-sex IPV risk-reducing assessment and intervention. Consequently, there is also a novel need to critique IPV

self-report measures, such as the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), to ensure that they are reliable and valid to use when investigating IPV amongst same-sex couples. This will ensure that accurate data is gathered to effectively develop the same-sex IPV evidence base, policy and practice.

Aims of the Thesis

The current thesis therefore aims to explicitly emphasise the distinct nature of IPV in same-sex couples and develop awareness and understanding of same-sex IPV, and its implications within the Criminal Justice System (CJS). Specifically, the current thesis aims to inform IPV research, policy and practice by presenting novel insights into the attitudes that professionals within the CJS hold towards incidents of same-sex IPV, the role of disinhibition on IPV within both same-sex and opposite-sex couples, and the utility of the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996) within same-sex couples.

This will help to ensure that IPV within same-sex couples is not neglected and that it is appropriately identified and responded to through CJS professionals' attitudes and the development of specific same-sex IPV measures, risk assessment tools and risk-reducing interventions. Individuals that experience IPV in same-sex couples will consequently receive tailored support that addresses the distinct factors, needs and experiences associated with same-sex IPV. Practical implications of the current thesis' findings may also help to improve the help-seeking processes amongst individuals experiencing same-sex IPV, reduce the high prevalence rate of same-sex IPV, mitigate recidivism and protect against the health and economic consequences associated with IPV.

To address these aims, the current thesis presents the following chapters:

Chapter Two

Chapter Two presents a systematic literature review of the attitudes that professionals, within the CJS, hold towards IPV in same-sex couples. Fourteen articles were selected from four electronic databases, using a comprehensive inclusion and exclusion criteria. Each article was quality assessed, and a narrative analysis was used to synthesise data. The findings emphasise the potential role of CJS professionals' attitudes in contributing to the challenges faced by individuals experiencing IPV in same-sex couples. Chapter Two also discusses practical implications that aim to continue improving CJS professionals' attitudes and address barriers to help-seeking amongst individuals experiencing same-sex IPV.

Chapter Three

Chapter Three proposes a pertinent need to design specific, tailored risk assessment and intervention for individuals that engage in same-sex IPV that acknowledges the distinct behaviours and markers of risk amongst IPV in same-sex couples. A research study is presented that investigates the impact of disinhibition (impulsivity and risk-taking) on IPV between individuals in same-sex and opposite-sex couples. Participants from the community, who had been in an intimate relationship in the past year, completed online self-report and executive function tasks that measured IPV behaviours and disinhibition traits (impulsivity and risk-taking). Chi square tests and binary logistic regression models were used to analyse the data. The findings begin to guide the content of same-sex IPV risk assessment and intervention by determining the extent to which disinhibition should be explored and targeted.

Chapter Four

Chapter Four determines whether the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), a common self-report measure of IPV behaviour, is appropriate and valid to use when investigating IPV amongst same-sex couples. Understanding the quality of this measure within same-sex couples may ensure that reliable data is gathered to effectively and accurately understand same-sex IPV prevalence rates and develop same-sex IPV policy and practice. A critique of the CTS2 is therefore presented that explores the CTS2's reliability and validity overall and specifically amongst same-sex couples. The findings determine the specific utility of the CTS2 when investigating IPV in same-sex couples and are discussed in relation to outstanding areas for future research.

Chapter Five

Chapter Five provides a summary of the main findings within chapters two, three and four, in relation to wider literature. Key implications for same-sex IPV policy and practice are discussed that may be of particular interest to governing bodies of public help sources, such as the CJS, and professionals working within the CJS. Explicit recommendations for future research are also made to continue investigation into same-sex IPV. The chapter highlights that same-sex IPV should not be neglected from IPV research, policy and practice.

CHAPTER TWO

Criminal Justice Professionals' Attitudes Towards Intimate Partner Violence in Same-Sex Couples: A Systematic Literature Review

Abstract

Background. Despite the high prevalence rate of Intimate Partner Violence (IPV) demonstrated amongst same-sex couples, research has identified that individuals experiencing IPV in same-sex couples are reluctant to seek support as they fear a negative and biased response from professionals within public help sources, such as the Criminal Justice System (CJS). The current systematic review aimed to synthesise the literature regarding the attitudes that professionals, within the CJS, hold towards incidents of IPV in same-sex couples. **Method.** A systematic search of four electronic databases was conducted, and a comprehensive inclusion and exclusion criteria was applied. Fourteen articles were included, and each article was quality assessed using the Mixed Methods Appraisal Tool. 20% of included articles were also dual coded and comparison identified agreement in quality check ratings amongst both reviewers. A narrative analysis was then used to synthesise data. **Findings.** Negative and biased attitudes towards IPV in same-sex couples were found amongst some professionals within the CJS. However, over half of the included studies found no difference in CJS professionals' attitudes towards IPV in same-sex and opposite-sex couples. Multiple macro and micro level factors were also found to influence CJS professionals' attitudes. **Conclusions.** The fear and negative expectations held amongst individuals experiencing same-sex IPV are therefore warranted perceptions. However, negative and biased attitudes that promote inequality are not universally held by all CJS professionals. The current review recommends a need for organisational change and training for CJS professionals, to continue improving CJS professionals' attitudes, support same-sex IPV and encourage help-seeking amongst individuals that experience same-sex IPV.

Introduction

Help-Seeking Processes Amongst Same-Sex Intimate Partner Violence

As outlined in Chapter One, an increasing number of studies across the world are demonstrating a higher IPV prevalence rate amongst same-sex couples compared to opposite-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran et al., 2012; Kar et al., 2023). The detrimental physical and mental health consequences following IPV that were also described in Chapter One, are therefore likely to be greater amongst individuals within same-sex couples, due to the higher prevalence rate. Despite this, research has consistently shown that those experiencing IPV in same-sex couples are reluctant to seek support, particularly from public help sources, such as the police and health care services (Dwyer, 2014; Guadalupe-Diaz & Yglesias, 2013; Santoniccolo et al., 2021; Scheer et al., 2023; Walters & Lippy, 2016; Whitton et al., 2023).

Seeking help is challenging and difficult for any individual experiencing IPV. The experience of IPV is often minimised and there can be a lack of understanding as to what constitutes IPV, inhibiting individuals from seeking help (de Heer et al., 2023; Scheer et al., 2023; Whitton et al., 2023). However, individuals experiencing IPV in same-sex couples have been shown to face additional challenges and barriers when help-seeking that are unique to their sexual orientation (Brown & Herman, 2015; Walters & Lippy, 2016). Calton et al. (2016) reviewed the literature and identified three main barriers that prevent individuals in same-sex couples seeking and therefore receiving help for IPV. These were: 1) a lack of understanding of the problem of IPV in same-sex couples, 2) systemic inequalities and 3) stigma within society.

Despite greater attention and research into the issues surrounding IPV over the last few decades, much less attention has been given to the IPV issues that are specific to same-sex couples, such as minority stress, greater societal isolation, identity concealment, partners threatening to ‘out’ the other if they seek help and a subsequent fear of rejection from family and friends (Brandt & Stults, 2023; Calton et al., 2016; Longobardi & Badenes-Ribera, 2017; Scheer et al., 2023). Consequently, these issues are not factored into the planning and policy making around public help sources. This supports Calton et al.’s (2016) barriers to help-seeking and may contribute to the incompetence towards sexual minority issues that individuals within same-sex couples expect formal services to possess (Whitton et al., 2023), in addition to a lack

of accessible, tailored services (Martin et al., 2023; Scheer et al., 2023), further inhibiting individuals within same-sex couples from seeking support with IPV experiences.

In addition, although some legal definitions of IPV, such as the United Kingdom's Domestic Abuse Act (2021), have become broader, more gender neutral, and therefore more inclusive of same-sex couples, this has taken years to implement and is not concurrent with all legislation around the world (Brown & Herman, 2015). Same-sex marriage has also not been legalised everywhere, certain legislation makes it difficult for individuals in same-sex couples to obtain protection orders and individuals in same-sex couples are often not included within the criteria for emergency shelters (Brown & Herman, 2015; Calton et al., 2016). Subsequently, individuals within same-sex couples may perceive that their IPV experiences are not as legitimate, making them reluctant to seek support, and even where attempts to seek support are made, systemic inequalities can prevent individuals within same-sex couples from adequately receiving this support (Parry & O'Neal, 2015).

Furthermore, research has demonstrated that individuals experiencing IPV within same-sex couples often have low confidence in the police and healthcare providers, as they fear, or have experienced, discrimination and an overall negative, biased response (Brandt & Stults, 2023; Brown & Herman, 2015; Carvalho et al., 2011; de Heer et al., 2023; Martin et al., 2023; Whitton et al., 2023). Past explicit experiences of discrimination or internalised, expected discrimination, based on a perceived stigma surrounding same-sex couples in society, may underpin this fear, as well as leading to a further fear of reinforcing negative perceptions and stereotypes of same-sex couples, if they were to seek help (Alhusen et al., 2010; Brandt & Stults, 2023; Calton et al., 2016; Carvalho et al., 2011; Guadalupe-Diaz & Yglesias, 2013; Scheer et al., 2023; Whitton et al., 2023). This can then lead individuals within same-sex couples to have a greater reliance on personal support sources e.g. family, friends and religious advisers, and avoid seeking help from professional sources of support (Brown & Herman, 2015; Santoniccolo et al., 2021).

Attitudes Towards Same-Sex Couples and IPV in Same-Sex Couples

Literature reviews have begun to provide evidence to support the fear and perceptions that individuals within same-sex couples can have towards public help sources. For instance, although liberalisation has occurred amongst attitudes towards same-sex couples over the last fifty years (Kranjac & Wagmiller, 2022), negative and discriminatory attitudes still occur across society, including amongst family members (Strommen, 2020), in the workplace (Ozeren,

2014) and within health care settings (Ayhan et al., 2020). In particular, Dotti Sani and Quaranta (2020) concluded that negative attitudes still exist towards same-sex couples across countries, particularly amongst older, religious and lesser educated individuals. These attitudes were also found to occur irrespective of whether that country had legislation that gave equal rights, or not, to individuals in same-sex couples.

Research that specifically investigates the general public's attitudes towards IPV in same-sex couples has shown that members of the public view IPV amongst male and female same-sex couples as less serious and less relevant than IPV from a male against a female in an opposite-sex couple (Savage et al., 2022; Seelau & Seelau, 2005). Graham et al. (2023) found that bystanders were less likely to intervene when witnessing an IPV incident between a same-sex couple, compared to an opposite-sex couple and Poorman et al. (2003) found university students recommended different sentences for IPV within same-sex couples compared to opposite-sex couples. This finding was correlated with university students perceiving same-sex IPV to be less believable than opposite-sex IPV – further supporting perceptions amongst individuals who experience same-sex IPV that their experiences will be deemed less legitimate.

Similarly, Rollè et al. (2018) in their review demonstrated how the attitudes held amongst the general public are also reflected somewhat at an organisational level, by finding a lack of treatment and intervention options for both the individual who engages in IPV behaviours and the individual who experiences IPV behaviours in same-sex couples. This again adds validity to the beliefs held by individuals who experience same-sex IPV, that they receive unequal access to treatment and intervention from public help sources, making them reluctant to seek support.

However, there has not been a published literature review that systematically synthesises research on the specific individual attitudes that professionals within a public help source, such as the Criminal Justice System, hold towards same-sex IPV incidents. The current systematic literature review therefore set out to address this gap in knowledge to further support, or oppose, the beliefs held by individuals who experience same-sex IPV. This will subsequently inform policy and professional practice to ensure that individuals who experience same-sex IPV have appropriate access to public help sources.

Professionals within the Criminal Justice System (CJS)

The term 'professionals within the CJS' is considered holistic and encapsulates both legal professionals, such as police officers and lawyers, as well as mental health professionals,

such as psychologists and therapists, across the whole CJS. These professionals work with individuals who engage in, or are alleged to have engaged in, incidents of same-sex IPV, in a criminal justice setting, such as on the frontline of the IPV incident, the prosecution within a court of justice or in an intervention capacity within a secure service e.g. a prison.

This term is not considered to include professionals who work only with victims of same-sex IPV. By not meeting the individual who engaged in the IPV behaviours, it is considered that these professionals' attitudes tend to focus on the consequences and effects of same-sex IPV and the therapeutic experience of the same-sex IPV victim (Eaves, 2004), rather than professionals' attitudes towards the same-sex IPV incidents.

Breckler's Tripartite ABC Model of Attitudes (1984)

The attitudes that have been demonstrated towards IPV in same-sex couples incorporate different features such as behaviours e.g. unequal response through interventions, and cognitions, e.g. perceptions of severity. These different features map onto Breckler's tripartite ABC model of attitudes (Breckler, 1984).

Whilst various definitions of attitudes exist, such as that posed by Eagly and Chaiken (1993), who defined an attitude to be a "psychological tendency that is expressed by evaluating a particular entity with some degree of favour or unfavour", there is considerable debate within the literature as to the extent to which an attitude differs from a stereotype. Breckler's model acknowledges this, and incorporates both sides, by suggesting that whilst there is considerable overlap between attitudes, stereotypes and behaviours, there is also a difference between the affective component of attitudes e.g. prejudice, and the more cognitive aspects e.g. stereotypes.

Accordingly, Breckler (1984) uses 'attitudes' as an overarching term and breaks this down to describe three components of attitudes. The affective component which constitutes the automatic emotional response to a target attitude object, the behaviour component that concerns how someone interacts with the target attitude object, and the cognitive component which includes the knowledge-based beliefs, stereotypes and attributions held about a target attitude object or group (Hogue & Harper, 2019).

Breckler's theoretical model is well accepted within the literature, having been cited by over 3000 sources. It is supported by neuroscience research that demonstrates different parts of the brain to be involved when responding to prejudices, i.e. affective response towards a target, and stereotypes e.g. cognitive representation of beliefs about a target (Amodio &

Devine, 2006). In the current systematic review, Breckler's tripartite model (1984) therefore provides a framework for the term attitudes, ensuring that all features of attitudes are captured.

Factors Influencing Attitudes

Factors at both the macro, systemic level and at the micro, individual level can shape and influence the development and maintenance of attitudes. At the macro level, cultural values and social norms, centred around patriarchal views and gender role beliefs, have been consistently demonstrated to influence attitudes held towards IPV, same-sex couples and specifically IPV in same-sex couples (Bawden et al., 2023; Hayes & Boyd, 2017; Yang et al., 2021; Zark & Satyen, 2022). Media framing of cultural norms and IPV incidents can also shape the public's attitudes (Savage et al., 2022). The content of policies and legislation regarding individuals within same-sex couples and IPV incidents may also promote inequality and a structural stigma within society, shaping attitudes as a result (Dotti Sani & Quaranta, 2020; Hayes & Boyd, 2017). Hayes and Boyd (2017) support this, by finding that as the levels of inequality within a nation increased, participants justification towards IPV also increased.

Likewise, at the micro level, an individual's endorsement of societal inequality can influence the attitudes held towards IPV and same-sex IPV (Bawden et al., 2023; Savage et al., 2022; Yang et al., 2021). For instance, Graham et al. (2023) found that bystanders who had a greater endorsement of inequality, were less likely to intervene when witnessing an IPV incident between a same-sex couple. Moreover, sociodemographic factors are frequently shown to influence attitudes towards IPV and same-sex couples, such as age, gender, sexual orientation, ethnicity, geographic location, financial status and education (Bawden et al., 2023; Cheng et al., 2023; Dotti Sani & Quaranta, 2020; Dotti Sani & Quaranta, 2022; Jacobson, 2013; Tran et al., 2016; Yang et al., 2021).

Copp et al. (2019) and Jacobson (2013) also identified that exposure to family violence during childhood predicted attitudes supportive of IPV and IPV in same-sex couples. Similarly, parental attitudes and an individual's level of respect towards their parents has shown to influence attitude development (Ng et al., 2023). In addition, religious views have been frequently demonstrated to influence attitudes towards IPV in same-sex couples, even amongst those who consider themselves to be within a sexual minority (Bawden et al., 2023; Dotti Sani & Quaranta, 2020; Ratcliff & Haltom, 2023). Consequently, when investigating attitudes held by a specific population group, such as professionals within the CJS, as in the current review,

consideration also needs to be given to the magnitude of factors that may influence and shape these attitudes.

The Current Review

The current review recognised that previous research has demonstrated how individuals experiencing same-sex IPV are reluctant to seek support, particularly from public help sources, such as the police and health care services, as they fear and perceive a negative and biased response (Dwyer, 2014; Guadalupe-Diaz & Yglesias, 2013; Santoniccolo et al., 2021; Scheer et al., 2023; Walters & Lippy, 2016; Whitton et al., 2023). Published literature reviews investigating attitudes within the workplace and health care settings have begun to provide evidence to support these fears and expectations (Ayhan et al., 2020; Ozeren, 2014). However, there has not been a published literature review that systematically synthesises research on the specific individual attitudes that professionals within a public help source, such as the Criminal Justice System, hold towards same-sex IPV.

The current systematic literature review therefore set out to address this gap in knowledge to further support, or oppose, the beliefs held by individuals who experience same-sex IPV. The findings may impact policy and professional practice to help improve attitudes, address barriers to help-seeking and enhance trust and confidence amongst individuals experiencing same-sex IPV; specifically, that appropriate receipt of public help sources will occur when seeking support through the CJS.

Aims and Objectives

The current review aims to systematically analyse the literature regarding the attitudes that professionals, within the CJS, hold towards incidents of IPV within same-sex couples. Subsequently, objectives of the current review are to:

- Determine the types of attitudes that criminal justice professionals hold towards incidents of same-sex IPV.
- Identify factors that may influence the attitudes held by criminal justice professionals towards same-sex IPV incidents.
- Discuss whether criminal justice professionals' attitudes support the fear and negative expectations that individuals experiencing same-sex IPV hold towards public help sources, such as the CJS.

Methodology

Scoping Search

In line with guidance from Boland et al. (2017), a scoping search was first conducted to identify existing systematic literature reviews relevant to the proposed topic area, to refine the current research question and to determine the size of the potential literature to include within the current review.

The Cochrane Library, Campbell Collaboration, Centre for Reviews and Dissemination and PsycINFO electronic database were searched. This identified that a limited number of published systematic literature reviews focused on same-sex IPV. Those that were published included systematic reviews on the role of minority stressors in contributing to same-sex IPV (Longobardi & Badenes-Ribera, 2017) and the help-seeking process in same-sex IPV (Santoniccolo et al., 2021).

Additional literature reviews were also identified that focused on barriers to help-seeking amongst same-sex IPV (Calton et al., 2016), as well as describing all published research relating to same-sex IPV between a certain time frame (Decker et al., 2018; Edwards et al., 2015; Rollè et al., 2018). However, these reviews did not follow a systematic methodology and did not specifically aim to review criminal justice professionals' attitudes towards incidents of same-sex IPV.

The PROSPERO site within the Centre for Reviews and Dissemination further identified that the proposed topic area for the current review had not been prospectively registered for a systematic review (Centre for Reviews and Dissemination, n.d.). Consequently, the scoping search confirmed that there was a gap within the literature for the current review.

Sources of Literature

To identify potential studies to include in the current review, four electronic databases were searched on 17th February 2023: Web of Science (1900 to 2023), PsycINFO Ovid (1967 to 2023), ProQuest (1977 to 2023), and Scopus (before 1960 to Present). The same four databases were also searched on 24th February 2024 (2023- 2024), to update the current review. These databases were deemed to be most relevant to the current review based on the scoping search and sources used in similar systematic reviews. No search limits were imposed on the publication date to ensure all relevant published articles were identified. This was an important

factor due to the scoping search identifying no pre-existing published systematic review and potentially limited literature, in this topic area.

Main Search Strategy

Guidance from Boland et al. (2017) was also used to inform decision-making within the current review's search strategy. Key terms from the research question, and subsequent synonyms for these, were first identified and used as search terms within each of the databases (See Figure 1).

Figure 1

Electronic Database Search Terms

Key Term: Attitudes

Synonyms & Search Terms:
Attitude* OR Emotion* OR Affect* OR Feel* OR Behav* OR Interact* OR Act* OR React* OR Respon* OR Cognit* OR Stereotype* OR Stigma* OR Percept* OR View* OR Thought* OR Opinion* OR Belie* OR Attribut*

AND

Key Term: Professionals

Synonyms & Search Terms:
((“Criminal justice” OR “law enforcement” OR Court* OR Police* OR Prison* OR Probation*) near/3 (Profession* OR Staff* OR Practitioner* OR Officer* OR Manager*))
OR (Clinician* OR Psychiatrist* OR Psychologist* OR Therapist* OR “Social worker” OR Lawyer* OR Barrister* OR Solicitor* OR Attorney*)

AND

Key Term: Intimate Partner Violence

Synonyms & Search Terms:
“Intimate partner violence” OR “IPV” OR
(Violen* OR abus* OR assault*) near/2 (domestic OR relationship* OR spous* OR partner* OR couple*)

AND

Key Term: Same-Sex

Synonyms & Search Terms:
“same sex” OR homosexual* OR “Men who have sex with men” OR
“Women who have sex with women” OR LGBT* OR gay* OR lesbian* OR bisexual* OR trans* OR queer* OR intersex* OR asexual*

A combination of subject heading and truncated keyword searching across title, abstract, and author keywords occurred. This ensured consistency and enhanced accuracy across each database. The reference lists of pertinent articles were also reviewed to identify additional articles that may meet the inclusion criteria. Moreover, three key authors, identified through frequency of recent publication in the topic area, were contacted to explore whether there were further relevant publications, and a response was received from one author (See Appendix B for sample email sent to authors).

Study Selection

Applying the search terms to each database obtained 1,153 results in total. A further 104 results were identified following the updated database search in February 2024. Appendix A provides full details of the original outputs from individual search terms on each database. After removing 325 duplicates, 932 articles were then initially sifted based on their title and abstract. This resulted in a further 890 articles being removed. An additional eight articles were identified from article reference lists, and a further seven articles were also shared by a key author. This left 57 articles provisionally included within the review, before a specific inclusion and exclusion criteria was applied.

Inclusion and Exclusion Criteria

The PICOS (Population, Intervention, Comparator, Outcome, Study Design) framework was used to structure the systematic review questions and inform study eligibility criteria (see Table 1) (Boland et al., 2017). The PICO or PICOS frameworks are frequently used within systematic reviews due to the increased precision that often results when retrieving studies (Amir-Behghadami & Janati, 2020; Boland et al., 2017; Scells et al., 2017). The full texts for each of the 57 provisionally included articles were then obtained, where possible, through the University of Birmingham e-library or interlibrary loans. It was not possible to obtain the full text for one paper. This was then excluded as a result (see Appendix C). The pre-defined inclusion/exclusion criteria based on the PICOS framework was then applied to the remaining 56 articles. A copy of the inclusion/exclusion form used to apply the criteria to each article can be found in Appendix D. This process led to a further 42 articles being removed, predominantly based on the population or outcome criteria (see Appendix E and F for specific inclusion/exclusion details of each article). In total, 14 articles were then identified to be included within the current review. A PRISMA flow diagram was constructed to pictorially describe the study selection process (See Figure 2) (Page et al., 2021).

Table 1

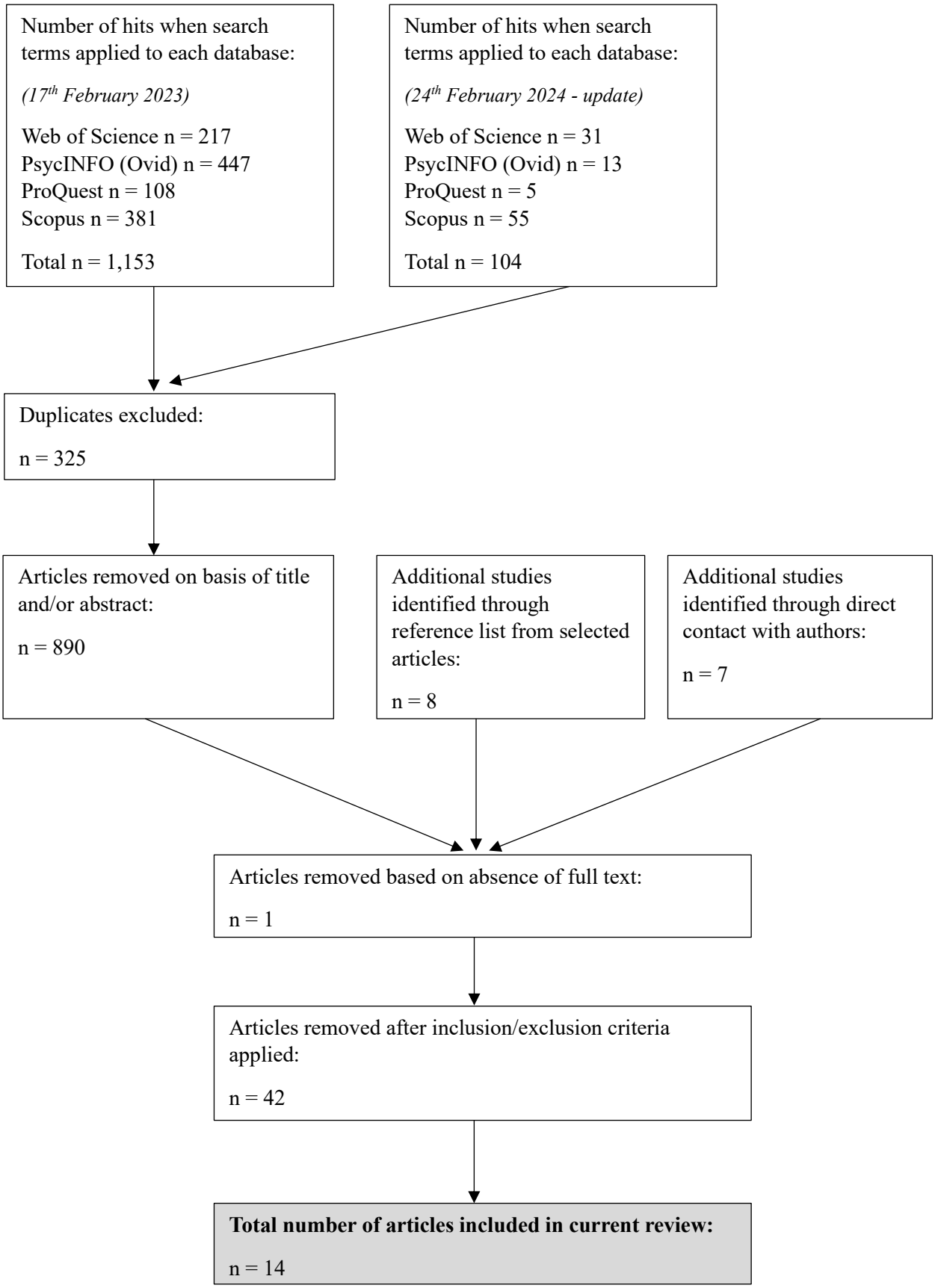
PICOS Inclusion/Exclusion Criteria

PICOS	Inclusion	Exclusion
Population	Legal or mental health professionals who: - Work within the criminal justice system in any country (non-culture bound) AND/OR - Work with people who engage in/alleged to have engaged in same-sex IPV	Professionals who work only with victims of same-sex IPV *(unless included as a comparator).* Non-criminal justice professionals e.g. jury members, those who engage in or are victim to same-sex IPV themselves, family and friends, public *(unless included as a comparator).*
Intervention	Quantitative or qualitative research design.	Case studies.
Comparator	Non-professionals e.g. the public. Opposite-sex or heterosexual couples. Male-male or female-female couples. Victims of same-sex IPV. Studies without a comparator.	N/A.
Outcome	Attitudes towards same-sex IPV incidents. Attitudes that map onto Breckler's ABC model: - Affect = feelings reported e.g. disgust - Behaviour = interaction e.g. arrest rates, discrimination, intervention - Cognition = beliefs/stereotypes e.g. perceptions on risk	Attitudes towards IPV in opposite-sex/ heterosexual couples *(unless included as a comparator).*
Study Type	Published in English language. Any time period. Empirical studies. Published journal articles. Doctoral theses.	Published in non-English language. Book chapters. Literature reviews. Undergraduate and Master's level dissertations. Articles in press.

Note. IPV = Intimate Partner Violence.

Figure 2

PRISMA Flow Diagram



Quality Assessment

To determine the potential for bias within the selected studies, a process of quality assessment on each study's methodology occurred (Boland et al., 2017). The research design of each study was first considered, which identified the fourteen articles to have either a qualitative design, or a quantitative descriptive or quasi-experimental design. The Mixed Methods Appraisal Tool (MMAT) was then selected to assess the quality of each study, due to its valid and reliable appraisal of heterogenous study designs in systematic reviews (Hong et al., 2018; Hong et al., 2019; Souto et al., 2015).

The MMAT can appraise the quality of five categories of study designs (1. Qualitative, 2. Randomised controlled trial, 3. Non-randomised, 4. Quantitative descriptive and 5. Mixed methods studies). Screening questions are first provided to identify whether the papers were empirical studies. However, in accordance with MMAT guidance, this step was excluded due to the study inclusion criteria being limited to empirical studies. Either section 1 (qualitative), section 3 (quantitative non-randomised studies i.e. quasi-experimental), or section 4 (quantitative descriptive studies) of the MMAT was then applied to each study, dependent on its research design. Each section included five quality check criteria that focused on multiple methodological components, such as appropriateness of measures and analytic methods, sampling strategy and participant representativeness. The criterion concerning nonresponse bias in section 4 was not pertinent for included studies that obtained data from a larger pre-existing database. Therefore, in line with guidance from the MMAT authors, this criterion was adapted to concern complete data (See Appendix G for the adapted MMAT quality assessment checklist).

Each quality check criteria were then rated as 'yes', 'no' or 'can't tell' in accordance with the MMAT rating system. The response option 'can't tell' related to studies that did not report appropriate information to answer, 'yes' or 'no', or that the reported information was unclear. 20% of the included articles (one descriptive design, one quasi-experimental design and one qualitative design) were also dual coded by a colleague on the Doctorate in Forensic Psychology Practice course at the University of Birmingham. This aimed to prevent bias in judgement and enhance the reliability and validity of the quality assessment process and the overall quality of the systematic review (Hong et al., 2018). Comparison of the dual coding identified that both reviewers gave equivalent ratings on all quality check criteria for each article.

The MMAT authors advised reviewers to not calculate an overall quality score, and to not exclude studies with low methodological quality due to the richness of data that individual ratings create. All fourteen articles consequently remained included in the current review. The individual quality ratings of each study and design category are described and compared within the data synthesis, and potential impacts on the credibility of the current review's overall results and conclusions are acknowledged within the current review's discussion (See Table 2).

Table 2

Summary of Quality Assessment Outcomes

Author & Publication Date	Quality Assessment Outcome				
	Study Design Category 1: Qualitative Studies				
	1.1 Appropriate Approach	1.2 Adequate Data Collection	1.3 Adequate Findings	1.4 Sufficient Interpretation	1.5 Coherence
Butterby & Donovan (2023)	Yes	Yes	Yes	Yes	No
	Study Design Category 3: Quantitative Non-Randomised Studies				
	3.1 Participant Representativeness	3.2 Appropriate Measures	3.3 Complete Data	3.4 Confounders	3.5 Intended Intervention
Cormier & Woodworth (2008)	No	Yes	Can't tell	Yes	Yes
Cox et al. (2021)	No	Yes	Yes	No	Yes
Cox et al. (2022)	No	No	Yes	Yes	Yes
Franklin et al. (2019)	No	No	Yes	No	Yes
Goodson (2023)	No	No	Yes	No	Yes
Paulson (2009)	No	Yes	Can't tell	Yes	Yes
Russell (2018)	No	Yes	No	Yes	Yes
Russell & Sturgeon (2019)	No	Yes	No	No	Yes
Younglove et al. (2002)	No	No	Can't tell	No	Yes

	Study Design Category 4: Quantitative Descriptive Studies				
	4.1 Sampling Strategy	4.2 Representative Sample	4.3 Appropriate Measures	4.4 Complete Data	4.5 Appropriate Analysis
Addington (2020)	Yes	No	Yes	Yes	Yes
Hirschel & McCormack (2021)	Yes	No	Yes	Yes	Yes
Lantz (2020)	Yes	No	Yes	Yes	Yes
Pattavina et al. (2007)	Yes	No	Yes	Yes	Yes

Data Extraction & Synthesis

A data extraction form was designed in accordance with the current review's aims, objectives and study selection criteria. To ensure standardisation, the same data extraction form was applied to each study included in the current review (see Appendix H). The data extraction form included the study's aims, sample, design, findings, implications, and limitations. A summary of the data extracted from each of the fourteen studies included in the current review is provided in Table 3.

To address the current review's aim and first two objectives, regarding criminal justice professionals' attitudes towards same-sex IPV and potential influential factors, the extracted data was synthesised using a narrative analysis (Boland et al., 2017; Popay et al., 2006). Narrative analyses use words and text to describe and explain the findings and can be used to investigate a wide range of systematic review research questions that incorporate data from different study designs (Boland et al., 2017; Ryan, 2019). Using guidelines from Popay et al. (2006), the studies were first grouped by study design to aid identification of patterns in the studies findings. Relationships within study characteristics (e.g., design and population) and outcomes were then explored and compared to help understand any differences in findings across the included studies. The quality of each study design category and the robustness of the synthesis were also thoroughly considered in the data synthesis to inform the strength and generalisation of conclusions drawn. The current review's third objective was then addressed within the discussion. Findings from the data synthesis were juxtaposed with literature presented in the introduction to discuss whether CJS professionals' attitudes support the fear and negative expectations that individuals experiencing same-sex IPV have previously been demonstrated to hold towards public help sources, such as the CJS.

Table 3

Summary of Data from Included Studies

Author & Publication Date	**Aims or Research Questions**	**Population** *Type of Professional Country of CJS Sample Size*	**Intervention** *Study Design Data collection Analysis*	**Comparator**	**Outcome** *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	**Strengths & Limitations**	**Implications & Recommendations**
Addington (2020)	To compare factors associated with arrest between opposite-sex and same-sex couples *(update on Pattavina et al., 2007).* To explore whether changes in societal views impact arrest rates in same-sex IPV incidences.	Police Officers. United States. 297,400 cases.	Quantitative descriptive study. Published journal article. 2016 arrest data taken from the NIBRS. Focused on simple assault, aggravated assault and intimidation, involving an intimate partner relationship between one victim and one offender. Binary logistic regression model – statistical significance, odds ratio and marginal effects.	Comparisons made within and between four intimate partner dyads. (Intimate partner dyad: Male offender-female victim. Female offender – male victim. Female offender-female victim. Male offender-male victim.	Behaviour – arrest made or not. 1.Arrest patterns similar across all dyads, but incidents involving male victims in same-sex and opposite-sex relationships had slightly higher arrest percentages. Mandatory arrest laws significantly predict arrest in all dyads, but specific IPV characteristics e.g. offence seriousness (greater) and race of victim (White), have a greater likelihood of predicting arrest. 2. Greatest predictor of arrest in both male and female same-sex couples was recognition of same-sex marriage in US states.	Provides insight into arrest in same-sex IPV cases – updated the literature in this area. Limitations of large sample size – increases chance of significant findings by chance. Limitations of the NIRBS database – few explanatory variables, does not include information on arrest decision-making process, sexual orientation or gender identity are not directly measured, lacks national coverage *(is not used by all police departments so not representative of entire US)*.	Legalisation of same-sex marriage reflected in findings – views towards same-sex relationships changing, heteronormative views (focused on female victims) reduced - impacting police decision to arrest. Future research – definition of police response needs to be broadened outside of arrest e.g. informing victims of support services, culturally sensitive processing should be considered for individuals arrested, improve the understanding of IPV in same-sex couples.

Author & Publication Date	Aims or Research Questions	Population *Type of Professional* *Country of CJS* *Sample Size*	Intervention *Study Design* *Data collection* *Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
Butterby & Donovan (2023)	To explore police responses to IPV incidents in same-sex couples, from the perspectives and experiences of police, police staff, support staff and victim-survivors.	Police officers & other police staff (19). Practitioners from support organisations (12) and victim-survivors (4). United Kingdom.	Qualitative study. Semi-structured interviews. Inductive thematic analysis – police staff and support practitioner interviews. Interpretative Phenomenological Approach (IPA) – victim-survivor interviews.	Comparisons between police, victim support practitioners and victim-survivors.	Behaviour – responses and support provided to IPV incidents. Cognition – perceptions on perpetrator/victim status and risk. Police considered that they provided equal support to all IPV incidents – following the same policies and procedures. Victim-survivors felt IPV incidents, risk and experiences not taken as seriously. Perceive inadequate responses. Focused primarily on gender, heteronormative & IPV myths and presence of physical injuries when responding to IPV incidents, assessing risk and providing support.	None outlined in study. No perspectives of those alleged to have engaged in the IPV – only recipients/victims. Behaviours and cognitions of support practitioners not sufficiently accounted for in findings.	A 'treating everyone the same' narrative is inadequate – those experiencing IPV within same-sex couples feel invisible, minimised, and misunderstood. Public story of IPV being male to female influences police responses – reforming public story. Legalisation of 'coercive control' not being recognised in practice where physical injury used to assess risk and relationship. Lack of understanding around risk in same-sex couples – training required. Audit and validation of IPV risk assessment tools used by police for relevance in same-sex IPV. Police need to build trust amongst same-sex couples.

Author & Publication Date	Aims or Research Questions	Population *Type of Professional* *Country of CJS* *Sample Size*	Intervention *Study Design* *Data collection* *Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
Cormier & Woodworth (2008)	To understand how the gender and sexual orientation of IPV victims and perpetrators influence students and police officers' perceptions of IPV.	Police officers. Canada. Undergraduate students (41 men, 67 women). Royal Canadian Mounted Police Officers (35 men, 27 women).	Quasi-experimental study. Published journal article. Survey consisting of vignettes and questions adapted from Harris and Cook (1994). Mixed factorial design (ANOVA) – participant gender and occupation as between subjects' variables and four vignettes, adapting victim and perpetrator gender, as within subjects' variables.	Comparisons made between police officers and students, victim and perpetrator gender and participant gender.	Cognition – perceptions of IPV abuse severity. Both students and police rated abuse severity highest for male-female scenario. Police rated abuse severity higher than students for female-male, male-male and female-female scenarios.	First study to measure RCMP attitudes and first study of its kind using a Canadian population. Moderate sized self-selected convenience sample. Ethnic homogeneity (Caucasian) – impacts generalisability. Within subjects' design may have increased participant inference of study purpose. Social desirability effects - not responding honestly if concerned about being biased or homophobic. Self-report – may be discrepancies between actual behaviour.	Police greater sensitivity to male and same-sex victims than students (do take any incident of IPV seriously), but bias still exists (not viewing IPV between same-sex couples as severe as male-female). Future research – use a larger and more generalisable sample by considering the whole Canadian population and police detachments across the country. Future research –consider measures of homophobia, social desirability and cross-cultural differences. Future research – compare police experiences of different types of IPV and effectiveness of training programmes.

Author & Publication Date	Aims or Research Questions	Population *Type of Professional Country of CJS Sample Size*	Intervention *Study Design Data collection Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
Cox, Meaux, Stanziani, Coffey & Daquin (2021)	To examine prosecutor's decision-making on IPV cases. To examine the extent to which sex and sexual orientation of the defendant-victim relationship impacts decision-making.	107 prosecutors (state, county, city or federal). 58 men, 49 women. United States – 15 states represented.	Quasi-experimental study. Survey consisting of IPV vignette adapted from Kristiansen & Giulietti, (1990) and Stanziani et al., (2018) – gender and sexual orientation of defendant-victim adapted. Series of regression analyses.	Comparisons between four different relationship dyads (male-male, female-female, male-female, female-male).	Behaviour – decisions made regarding prosecution. No impact of sex or sexual orientation of defendant and victim on prosecutors' decision-making around proceeding with charges, severity of charge chosen, and harshness of plea bargain offered. Prosecutors were more willing to proceed without victim cooperation if victim female – but no difference if female in same-sex or opposite-sex couple. Perceived males in opposite-sex couples to be more aggressive than females in opposite-sex couples.	9.22% response rate. Only included fully complete data. Lacked ecological validity – stimulus materials not reflective of wealth of information prosecutors would normally have available. Participants self-selected, volunteered – may have bias towards IPV – generalisability unclear. Biases towards gender, sexuality and gender roles not investigated. Race and ethnicity of defendant/victim not stated within vignette – assumptions made which may have impacted decision-making.	Sex and sexual orientation within IPV incidents do not overly impact prosecutorial decision-making. Attitudes potentially changing within society. Finding regarding proceeding without cooperation, IPV against female may be seen as greater worthiness of intervention. Future research should examine effect of geographic location to account for impact of political and demographic factors on decision-making.
Cox, Daquin & Neal (2022)	To examine the role of prosecutor implicit biases and defendant and victim	201 prosecutors. (58.2% male, 41.8% female). United States.	Quasi-experimental study. Two implicit association tests measuring gender attitudes and attitudes	Comparisons between four different relationship dyads (male-male, female-	Behaviour – decisions made regarding prosecution. Prosecutors more likely to prosecute under severest penalty and offer most	Only included fully completed data. Comprehensive case file given to prosecutors, not a vignette – greater ecological validity.	Promising findings – relationship dyad prosecutor biases do not impact on prosecutor's decision-making in IPV cases.

Author & Publication Date	Aims or Research Questions	Population *Type of Professional Country of CJS Sample Size*	Intervention *Study Design Data collection Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
	gender and sexual orientation on prosecutor's decision-making.		towards individuals who identify as lesbian, gay, bisexual and queer. Survey following an IPV case file – 4 conditions manipulated based on relationship dyad presented in case file. Chi-square and logistic regression analyses.	female, male-female, female-male).	severe plea deal when opposite-sex couple or victim female. Gender and sexual orientation did not significantly affect prosecutors' decision-making on seeking a criminal indictment or offering a plea deal. Implicit biases did not relate to prosecutors' decision-making.	Utility of IAT outside of a laboratory setting has been questioned. Race and ethnicity of defendant/victim not stated within vignette – assumptions made which may have impacted decision-making.	Questions outstanding on why there are disparate criminal justice outcomes for IPV incidents in same-sex couples. More research is needed into prosecutor's decision-making. Exploration of the intersectionality between gender, race and sexual orientation also important and required.
Franklin, Goodson & Garza (2019)	To identify whether police officers hold homophobic attitudes. To identify whether police officers support heteronormative myths about IPV.	Police officers. United States – one of the five largest US cities – didn't specify which. 467 police officers. (354 men, 113 women).	Quasi-experimental study. Published journal article. Online survey that was part of a larger study investigating effects of training programme on police response to sexual and family violence.	Comparisons made between police officers' response to heterosexual (male-female), female same-sex and male same-sex couples.	Behaviour – arrest likelihood. Police less likely to make arrest when IPV between a same-sex couple – greatest arrest likelihood when IPV between opposite-sex couple. However, arrest likelihood not predicted by explicit homophobic attitudes.	20% response rate and 50% completion rate out of total possible sample – only used completed data. Did not ask participants about their real-life experience responding to same-sex IPV. Did not compare to a heterosexual female perpetrator.	Findings confirm presence of adverse attitudes towards same-sex IPV. (implicit bias, not overt). Provide insight into quality of interaction same-sex IPV victims have from police. Future research – do providers of service delivery have similar attitudes?

Author & Publication Date	Aims or Research Questions	Population *Type of Professional Country of CJS Sample Size*	Intervention *Study Design Data collection Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
	**Focus on identifying which factors most likely to predict police arrest decisions.	(254 white, 98 Latino, 72 African American, 31 Asian, 2 Native American, 10 Other).	12 vignettes modified from Menaker and Franklin (2015) to reflect police interventions and variable of interest. -4 opposite-sex, 4 female same-sex, 4 male same-sex -participants randomly assigned to one. Between subjects' factorial design. Multivariate ordinary least squares (OLS) regression (research question 3). Post hoc analyses including ANCOVA.		Presence of physical evidence (physical injury) strongest predictor of arrest. Arrest likelihood increased as importance placed on police processes increased. Likelihood of arrest decreased as adherence to heteronormative myths increased, regardless of sexual orientation of couple.	CNS of the Homophobia Scale used – does not measure attitudes towards gay men and lesbian women separately. Research has shown vignettes (intentions to act) have predicted actual behaviour. Part of a larger project that included training on gender violence and response to sexual assault – may have impacted findings.	Police training on demolishing misinformation surrounding same-sex IPV and addressing heteronormative IPV myths. Future research – consider effects of police officer experience in responding to IPV on their arrest decisions.
Goodson (2023)	To understand whether, and how much, police officers attribute culpability to same-sex IPV victims.	Police Officers. United States – one of the five largest US cities – didn't specify which.	Quasi-experimental study. Published journal article. Online survey that was part of a larger study investigating effects of training programme on	Comparisons of police officers' attributions of victim culpability between male-male and female-female	Cognition – perceptions of victim culpability. Average/relatively low levels of culpability attributed to victims of IPV in same-sex couples.	17.40% response rate and 32.69% completion rate - only used completed data. Did not compare findings to victim culpability attributions in scenarios of IPV opposite-sex couples – could then determine whether police	First finding unexpected, based on previous research expected greater levels of culpability attributed to same-sex IPV victims. Still any level of victim culpability problematic - less

Author & Publication Date	Aims or Research Questions	Population *Type of Professional Country of CJS Sample Size*	Intervention *Study Design Data collection Analysis*	Comparator	Outcome *Attitudes Identified – mapped onto Breckler's ABC model e.g., Affective, Behavioural or Cognitive Components of Attitudes*	Strengths & Limitations	Implications & Recommendations
	To identify whether police officers make different culpability judgements between male and female victims of same-sex IPV. To understand how police officer demographics, occupational characteristics, attitudinal and experimental factors impact attributions of culpability towards victims of male and female same-sex IPV.	305 police officers. (subsample of wider survey that included same-sex IPV vignette).	police response to sexual and family violence. 12 experimental vignettes taken and modified from Menaker and Franklin, (2015), to depict variables of interest. -participants randomly assigned to one. Between subjects' factorial design. RQ1 – descriptive statistics. RQ2 – t-test RQ3 – multivariate ordinary least squares regression. RQ4 – stepwise split-samples multivariate ordinary least squares regression.	same-sex IPV scenarios.	Levels of culpability attributed did not differ between males and females in same-sex relationships. Attributions of culpability towards same-sex IPV victims increased by adherence to heteronormative myths and trauma misperceptions. Perceptions of victim culpability decreased by presence of physical injury evidence. Police officers of colour attributed significantly less culpability to IPV victims compared to white police officers.	officers attribute more blame to same-sex victims than opposite-sex victims? Social desirability bias likely to be present/explain some of the findings – recent training on best practices likely to have impacted, not controlled or accounted for. Vignettes depicted physical violence only, ignored other types of IPV. Heteronormative language and heterosexist narrative adopted within IPV myth endorsement scale – does not reflect accurate understanding of same-sex IPV dynamics.	support received/denied full protection. Police officer training should focus on gender dynamics within IPV and cultural competency to try and decrease attributions of victim culpability. Future research – explore police officers' perceptions and responses towards same-sex IPV involving additional types of violence e.g. psychological, sexual – not just physical IPV. Future research – repeat study with police officers in rural areas with more homogenous population.
Hirschel & McCormack (2021)	To identify factors associated with	Police Officers. United States.	Quantitative descriptive study.	Comparisons made between dyad of the	Behaviour – arrest or not, and if arrest, single or dual arrest.	Known variables to impact arrest e.g. whether offender was present on scene when	Despite attempts to better laws and policies, some subgroups e.g. same-sex

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	arrest in cases of IPV and whether these differ between opposite sex and same-sex couples. To identify which factors are associated with a double arrest (both victim and perpetrator) in incidences of IPV. To determine whether factors related to a double arrest in IPV incidences differ for opposite sex and same-sex couples. ***Focus on RQ2 & RQ4*	2,625,753 cases. Represented all 35 states that contribute to the NIBRS.	Published journal article. 2000 – 2009 National Incident-Based Reporting System data (NIBRS). Selected cases that involved aggravated assault, simple assault or intimidation and those that involved an intimate relationship between the victim and offender in both same-sex and opposite-sex relationships. Omitted cases that involved more than two victims or offenders. Analysis involved ANOVA, contingency tables & effect sizes (chi square), multilevel logistic regression models.	couple – same-sex (female-female, male-male) or opposite sex (female-male, male-female).	Arrest less likely for incidents involving same-sex couples and two Black individuals (for simple assault and intimidation). Arrest even less likely for female same-sex couples than male same-sex couples. No significant differences between opposite-sex and same-sex couples in likelihood of arrest for aggravated assault. Double arrest more likely for same-sex IPV incidents, and greater for male same-sex than female same-sex – but dual arrest reduced as offence severity increased. Little to no difference in arrest rates between couples when in state with mandatory arrest law.	police arrived, are not captured within the NIBRS database. NIBRS database not representative of all US law enforcement agencies and relating populations (less than one third). Could not determine percentage of dual arrests that were unjust.	couples, still experience police response differently. Develop protocols and provide training to improve attitudes towards same-sex couples to ensure all receive equal treatment from the law. Future research – examine the interaction of gender and race on arrest rates.

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Lantz (2020)	To compare three different case outcomes (victim cooperation, police arrest and prosecution decision) between a) general assaults and specifically IPV, b) male IPV perpetrators and female IPV perpetrators and c) opposite-sex and same-sex couples. ***Focus on outcomes relating to police arrest and prosecution for same-sex IPV.*	Police officers and prosecutors. United States. Does not state specific sample size. States that a 'large number of cases' were included.	Quantitative descriptive study. Published journal article. 2016 National Incident-Based Reporting System data (NIBRS). Coded incidents involving a spouse, common-law spouse, ex-spouse, boyfriend/girlfriend, or homosexual partner, as IPV not general assault. Binary logistic regression.	Comparisons made on case outcomes between different couple dyads – same-sex (female-female, male-male) or opposite sex (female-male, male-female).	Behaviour – arrest rates and prosecution rates. Prosecution unlikely to be denied for male perpetrated IPV (increased willingness to prosecute) – found for same and opposite sex IPV, but greater in same-sex IPV. Sex of the perpetrator impacted decision to arrest, more than sexual orientation – specifically, female IPV perpetrators more likely to be arrested than male IPV perpetrators, regardless of sex of victim.	NIBRS database currently only represents about 29.3% of the US population/28% of crime in the US (McCormack et al., 2017) – limits representativeness of data. Data collected within NIBRS prevents analysis of transgender individuals within relationship dyads. Included control variables relating to offender, victim and offence characteristics. Mandatory arrest policies that may impact decisions to arrest, could not be accounted for. Only included physical IPV.	Expands previous literature by providing an effective comparison group to understand the role of both gender and sexual orientation on case outcomes. Future research – follow similar methodology/effective comparison group. Future research – examine effects of mandatory arrest policies on same-sex IPV compared to opposite-sex IPV. Future research – examine differences in sexual and emotional IPV, as well as relationship dissolution, quality of violence and psychological trauma.

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Pattavina et al. (2007)	To understand the role of specific legal, situational and individual factors in predicting arrest in same-sex and opposite-sex IPV incidents.	Police Officers. United States. 176,488 cases.	Quantitative descriptive study. Published journal article. 2000 National Incident-Based Reporting System data (NIBRS). Incidents consisting of intimate partner assaults (aggravated assault or simple assault) and intimidation were included. Only included those involving one victim and one offender. Individual factors e.g. race, sex and sexual orientation. Situational factors e.g. offence location and seriousness.	Comparisons between same-sex couples and opposite-sex couples.	Behaviour – arrest or not. Arrest rates relatively equal for IPV incidents involving same-sex couples (male and female combined) and opposite-sex couples. Mandatory arrest law had greatest effect on increasing arrest likelihood in female same-sex IPV, and there was little difference between the effect offence severity had on arrest rates in female same-sex couples. No statistically significant relationship between mandatory arrest laws and arrest for male same-sex IPV – offence seriousness (greater) was a more influential predictor (compared to female same-sex IPV). Associated factors findings diverge when only mandatory arrest states	2000 NIBRS database only incorporated data from 19 US states. Captures police response to same-sex IPV within a natural environment *(less artificiality tha~~t~~n studies using scenarios methodology)*. Large sample size increased chances of significant findings – interpret results with caution (focus on marginal effects). Issues with examining police reports – only more serious cases of IPV may be brought to attention of police. Details regarding arrest decision-making processes or other known factors associated with arrest are not captured in the NIBRS.	Combining male and female same-sex couples into one variable and controlling for legal, situational and individual factors indicates only small differences in police response to IPV in same-sex and opposite-sex couples observed. Demonstrated different factors to predict police response to female and male same-sex IPV. Highlight importance of including same-sex couple gender as separate category when researching same-sex IPV. Future research should focus on addressing limitations raised.

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			Legal factors e.g. state laws defining arrest requirements.		considered – offence seriousness was strongest predictor for arrest in female same-sex IPV; inclusive language was strongest predictor of arrest for male same-sex IPV.		
Paulson (2009)	To compare psychologists' and police officers' perceptions of same-sex and opposite-sex IPV and endorsement of heterosexist attitudes and domestic violence myth acceptance.	Police officers (73) and psychologists (64). United States.	Quasi-experimental study. Online survey following vignettes of IPV incidents (adapted from Harris & Cook, 1994; Seelau, Seelau and Poorman, 2003), where relationship dyad was manipulated – gender neutral names used. Questionnaires regarding heterosexism and domestic violence myth acceptance. Multiple analyses of variance were conducted and regression analyses.	Comparisons between different professionals (police officers. psychologists) . Comparisons between 2 different relationship dyads (same-sex and opposite-sex).	Cognition – perceptions of IPV incident. Lack of significant differences between police officers and psychologists in perceptions towards same-sex and opposite-sex IPV. Police perceived IPV incidents in general to be less severe than psychologists and believe that the couple more likely to resolve conflict non-violently – no differences between same-sex and opposite-sex couples. Police endorsed more IPV myths and heterosexist attitudes than psychologists,	Not guaranteed that psychologists had worked with people who engage in/alleged to have engaged in same-sex IPV. Sample recruited from one state – representativeness and generalisability limited. Self-selection bias possible. Did not break relationship dyad down further into gender of couples. Hypothetical scenarios and subsequent responses used – may not accurately reflect real-life responses to IPV (generalisability).	Same-sex IPV is recognised by police and psychologists, but prejudiced beliefs remain. Encouraging individuals within same-sex couples to contact the police may result in a better response than expected. Further training required for both groups on IPV and the negative effects of heterosexism. Police also need training on the similarities and differences between same-sex and other-sex, and the effects of heterosexist attitudes on their response to

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					particularly male police officers. IPV myth acceptance predicted perceptions of IPV severity and mutual partner responsibility.	Differences in professional training accounted for and commented on in relation to findings. Social desirability possible, particularly in relation to psychologists' perceptions.	IPV and subsequent implications to victims e.g., undermining ability to meet their needs. Qualitative interviews may provide more nuanced and detailed data.
Russell (2018)	To examine the effects of gender and sexual orientation on perceptions of an IPV incident. To examine integral constructs within police officer risk assessment. *Constructs included 1.Culpability of perpetrator and victim – measured by*	273 Police Officers. United States – 27 states. Ready access to police officers and use of snowballing sampling technique. Descriptives of population characteristics provided e.g. age, ethnicity.	Quasi-experimental study. Published journal article. Online survey. Scenarios provided depicting an IPV incident in which gender and sexual orientation of perpetrator and victim were altered – adapted from Finn and Stalan (1997). Between subjects' design - 2 (perpetrator gender) x 2 (sexual orientation of couple).	Comparisons made between four dyads: 2 same-sex (male-male, female-female). 2 opposite-sex (male-female, female-male).	Cognition – perceptions of IPV incident. No significant differences in perceptions of blame, responsibility, intent to injure partner or danger to family members, between perpetrator sexual orientation or gender. Police officers rated male against female IPV to pose greater threat of danger to others, than male and female same-sex IPV or female against male IPV. Female perpetrators in same-sex couples and male perpetrators in opposite-sex	Limited ecological validity – experimental design which enables greater control in extraneous variables but cannot determine how police officers would respond to IPV in real-world incident.	Police perceptions of potential danger, likelihood of past or future harm and victim credibility in IPV incidents is impacted by sexual orientation – may dismiss potential danger and/or seriousness, making less likely to arrest or provide necessary resource. On variables that displayed no significant differences (particularly those relating to culpability), police perceptions of IPV perpetrators were similar despite their gender or sexual orientation.

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	perceived danger, family, responsibility and intent to injure partner. *2.Likelihood of causing past and future harm – for perpetrator and victim.* *3.Credibility of perpetrator and victim and perceptions of mental illness.*		Multivariate analyses.		couple more likely to have been deemed as having harmed their partner in the past. Differences in perceptions of victim responsibility based on gender, but not between same-sex and opposite-sex couples e.g., victims of female perpetrators considered more responsible for IPV and greater danger to family members, than victims of male perpetrators. e.g., victims of male perpetrators considered to be more credible. e.g., victims of female same-sex and male opposite-sex perpetrators considered to display greater thoughts and behaviours indicative of mental illness.		Provides insight into officer's perceptions of IPV. Supports previous research explaining how gender and sexual orientation may cause differential treatment in IPV incidents. Future research – use video clips alongside case descriptions. Future research – manipulate scenarios to include more ambiguous IPV incidents. Provide information to officers on sexual minority IPV to ensure response is safe and just. May help victims to report if greater confidence they will receive appropriate resources and safety measures.
Russell & Sturgeon (2019)	To understand police officers' perceptions of IPV incidents in	309 Police officers.	Quasi-experimental study. Published journal article.	Compared four types of same-sex and	Behaviour – arrest of, and willingness to make referrals for, perpetrator and victim.	Broad definition for 'years of experience with IPV'.	Differential perceptions occur amongst officers based on gender and sexual orientation of IPV incident.

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	opposite-sex and same-sex couples. To determine how police evaluations of IPV incidents in same-sex and opposite-sex couples is impacted by officer experience, and frequency and recency of IPV training.	United States – 27 states. Convenience sample and snowball sampling techniques. Descriptives of population characteristics provided e.g. age, ethnicity.	Online and paper survey. Scenarios provided that detailed an IPV incident between either a opposite-sex or same-sex couple – modified from Finn and Stalans (1997). Between subjects' design - 2 (perpetrator gender) x 2 (sexual orientation of couple). Multivariate analyses.	opposite-sex couples.	Cognition – perceptions of fairness of non-arrest and victim injury severity. Officers perceived use of non-arrest options to be fairer in male-male and female-male cases. Less officer experience, more likely to use non-arrest options – however non-significant effect once officer experience controlled for. No significant effects on arrest or referral to counselling between different couple dyads. Police officers perceived fairer to refer same-sex couples to IPV hotline or shelter, than opposite-sex couple, and considered severity of victim injury to be lower for same-sex couples than male-female couple, but not significant.	Association between officer evaluations of fairness of non-arrest options and actual behaviour (arrest) was inconsistent. Additional variables that may influence perceptions of IPV, such as officer socioeconomic status, officer sexual orientation, personal experience, were not investigated. Small effect sizes.	Consider IPV between male-male and female-male as less serious but did not impact arrest decisions (these were equal). May struggle to identify perpetrator and victim in same-sex IPV incidents (referrals). Increased officer experience may reduce differences in perceptions between gender and sexual orientation of couple. Officers' evaluations impact safety and justice of victims and undermine trust in law enforcement – need improving. Future research – explore focus of police IPV training – does it neglect same-sex IPV? What does it need to target based on attitudes found?

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Younglove, Kerr, Vitello (2002)	To understand whether police officers' responsibilities are impacted by their personal perceptions on homosexuality and same-sex couples.	82 police officers. United States – midsize Californian city.	Quasi-experimental study. Published journal article. In-person, paper completion. Scenarios provided that described IPV incident that manipulated sexual orientation of couple involved – one scenario per participant. Analyses of variance performed.	Comparisons between three types of couples (female-female, male-male and heterosexual) and one couple in which sexual orientation was not indicated.	Cognition – perceptions on same-sex IPV, application of stereotypes. Behaviour – likelihood of arrest, referrals to services. No differences found in police perceptions of IPV based on sexual orientation of the couple e.g., injury severity, determining scenario to be IPV. (Police did not perceive same-sex IPV differently to opposite-sex IPV incidents). Police officers were more likely to make an arrest than make a referral to support services – but no differences between relationship dyads.	First study to measure effects of gender and sexual orientation on police attitudes to IPV. Relatively small sample, but no reason to believe officers in this study less reliant on stereotypes than rest of society. Although only give one scenario, those with same-sex scenario may have identified study purpose. Measured perceptions and how *would* behave, rather than actual behaviour.	Contradicts beliefs that homophobia prevents police responding appropriately to same-sex IPV incidents. Domestic violence training police in the department received had been changed to include legal mandate requiring same-sex couples – despite any individual perceptions, police can comply with policy and law. Future research – test larger samples in different locations. Future research – investigate effect of police officer sexual orientation on perceptions towards same-sex IPV. Future research – increase ecological validity by identifying how police officers respond to same-sex IPV incidents in real life.

Data Synthesis

Aims of the Included Articles

In accordance with Breckler's tripartite ABC model of attitudes (1984), all fourteen studies included in the review aimed to explore at least one attitude component. Seven studies aimed to measure a behavioural component of attitudes that professionals, within the CJS, hold towards incidents of IPV in same-sex couples, such as the likelihood of making an arrest or proceeding with a prosecution and the willingness to offer support. Four studies aimed to investigate a cognitive attitudinal component, such as perceptions of risk, abuse severity and victim culpability within incidents of IPV in same-sex couples. Three studies aimed to measure both behavioural and cognitive components. No studies were identified that aimed to measure the affective, automatic emotional response to incidents of IPV in same-sex couples.

Within the fourteen included studies, nine studies also explicitly aimed to investigate the association and effect of different factors on each attitude component, such as legal, situational, personal and demographic factors. In addition, all included studies aimed to primarily compare attitudes towards IPV incidents in different relationship dyads, e.g. same-sex couples and opposite-sex couples. Twelve studies aimed to further investigate the effect of gender in each relationship dyad on attitudes, and three studies also aimed to explore differences in attitudes held between different population groups.

Professional Population within the Included Articles (Study Sample)

Three studies included more than one population group and compared attitudes held between police officers, support practitioners and victim-survivors (Butterby & Donovan, 2023), police officers and students (Cormier & Woodworth, 2008), and police officers and psychologists (Paulson, 2009). One study included both police officers and prosecutors, but did not make direct comparisons between the attitudes held by both population groups (Lantz, 2020). A further eight studies solely investigated the attitudes held by police officers and two studies only investigated the attitudes held by prosecutors. In twelve out of the fourteen studies, the population group was sampled from the United States. One study used a professional population from the United Kingdom and one study gathered their study sample from Canada.

Findings of the Articles Included in the Current Review

Qualitative Study Included in the Current Review

Butterby and Donovan (2023) were the only researchers included in the current systematic review to use a qualitative design. They used semi-structured interviews to measure both behavioural and cognitive components of UK police officers', support practitioners' and victim-survivors' attitudes towards same-sex IPV incidents. They also analysed factors that may be associated with these attitudes. They found that police officers considered themselves to provide equal support to all IPV incidents by following the same policies and procedures regardless of the relationship dyad. Alternatively, victim-survivors felt that their same-sex IPV experiences and risk to themselves were not taken as seriously as IPV in other relationship dyads. They perceived the police to respond inadequately to same-sex IPV.

Butterby and Donovan (2023) also found that gender, heteronormative and IPV myths and the presence of physical injuries were strong factors influencing police officers' decision-making. For instance, some participants identified that they are more likely to view same-sex IPV as 'mutual' due to perceptions that same-sex partners are more 'equal' in terms of power and strength. Subsequently, these factors are likely to influence the attitudes that police officers hold and therefore demonstrate when responding to IPV incidents, assessing risk (using police risk assessment tools) and providing support.

Butterby and Donovan's (2023) study methodology was considered to have an appropriate quality level, according to the MMAT quality assessment tool (Hong et al., 2018). A qualitative design enabled exploration of different population groups perspectives. The use of semi-structured interviews and an inductive thematic analysis with police staff enabled patterns to be identified, whereas a more open interview style and subsequent Interpretative Phenomenological Analysis with victim-survivors ensured focus remained on meaning-making from victim-survivors experiences. Butterby and Donovan (2023) continued to reflect this approach in their synthesis, ensuring that their findings and interpretation were derived and substantiated by concrete data.

However, although Butterby and Donovan (2023) reported that they interviewed practitioners from support organisations, the behavioural and cognitive attitudes of support practitioners were not sufficiently accounted for in the analysis and interpretation of findings. Maintaining stronger coherence between data sources, collection, analysis, and interpretation would have further strengthened the quality of Butterby and Donovan's (2023) study.

Quasi-Experimental Studies Included in the Current Review

Nine studies included in the current review used a quasi-experimental design to measure the attitudes that professionals, within the CJS, hold towards incidents of IPV within same-sex couples. Eight studies provided participants with a vignette that described an IPV incident. The experimental conditions were manipulated based on the gender and sexual orientation of the relationship dyad presented in the vignette. Participants were often randomly assigned to one experimental condition and asked to complete a survey that investigated their attitudes towards the IPV scenario presented in the vignette. Cox et al. (2022) adopted a similar design, however, they presented participants with a more comprehensive case file, as opposed to a shortened vignette.

Types of Attitudes Found Within the Quasi-Experimental Studies. Within the surveys provided to participants, five studies included a measure of the behavioural component of attitudes and six studies included a measure of the cognitive component of attitudes (Breckler, 1984).

Behavioural Attitudes. Younglove et al. (2002) found that police officers were more likely to make an arrest, within an IPV scenario, than make a referral to an appropriate support organisation. However, no differences were found in police officers' behaviour pattern towards IPV in different relationship dyads e.g., same-sex and opposite-sex couples. Similarly, Russell and Sturgeon (2019) found no significant effects on police officers' likelihood of making an arrest or making a referral to counselling services between different relationship dyads. Nonetheless, Franklin et al. (2019) identified that police officers were significantly less likely to make an arrest when an incident of IPV occurred between a same-sex couple, compared to an opposite-sex couple.

Regarding prosecution decision-making, Cox et al. (2021) found that neither the gender nor the sexual orientation of the defendant and victim impacted prosecutors' decision to proceed with charges, prosecute under a severe charge or offer a severe plea bargain. Prosecutors were more likely to proceed with prosecution without victim cooperation if the victim was female, but no differences were observed if the female victim was in a same-sex or opposite-sex couple. Furthermore, when presenting a comprehensive case file to prosecutors, Cox et al. (2022) found that the nature of the relationship dyad did not significantly affect prosecutors' decision to seek a criminal indictment or offer a plea deal. However, they did identify that prosecutors were more likely to prosecute under the severest penalty and offer a

more severe plea deal when the IPV incident involved an opposite-sex couple compared to a same-sex couple (regardless of gender), or when the IPV incident involved a female victim compared to a male victim (regardless of sexual orientation).

Cognitive Attitudes. Cormier and Woodworth (2008) found that police officers considered incidents of IPV amongst an opposite-sex couple, specifically male to female, to be more severe than IPV incidents amongst any other relationship dyad. Similarly, Russell (2018) found that police officers considered male to female IPV to pose a greater threat of danger to others, than female to male IPV or IPV in same-sex couples. However, police officers were more likely to assume that female perpetrators in a same-sex couple had engaged in previous IPV towards their partner, than female perpetrators in an opposite-sex couple, and victims in female same-sex relationships were more likely to be assumed to suffer from a mental illness than victims of female perpetrated IPV in opposite-sex couples.

Russell and Sturgeon (2019) also found that police officers perceived a victim's injuries to be less severe if they occurred within a context of same-sex IPV, compared to male to female IPV; however, this finding was not significant. They further found that police officers perceived making referrals to IPV hotlines or shelters to be fairer strategies than arrest for IPV incidents in same-sex couples, compared to opposite-sex couples, and the use of additional non-arrest options, such as giving informal advice and offering mediation, were considered fairer and more appropriate strategies to use by police officers in male to male same-sex IPV than in other IPV dyads. Although these perceptions did not create any differences in the decision to make an arrest amongst different relationship dyads (behavioural attitudes), it suggests that police officers may still consider IPV in same-sex couples, particularly male-male same-sex couples, to be less severe than IPV in opposite-sex couples.

In contrast, Younglove et al. (2002) identified that police officers' perceptions towards incidents of IPV did not differ amongst different relationship dyads. For instance, regardless of the nature of the relationship dyad presented in the scenario, police officers considered the incident to be IPV, as opposed to general assault, and did not consider any differences in the severity of injuries described. Similarly, Paulson (2009) found that whilst police officers perceived IPV incidents to be less severe than psychologists, they did not perceive any differences in incident severity between same-sex and opposite-sex couples. Russell (2018) also observed no significant differences amongst police officers' perceptions of blame, responsibility, intent to injure or potential danger to family members between same-sex IPV

and opposite-sex IPV. In addition, although they did not compare police officers' perceptions towards IPV incidents in both same-sex and opposite-sex couples, Goodson (2023) found that police officers attributed relatively low levels of culpability to victims of same-sex IPV, and the levels of culpability attributed to victims did not differ between male and female same-sex IPV.

Factors Associated with Identified Attitudes in the Quasi-Experimental Studies. Nonetheless, Goodson (2023) also identified that attributions of culpability towards same-sex IPV victims increased as police officers' adherence to heteronormative myths and trauma misperceptions increased. Similar to heteronormative myths, trauma misperceptions relate to an expectation that victims will respond in a particular behavioural manner, and if they do not, they may be perceived as deceptive or not credible (Goodson, 2023).

Analysis of heteronormative attitudes and IPV myths may also begin to explain the differences that Paulson (2009) found between the cognitive attitudes held by police officers and psychologists. For instance, police officers endorsed more heteronormative attitudes and IPV myths than psychologists and, consequently, perceived IPV incidents in general to be less severe than psychologists. Similarly, whilst Franklin et al. (2019) identified that arrest likelihood was not predicted by explicit homophobic attitudes, they also found that the likelihood of arrest decreased as adherence to heteronormative myths increased, irrespective of the nature of the relationship dyad.

Cox et al. (2022) further investigated the effect that prosecutors' implicit biases had on their decision-making (behavioural attitudes). Implicit biases occur when a social concept such as gender roles and same-sex couples, are given an evaluation e.g., good/bad, often unconsciously (Cox et al., 2022). They found that implicit biases did not relate to, and therefore did not impact, prosecutors' decision-making on incidents of IPV in either same-sex or opposite-sex couples.

When measuring an association between demographic factors and police officers' attitudes, Goodson (2023) identified that police officers from a minority ethnic background attributed significantly less culpability to same-sex IPV victims compared to white police officers. Moreover, whilst Franklin et al. (2019) found that years of experience had no effect on police officers' decision to arrest, Russell and Sturgeon (2019) demonstrated that police officers with less experience were more likely to use non-arrest options such as giving informal advice and offering mediation, particularly in incidents of male to male same-sex IPV.

However, they also found that the frequency and recency of IPV training had no effect on the attitudes held by police officers towards incidents of IPV in same-sex or opposite-sex couples.

In addition, Franklin et al. (2019) identified that arrest likelihood increased across all relationship dyads, as police officers placed greater importance on police processes and procedures surrounding the handling of IPV incidents. They also found that the presence of physical injury evidence was the strongest predictor of arrest, irrespective of the relationship dyad. This finding was supported by Goodson (2023) who demonstrated perceptions of same-sex IPV victim culpability decreased when evidence of a physical injury was present.

MMAT Quality Assessment of the Quasi-Experimental Studies (Hong et al., 2018).

Participant Representativeness. Within all the nine quasi-experimental studies, only a portion of the target populations' (criminal justice professionals) attitudes were captured. This was due to multiple factors. For instance, although the sample size used within the studies ranged from 82 to 467, and power analyses indicated that the sample size used was appropriate for the number of variables being investigated (Cox et al., 2022), given that all but one of these studies was conducted in the United States – a country with a population size of approximately 336 million (U.S. Census Bureau, n.d.) – this raised an opportunity for a much larger, diverse sample size of criminal justice professionals to have been incorporated into each study. Cormier and Woodworth (2008) also indicated that their sample of Royal Canadian Mounted Police Officers had Caucasian ethnic homogeneity, which whilst representative of the local population, may not be consistent with, and representative of, all CJS professionals' ethnicities, and therefore attitudes, across Canada, the United States, and the wider world. The findings therefore relate specifically to the portion of criminal justice professionals captured in each study, which may impact on the generalisability of the current review's data synthesis.

Furthermore, Cox et al. (2021) reported a 9.22% response rate, Goodson (2023) reported a 17.4% response rate and Franklin et al. (2019) reported a 20% response rate out of all possible participants they approached. The relatively low response rates also highlight potential issues with participant recruitment methods and subsequent effects on participant representativeness. Participants in all nine studies voluntarily self-selected themselves to participate, often after researchers advertised the study to a convenient localised sample, or after participants shared the study themselves to professional colleagues (snowballing technique). This raises further questions about the representativeness of the sample, the characteristics and biases of participants who self-select, potential pre-disposition towards IPV,

feelings of obligation to participate and the influence of any incentives used. These factors may further impact on the reliability and validity of each study's individual findings and the quality of the overall data synthesis.

Appropriate Measures. Similar to self-selection biases, the use of a survey by all nine quasi-experimental studies involved data being collected through participant self-report. Self-report methods rely on respondent integrity, and consequently have a greater chance of participants responding in a dishonest and socially desirable manner (Cormier & Woodworth, 2008; Goodson, 2023; Paulson, 2009). This limitation may be greater in studies that disclosed the full nature of the study to participants prior to participation, if participants were concerned about being biased or homophobic, and/or where studies used a within subjects design that may have enabled participants to infer the study purpose (Cormier & Woodworth, 2008). Studies that used an element of deception (Cox et al., 2021; Russell, 2018) and/or a between subjects design may therefore have greater validity (Franklin et al., 2019; Goodson, 2023; Paulson, 2009; Younglove et al., 2002).

The use of vignettes within quasi-experimental studies may only measure intentions to act and not real-life experiences (Franklin et al., 2019; Russell, 2018; Younglove et al., 2002). However, research has demonstrated that vignettes can significantly predict actual behaviour (Franklin et al., 2019; Kim & Hunter, 1993). Seven studies indicated that they used vignettes taken from previously published research studies and adapted them dependent on their study variables of interest. This suggests that the vignettes have also previously been reliably used and reflect what they are intending to measure, strengthening each study's quality.

However, the vignettes constituted a brief description of an IPV incident that primarily focused on physical violence and neglected other types of IPV behaviours (Goodson, 2023). Including different types of IPV behaviours such as psychological and sexual IPV, may have resulted in different attitudes being shown. The short vignettes also do not reflect the wealth of information that CJS professionals would normally observe or have access to when responding to an incident of same-sex IPV (Cox et al., 2021). Whilst Cox et al. (2022) recognised this limitation and addressed it to an extent by giving prosecutors a comprehensive file of case information, affective responses and interpersonal observations were still diminished, continuing to reflect the high artificiality and low ecological validity amongst quasi-experimental studies (Franklin et al., 2019; Paulson, 2009; Russell, 2018; Younglove et al., 2002).

Participants in Cox et al. (2022) also completed the survey and implicit association tests online in their own private space. However, the utility of implicit association tests outside of a controlled laboratory setting have been questioned (Oswald et al., 2015), which reduces the appropriateness of this measure to investigate prosecutors' biases that may impact on their attitudes towards same-sex IPV. The use of the Cognitive Negativism Subscale (CNS), of Wright et al. (1999) Homophobia Scale, to measure heterosexist attitudes and heteronormative myths, also prevented detailed analysis of the effects of these endorsed myths and attitudes on CJS professionals' attitudes towards different same-sex IPV dyads, due to the CNS not differentiating attitudes towards homosexual men and women (Franklin et al., 2019; Goodson, 2023; Paulson, 2009).

Complete Data. Three studies did not report the percentage of outcome data completed, meaning interpretations could not be made on the inclusion of complete data or not. In addition, two studies indicated that they included participants with missing data, although they also did not report the percentage of complete data or how, if applicable, missing data was addressed. The acceptability of the inclusion of this incomplete data, and subsequently the acceptability of the study quality, could therefore not be determined (Russell, 2018; Russell & Sturgeon, 2019). However, four studies ensured that they only used fully complete data in their analyses (Cox et al., 2022; Cox et al., 2021; Franklin et al., 2019; Goodson, 2023), strengthening the quality of their individual study findings and the overall quasi-experimental data synthesis.

Confounders. Three studies commented on additional factors that they did not measure or account for within their study design and analysis. For instance, Cox et al. (2021) reported that they did not measure prosecutors' biases towards gender, sexuality, and gender roles. Russell and Sturgeon (2019) recognised that they did not investigate specific demographic factors that could have influenced perceptions of IPV, such as police officer socioeconomic status, sexual orientation and personal experience. Goodson (2023) and Franklin et al. (2019) also highlighted that their data formed part of a larger project that involved participants receiving training on gender violence. These factors may have unknowingly impacted CJS professionals' attitudes towards same-sex IPV, and subsequently distorted the findings and conclusions drawn. However, six studies did not report any additional extraneous variables that they did not account for in their study designs. Whilst it is possible that additional confounding factors were not considered or neglected in the study report, confounding bias is assumed to be low in most of the included quasi-experimental studies, due to greater experimental control, increasing the quality of the quasi-experimental data synthesis.

Intended Intervention. The study designs described in all nine quasi-experimental studies were administered as intended. The researchers did not report anything to indicate otherwise, increasing the reliability and validity of the study's findings. However, specific quasi-experimental studies could have been expanded. For instance, Franklin et al. (2019) did not investigate attitudes held towards female to male IPV in opposite-sex couples to enable comparisons with attitudes demonstrated towards female same-sex IPV. Paulson (2009) also did not break the relationship dyad down further to incorporate the gender of each couple. This would have enabled investigation into the differences in attitudes held towards IPV in both female and male same-sex couples. Furthermore, Goodson (2023) did not incorporate opposite-sex couples into their study design. This prevented attitude comparisons between relationship dyads to identify whether CJS professionals hold different attitudes towards IPV incidents in same-sex and opposite-sex couples. These revisions would have enhanced the depth of analysis and ensured that direct comparisons could be made between each study, increasing the robustness of data synthesis.

Descriptive Studies Included in the Current Review

Four studies included in the current review used a quantitative descriptive design to analyse arrest and prosecution data (behavioural attitudes) taken from the National Incident Based Reporting System (NIBRS). The NIBRS is a database in the United States that law enforcement agencies use to collect and report data on crimes.

Behavioural Attitudes Found within the Descriptive Studies. Two studies found arrest rates to be relatively equal across same-sex and opposite-sex couples (Addington, 2020; Pattavina et al., 2007), although Addington (2020) found slightly higher arrest percentages for incidents involving male victims that were either in same-sex or opposite-sex couples. Similarly, Lantz (2020) found that the alleged perpetrator's gender impacted police officers' decision to arrest more frequently than the sexual orientation of the couple i.e., same-sex or opposite-sex, with female perpetrators having a greater arrest rate than male perpetrators.

In contrast, Lantz (2020) also found that male perpetrators were more likely to be prosecuted, particularly when the victim was also male i.e., male same-sex couples. Alternatively, Hirschel et al. (2021) found that arrests were less likely to be made for IPV incidents involving same-sex couples, compared to opposite-sex couples, and arrests were even less likely for female same-sex couples compared to male same-sex couples. However, when an arrest was made following an IPV incident, double arrests of both perpetrator and victim

were significantly more likely in incidents involving same-sex couples, particularly male same-sex couples, compared to opposite-sex couples.

Factors Associated with Behavioural Attitudes in the Descriptive Studies. The differences in arrest rates that Hirschel et al. (2021) found between relationship dyads diminished when explicitly investigating US states with mandatory arrest laws. Mandatory arrest laws are present in 31 US states and require that police officers must make an arrest when there is a probable cause that the individual has committed an act of IPV. Addington (2020) also found that mandatory arrest laws increased the likelihood of an arrest being made in all relationship dyads, and Pattavina et al. (2007) demonstrated this effect to be greatest in incidents of IPV involving female same-sex couples. Furthermore, Addington (2020) found the recognition of same-sex marriage in some US states to be the greatest predictor of arrest in both male and female same-sex couples, even before same-sex marriage was formally legalised.

Situational factors specific to the IPV incident were also found to impact arrest and prosecution rates amongst the descriptive studies. For instance, Addington (2020) demonstrated that an arrest was more likely to be made for an aggravated assault compared to a simple assault in opposite-sex couples and male same-sex couples, and in both opposite-sex and same-sex couples an arrest was less likely to be made for incidents of intimidation compared to simple assault. Similarly, Pattavina et al. (2007) found that offence severity was a significant predictor of arrest rates in male same-sex IPV incidents, with the likelihood of arrest being greater for more serious IPV incidents such as aggravated assault. Alternatively, offence severity had little effect on arrest rates in IPV incidents involving female same-sex couples. However, when mandatory arrest laws were controlled for, offence seriousness became the strongest predictor for arrest in female same-sex couples and inclusive statutory language was the strongest predictor of arrest in male same-sex couples.

Specifically, Hirschel et al. (2021) compared the effects of offence severity on arrest rates between same-sex and opposite-sex couples and found that for IPV incidents of simple assault or intimidation, an arrest was less likely to be made for same-sex couples compared to opposite-sex couples. No difference was observed between relationship dyads for aggravated assaults. However, Hirschel et al. (2021) also found that the high rate of dual arrests in same-sex couples reduced as the offence severity increased.

Moreover, Hirschel et al. (2021) investigated the effect of victim characteristics on arrest rates and found that both a single and dual arrest were significantly less likely to be made when an IPV incident involved two Black individuals in either a same-sex or opposite-sex couple, and this difference also increased as the offence severity increased. However, in cases of aggravated assault, a dual arrest of two Black individuals was more likely than a dual arrest of two White individuals. Addington (2020) supports these findings by demonstrating that the victim's race significantly predicted arrest, with white male and female victims, in both same-sex and opposite-sex couples, increasing the probability of arrest.

MMAT Quality Assessment of the Descriptive Studies (Hong et al., 2018).

Sampling Strategy, Appropriate Measures and Analytic Methods. The mixed findings presented amongst descriptive studies may be impacted by differences in the datasets used. The four descriptive studies used appropriate statistical methods to analyse data taken from the NIBRS. The NIBRS was a relevant sampling strategy to address the research questions and provided complete data and appropriate measures of the behavioural component of attitudes (Breckler, 1984). However, the year from which the data was taken varies between studies. Both Addington (2020) and Lantz (2020) used data taken from 2016 which may explain the similarities they reported regarding arrest rates. Lantz also reported data on prosecution rates, however, Addington (2020) neglected this from their analysis. Incorporating both arrest and prosecution data would have strengthened data synthesis and supported an understanding of the trajectory of behavioural attitudes held by different criminal justice professionals towards incidents of IPV in same-sex couples.

Nonetheless, Pattavina et al. (2007) used data from 2000 and Hirschel et al. (2021) used data gathered between 2000 and 2009. This also accounted for significant differences in the sample size of each study – 176,488 cases in Pattavina et al. (2007) compared to 2,625,753 in Hirschel et al. (2021). Studies that use larger sample sizes are often considered to have greater statistical power, reliability and validity. However, they also increase the probability of finding a significant result by chance (Addington, 2020; Pattavina et al., 2007). This is a potential limitation of all four descriptive studies, as they each included a large number of cases.

Representative Sample. In addition, whilst the number of US states contributing to the NIBRS has increased over time, the NIBRS still does not incorporate data from all US states (Addington, 2020; Pattavina et al., 2007). Consequently, by using data taken from the NIBRS, the four descriptive studies were considered to use a population sample that only represented a

portion of the target population of CJS professionals (Hirschel & McCormack, 2021; Lantz, 2020). Findings may therefore be ungeneralisable to all criminal justice professionals in the United States and across the wider world. Alternate findings may be identified if all US states were included in the NIBRS.

Ecological Validity. The NIBRS database also does not capture information regarding arrest decision-making processes and other variables that are known to impact arrest, such as whether the alleged perpetrator was present on scene (Hirschel & McCormack, 2021). The sexual orientation and gender identity of the individuals arrested are also not directly recorded within the NIBRS (Addington, 2020; Lantz, 2020). The nature of the relationship dyad must subsequently be inferred from other data captured in the database, which may lead to biased interpretations amongst researchers and therefore unreliable findings.

However, the findings generated from the descriptive studies using the NIBRS database have less artificiality than quasi-experimental studies. The behavioural attitudes shown by police officers and prosecutors towards IPV incidents in same-sex couples have occurred within a natural, real-life environment (Pattavina et al., 2007). This strengthens the ecological validity of each study's individual findings and increases the quality of the data synthesis for the four descriptive studies included in the systematic review.

Discussion

Overview of the Current Review

The current review aimed to systematically analyse the literature regarding the attitudes that professionals, within the CJS, hold towards incidents of IPV within same-sex couples. This followed research identifying that individuals who experience same-sex IPV are reluctant to seek support as they fear and perceive a negative and biased response from public help sources, such as the CJS. Specific objectives of the current review therefore aimed to determine the types of attitudes that CJS professionals hold towards incidents of IPV in same-sex couples, and to identify factors that may influence the attitudes held by CJS professionals towards same-sex IPV. Within the discussion below, the current review's findings are then explored and juxtaposed with literature presented in the introduction, to discuss whether CJS professionals' attitudes support the beliefs and negative expectations held by individuals who experience same-sex IPV (objective three).

Fourteen articles were included in the current review following a robust search strategy and selection criteria. Each study's methodology was also quality assessed to determine the

potential for bias within the included studies. A narrative analysis was then used to synthesise data from each included article. Objective one determined that negative and biased attitudes that promote inequality towards incidents of IPV in same-sex couples were held amongst some professionals within the CJS. However, over half of the studies included in the current review found no difference in the attitudes that CJS professionals held towards incidents of IPV in same-sex and opposite-sex couples. Objective two identified that multiple macro and micro level factors influenced the attitudes held by professionals in the CJS, such as mandatory arrest laws and heteronormative and IPV myths.

Objective three suggests that the reluctance to seek support and the low confidence in and negative expectations of public help sources such as the CJS, are warranted and understandable perceptions to hold amongst individuals experiencing same-sex IPV. However, the findings also suggest that the negative and biased attitudes held by CJS professionals towards same-sex IPV are improving alongside liberalisation and equality laws and policies. The potential impacts of each article's quality assessment and the credibility of findings are further discussed in relation to each objective of the current review. Consideration is also given to implications for future research and practice, to help improve perceptions and enhance trust and confidence amongst individuals experiencing same-sex IPV; specifically, that appropriate receipt of public help sources will occur when seeking support through the CJS.

Types of Attitudes Held by Criminal Justice Professionals Towards Same-Sex IPV

In accordance with Breckler's tripartite ABC model of attitudes (1984), the current review identified that professionals within the CJS hold mixed attitudes towards IPV within same-sex couples. This attitudinal pattern was also consistent overtime. When viewed chronologically, the included studies continued to demonstrate mixed attitudes; no significant shift in CJS professionals' attitudes towards same-sex IPV was observed overtime.

Although no studies measured the affective component of attitudes, within both the cognitive and behavioural attitude components, negative and biased attitudes that promote inequality towards same-sex IPV were demonstrated amongst CJS professionals across all study designs. It is concerning that in six of the included studies, CJS professionals considered IPV in same-sex couples to be less serious and less relevant, and therefore less worthy of appropriate intervention, than IPV in opposite-sex couples. This was shown through severity perceptions (Butterby & Donovan, 2023; Cormier & Woodworth, 2008; Russell, 2018; Russell & Sturgeon, 2019) and decisions to arrest and prosecute (Cox et al., 2022; Franklin et al., 2019;

Hirschel et al., 2021). This finding supports the literature indicating negative and biased attitudes to occur across society towards IPV in same-sex couples (Graham et al., 2023; Savage et al., 2022), and also expands the literature by demonstrating an additional professional population group to respond in an unfavourable manner towards incidents of IPV in same-sex couples.

It is perhaps somewhat promising that over half of the included studies, again, across multiple different study designs, also found no difference between the attitudes that CJS professionals hold towards incidents of IPV in same-sex and opposite-sex couples. CJS professionals included in these studies both perceived (cognitive attitudes) and behaved (behavioural attitudes) very similarly towards IPV, regardless of the relationship dyad (Addington, 2020; Butterby & Donovan, 2023; Cox et al., 2022; Goodson, 2023; Pattavina et al., 2007; Paulson, 2009; Russell, 2018; Russell & Sturgeon, 2019; Younglove et al., 2002). This indicates that they attributed IPV in both same-sex and opposite-sex couples to be a serious and legitimate experience, that warranted arrest and/or prosecution. Whilst a significant shift in CJS professionals' attitudes towards same-sex IPV was not observed overtime, this promising finding contrasts published literature broadly investigating attitudes towards same-sex IPV. This may begin to reflect the increasing recognition and liberalisation of same-sex relationships within society (Kranjac & Wagmiller, 2022), and particularly within public help sources (Cox et al., 2021).

Nonetheless, when comparing perspectives held by CJS professionals and same-sex IPV victim-survivors, Butterby and Donovan (2023) argued that a 'treating everyone the same' narrative is inadequate, as individuals experiencing IPV in same-sex couples can feel invisible, minimised and misunderstood. An equal and undifferentiated response is perhaps neglecting the specific characteristics, needs and experiences associated with same-sex IPV (Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023). For instance, the increasing number of studies demonstrating a greater prevalence rate of IPV in same-sex couples compared to opposite-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran et al., 2012; Kar et al., 2023), may suggest that CJS professionals should consider same-sex IPV to have a greater relevance and worthiness of intervention than IPV in opposite-sex couples. This may be reflected in two studies included in the review that found 1) men in same-sex couples were more likely to be prosecuted than men in opposite-sex couples (Lantz, 2020), and 2) females in same-sex couples were more likely to be assumed to have engaged in previous IPV than females in opposite-sex couples (Russell, 2018). However, further analysis and

research, using both qualitative and quantitative designs, is required to determine whether these demonstrated attitudes are proportionate and appropriate to hold and generalise towards all incidents of IPV in same-sex couples.

Factors that Influence Criminal Justice Professionals' Attitudes Towards Same-Sex IPV

The findings in the current review support previously published literature by demonstrating that overtime, different factors at both the macro, systemic level and at the micro, individual level continue to influence the mixed attitudes held by CJS professionals towards incidents of same-sex IPV. At the macro level, the presence of mandatory arrest laws in the US, and the subsequent impact on attitudes held by CJS professionals, were most frequently discussed amongst studies included in the current review. Mandatory arrest laws reduced any differences found in the attitudes that CJS professionals held towards incidents of IPV between same-sex and opposite-sex couples (Addington, 2020; Hirschel et al., 2021; Pattavina et al., 2007). Similarly, the level of adherence that CJS professionals had towards policies and procedures (Franklin et al., 2019) and the legalisation of same-sex marriage (Addington, 2020) were also discussed as contributing factors to CJS professionals recognising the relevance and seriousness of IPV in same-sex couples. This further strengthens the literature and continues to suggest that the implementation of policies and laws has had a positive effect, helping to reduce stigma and promote equality, by forcing CJS professionals to recognise and/or respond differently to any personal biases or individual attitudes they may hold (Brown & Herman, 2015; Dotti Sani & Quaranta, 2020).

Macro, systemic factors are likely to have shaped the development of gender, heteronormative and IPV myths, and subsequent implicit biases held at a micro, individual level (Dotti Sani & Quaranta, 2020; Hayes & Boyd, 2017). For instance, the absence of mandatory arrest laws in the UK may contribute to the endorsement of heteronormative IPV myths that were shown to impact on attitudes towards same-sex IPV amongst a UK sample of CJS professionals (Butterby & Donovan, 2023). Although Cox et al. (2022) found that implicit biases did not impact the attitudes that CJS professionals held towards same-sex IPV, three US studies included in the current review also demonstrated that the individual level of endorsement that CJS professionals had towards heteronormative and IPV myths consistently positively correlated with an unfavourable and biased response to same-sex IPV (Franklin et al., 2019; Goodson, 2023; Paulson, 2009). This is reflected in the wider literature that clearly indicates individual endorsement of societal inequality significantly influences the attitudes

held towards IPV and same-sex IPV (Bawden et al., 2023; Graham et al., 2023; Savage et al., 2022; Yang et al., 2021). This finding also further demonstrates the interplay between macro and micro factors, and the strong impact that systemic factors have on contributing to individual and cultural attitudinal shifts across society, and particularly within frontline public help sources (Hayes & Boyd, 2017).

In accordance with the literature, studies included in the current review also highlighted that individual sociodemographic factors, such as the CJS professionals' experience (Russell & Sturgeon, 2019), the race of the CJS professional (Goodson, 2023) and the race of the individuals involved in the IPV incident (Addington, 2020; Hirschel et al., 2021), can influence the attitudes held by CJS professionals towards incidents of IPV in same-sex couples. Furthermore, situational factors specific to individual IPV incidents, such as evidence of physical injuries (Franklin et al., 2019; Goodson, 2023) and offence severity (Addington, 2020; Hirschel et al., 2021; Pattavina et al., 2007), were also recognised amongst five included studies to be key micro factors influencing the attitudes that CJS professionals demonstrated.

The literature has also demonstrated a significant number of micro factors to influence an individual's attitudes, all of which were not captured within the included studies, such as age (Dotti Sani & Quaranta, 2022), religious views (Ratcliff & Haltom, 2023) and previous experiences of IPV (Copp et al., 2019; Jacobson, 2013). However, in addition to aiding understanding of the improved attitudes demonstrated amongst some CJS professionals towards same-sex IPV, the associated factors identified in the current review may also begin to explain the different types of attitudes held by CJS professionals towards IPV in same-sex and opposite-sex couples, and specifically to help understand the negative and biased attitudes that some CJS professionals have continued to demonstrate towards same-sex IPV.

Do Criminal Justice Professionals' Attitudes Support the Fear and Negative Expectations Held by Individuals Experiencing Same-Sex IPV?

The current review's findings provide some evidence to support the negative expectations that individuals experiencing same-sex IPV have previously been shown to hold towards public help sources, such as CJS professionals (Santoniccolo et al., 2021). For instance, the current review identified that some CJS professionals do hold negative and biased attitudes towards same-sex IPV, that can promote inequality and prevent an appropriate and tailored response to incidents of IPV in same-sex couples (Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023). This suggests that the reluctance to seek

support, the low confidence in CJS professionals, perceived unhelpfulness, incompetence and fear of discrimination previously found amongst individuals experiencing same-sex IPV, are warranted and understandable perceptions to hold (Brandt & Stults, 2023; Carvalho et al., 2011; Santoniccolo et al., 2021; Whitton et al., 2023). This finding also strengthens Calton et al.'s (2016) previously published review, that stigma within society and a lack of understanding of same-sex IPV, are present and relevant barriers that prevent individuals in same-sex couples from seeking and therefore receiving help for IPV from professional, public help sources.

However, whilst a significant attitudinal shift was not observed overtime amongst the included studies, the current review also identified that negative and biased attitudes towards same-sex IPV are not universal across all CJS professionals. CJS professionals' attitudes were also demonstrated to improve alongside liberalisation and the implementation of equality laws, policies and procedures. This suggests that the lack of understanding of same-sex IPV and systemic inequalities that Calton et al. (2016) also considered to pose a barrier to help-seeking, are perhaps slowly reducing. This may begin to ensure that individuals who experience same-sex IPV receive adequate, tailored support from CJS professionals (Parry & O'Neal, 2015), that recognises the specific characteristics and needs associated with same-sex IPV (Brandt & Stults, 2023; Longobardi & Badenes-Ribera, 2017; Scheer et al., 2023). Consequently, this finding may help to reduce the fear and negative expectations that individuals experiencing same-sex IPV have previously been demonstrated to hold and instil a sense of hope and encouragement within individuals experiencing same-sex IPV to seek support from public help sources, such as the CJS.

Impacts of Quality Assessment on the Current Review's Findings and Conclusions

Overall, the quality of all articles included in the current review were deemed to be respectable, which strengthens the credibility of the current review's findings and conclusions. The qualitative and quantitative descriptive studies were of a slightly greater quality than the quantitative quasi-experimental studies. This was primarily due to the inclusion of complete data and use of appropriate measures. For instance, whilst the quasi-experimental studies had greater control over confounding factors, they relied upon respondent integrity and had high artificiality and low ecological validity, compared to descriptive studies that measured actual, real-world behaviour. Nonetheless, as mixed findings occurred amongst each study design, the strengths and limitations associated with each study design were counteracted, preventing any significant impact on the current review's findings and conclusions.

However, all studies included in the current review were considered to represent only a portion of the wider target population (criminal justice professionals). This was due to multiple factors, including convenience sampling, inappropriate sample sizes and ethnic homogeneity. Although this may detrimentally impact on the generalisability and reliability of the current review's findings and conclusions to all CJS professionals, it also provides further evidence to support and explain the different types of attitudes held by CJS professionals towards same-sex IPV, that have continued overtime. This suggests that whilst the current review's findings still provide important practical implications at a systemic level, negative and biased attitudes promoting inequality towards same-sex IPV should not be assumed amongst all professionals within the CJS. Individual assessments of attitudes should also occur amongst local CJS professional populations and subsequent revisions made to practical implications that aim to improve CJS professionals' attitudes. This will ensure that interventions are also tailored and responsive to the specific attitudes held by CJS professionals at a local, individual level.

Strengths of the Current Review

The current review developed the evidence base by systematically synthesising the research on the attitudes that professionals within a public help source, specifically the CJS, hold towards incidents of IPV in same-sex couples. The current review also builds on and contrasts Santoniccolo et al.'s (2021) systematic review of the help-seeking process in same-sex IPV, by understanding the attitudes of those providing a public help source, rather than the perspectives of those seeking the help. In doing so, some of the concerns raised in Santoniccolo et al.'s (2021) review have begun to be addressed. In particular, the recognition that not all CJS professionals will respond in an unhelpful manner towards same-sex IPV, as perceived and expected by the individuals experiencing same-sex IPV in Santoniccolo et al.'s (2021) systematic review.

To ensure that the evidence base was enhanced by a high-quality systematic review, the current review adopted a rigorous and structured systematic approach. A detailed and consistent search strategy was used to thoroughly search each applicable database. A well-defined inclusion and exclusion criteria using a PICOS framework guaranteed that the included studies precisely met the current review's aims and objectives (Amir-Behghadami & Janati, 2020; Scells et al., 2017). The use of Breckler's tripartite ABC model (1984) to conceptualise the term 'attitudes' also ensured that the current review's findings were grounded in a well-regarded theory. Furthermore, application of the MMAT – a reliable and valid quality

assessment tool for heterogenous study designs (Hong et al., 2018; Hong et al., 2019; Souto et al., 2015) – helped to identify any bias in the included studies methodology, that was then acknowledged and addressed within the conclusions drawn. Although a Cohen's Kappa analysis would have strengthened the dual coding process by providing a statistical measure of inter-rater reliability, dual coding 20% of the quality assessment ratings still helped to minimise bias in the reviewer's judgement, further increasing the reliability and validity of the systematic approach.

Limitations of the Current Review

Although the inclusion of multiple different study designs strengthened the current review by counterbalancing the limitations associated with each study's design and methodology, ensuring that comprehensive and holistic conclusions were made to guide policy and professional practice, it could also be argued that the current review's research question, and subsequent inclusion criteria, were too broad. Specifically, the population outlined in the PICOS framework included all legal and mental health professionals within the CJS who work with people who have engaged in, or are alleged to have engaged in, incidents of same-sex IPV. The current review therefore included different professional groups e.g., police officers, prosecutors, and psychologists, that differ in their professional aims, culture, training and procedures (Day, 2014). This may have impacted the current review's findings by resulting in different attitudes being held by each population group towards same-sex IPV, that were not explicitly recognised or explored in isolation and were instead grouped together under the phrase "CJS professionals' attitudes".

Regardless, in addition to individual quality assessment ratings demonstrating none of the included studies to adequately represent the target population of CJS professionals, twelve out of the fourteen studies included in the current review explored attitudes held by police officers towards same-sex IPV, and only one study included mental health professionals. The current review's findings therefore do not sufficiently capture the attitudes of all legal and mental health professionals who work within the CJS, impacting upon the generalisability of the current review's findings and conclusions. Refining the research question to include one specific population group, such as police officers, may have added greater clarity to the current review. Police officers are often the first public help source to respond to incidents of IPV in same-sex couples. Consequently, their response can have a significant impact on case attrition, and recovery and rehabilitation opportunities for individuals that experience same-sex IPV.

Developing a specific understanding of the attitudes that police officers hold towards same-sex IPV, would therefore ensure that interventions and recommendations are appropriately targeted to the first point of contact in an individual's help-seeking journey.

The included studies also predominantly focused on physical IPV in same-sex couples. This was due to there being no studies within the literature that solely investigated CJS professionals' attitudes towards alternate types of IPV behaviour, rather than it being a restriction within the PICOS framework. The World Health Organisation (WHO) (2022) recognises that there are multiple types of IPV behaviour, such as physical aggression, sexual coercion, psychological abuse and controlling behaviour. However, this, and legislation on coercive control, do not appear to have sufficient recognition within research and practice (Butterby & Donovan, 2023). A focus remains on physical aggression and physical injury when assessing and responding to IPV. This finding, and subsequent limitation, may further support the lack of awareness, perceived unhelpfulness and therefore a reluctance to seek support that individuals experiencing IPV in same-sex couples have demonstrated (Santoniccolo et al., 2021; Whitton et al., 2023).

The current review's PICOS framework also included studies from any time period due to no pre-existing systematic review existing on this topic area. Whilst this criterion ensured all relevant published articles were identified, it resulted in the included studies being published between 2002 and 2023. Similar to the identified influence that changes in laws and policies have had on individual attitudes, significant societal and generational shifts in attitudes towards same-sex couples and IPV have occurred during this 21-year period, which may have confounded the current review's findings (Dotti Sani & Quaranta, 2022). Nonetheless, when viewed chronologically, the included studies in the current review continued to demonstrate mixed attitudes amongst CJS professionals towards IPV in same-sex couples; no significant shift in CJS professionals' attitudes towards same-sex IPV was observed overtime.

Furthermore, whilst the use of the MMAT significantly enhanced the quality of the current review, the tool lacks a 'somewhat' response for each quality check criteria. Reviewers were forced to make a judgement between 'yes', 'no' or 'can't tell' which does not always accurately reflect the reviewer's judgement, and therefore the quality and level of bias within each included study. In addition, although the reviewer used Popay et al.'s (2006) guidance to structure the narrative analysis and data synthesis, narrative analyses can still involve a level

of bias, opaque and subjective interpretations that may reduce the reliability and validity of the findings and therefore the overall quality of the current review (Campbell et al., 2019).

Implications for Practice

Organisational Change Promotes a Shift in Individual Attitudes

Despite identified limitations, the current review's findings provide important practical implications and recommendations to continue to increase recognition of same-sex IPV and reduce the negative and biased attitudes that some CJS professionals were found to hold towards incidents of IPV in same-sex couples. Studies included in the current review demonstrated how the attitudes held at an organisational, systemic level can influence and shape the individual attitudes held by the professionals providing support to same-sex IPV (Addington, 2020; Brown & Herman, 2015; Dotti Sani & Quaranta, 2020; Franklin et al., 2019; Hayes & Boyd, 2017; Hirschel et al., 2021; Pattavina et al., 2007). Consequently, governments and governing bodies of public help sources across the world need to continue to introduce and enforce laws and policies that recognise IPV as an issue that stems wider than male to female violence (Hirschel et al., 2021).

The contradictory findings in the current review suggest that this recommendation would be particularly imperative in areas and organisations where negative and biased attitudes towards same-sex IPV were prevalent amongst CJS professionals, and who may not currently have equality laws and policies in place. This may continue to help reform the societal narrative of IPV and ensure that incidents of IPV in same-sex couples are taken seriously and are appropriately responded to by all CJS professionals (Butterby & Donovan, 2023; Cox et al., 2021).

Butterby and Donovan (2023) also indicated that the risk assessment tools, used by UK police forces to inform their decision-making on IPV incidents, require audit and validation to review their relevance and applicability to same-sex IPV. The same recommendation would also apply to any other IPV risk assessment tools used by police forces around the world, to prevent the tools from biasing CJS professionals' decision-making on same-sex IPV incidents.

Training Needs Amongst Professionals in the Criminal Justice System

Many of the included studies in the current review also identified a need for CJS professionals to receive training on same-sex IPV to help improve negative and biased attitudes. The impacts of the current review's quality assessment process, the contradictory

findings and the subsequent different types of attitudes found to be held by CJS professionals towards same-sex IPV, suggests that the same negative and biased attitudes should not be assumed amongst all professionals within the CJS. Consequently, when planning training for CJS professionals at a local level, assessment of the individual attitudes held by the target audience needs to first occur, to determine the level of negativity and bias towards same-sex IPV. The training aims, objectives and design then need to be tailored and responded to accordingly.

However, broadly based on the current review's findings, the training would need to: 1) increase CJS professionals' awareness and understanding of the phenomenon of IPV in same-sex couples, particularly the risk and higher prevalence rates (Badenes-Ribera et al., 2016; Chen et al., 2020), the detrimental physical and mental health consequences (Cotter, 2021; Pereira et al., 2020), and the issues pertinent to same-sex IPV such as minority stress, identity concealment and a reluctance to seek support (Brandt & Stults, 2023; Longobardi & Badenes-Ribera, 2017; Santoniccolo et al., 2021); 2) remind CJS professionals of the different types of IPV that may not always result in a physical injury; 3) provide information to demolish the heteronormative and IPV myths that were found to influence CJS professionals negative and biased attitudes; 4) bring awareness to potential biases based on sociodemographic factors; 5) highlight the effect that biased responses can have on individuals experiencing IPV in same-sex couples.

This type of training would subsequently aim to increase understanding of same-sex IPV, further improve CJS professionals' attitudes, address identified barriers to help-seeking and ensure that a sensitive and tailored response occurred to the individual needs and characteristics associated with same-sex IPV (Calton et al., 2016; Martin et al., 2023; Parry & O'Neal, 2015; Scheer et al., 2023; Whitton et al., 2023). In turn, it is hoped that the individuals experiencing IPV in same-sex couples would have greater confidence and trust in CJS professionals to seek help and support.

Promotion of CJS Professionals' Attitudes

The mixed attitudes towards same-sex IPV that were found amongst CJS professionals should also be explicitly shared with individuals who may experience IPV in same-sex couples. Specifically, the finding that not all CJS professionals hold negative and biased attitudes towards same-sex IPV, should be strongly promoted. Factors that have shown to positively influence individual CJS professionals' attitudes, such as equality laws and practices, and their

impact on recommendations to further improve CJS professionals' attitudes, through training and organisational change, should also be highlighted.

This may occur through publication of the current systematic review's findings and communication with official LGBTQ+ social groups and charities. It is hoped that the mixed findings and subsequent practice implications would lead to a sense of encouragement amongst individuals experiencing IPV in same-sex couples and contribute to a reduction in help-seeking barriers. Consequently, an increase in help-seeking through public help sources, such as the CJS, may occur, ensuring that individuals who experience IPV in same-sex couples receive appropriate, tailored support.

Future Research Recommendations

Future research should focus on investigating CJS professionals' attitudes towards additional types of IPV in same-sex couples, such as sexual coercion and psychological abuse, to determine any similarities or differences (Goodson, 2023; Lantz, 2020). The affective component of attitudes held by CJS professionals towards same-sex IPV could also be explored (Breckler, 1984). Specifically, understanding how automatic emotional responses are displayed by CJS professionals towards incidents of IPV in same-sex couples, and their impact on cognitive and behavioural attitudinal components, will further develop the current systematic review.

The attitudes demonstrated in the current review could also be compared to healthcare professionals that provide different public help sources, outside of the CJS. This will identify whether the issues demonstrated in the attitudes towards same-sex IPV are a wider issue across public help sources, or unique to CJS professionals. When investigating the proposed research recommendations, researchers should ensure that they consider appropriate methods to increase sample representativeness and generalisability, and ensure that they investigate the interaction between gender and sexual orientation on the attitudes towards incidents of IPV, to enable comparisons in attitudes towards male and female same-sex couples (Cox et al., 2022; Pattavina et al., 2007). This will continue to develop the literature with high quality evidence, helping to further guide policy and practice recommendations.

Furthermore, additional qualitative analyses are required, particularly exploring the perceptions of individuals with lived experience of same-sex IPV. Obtaining a response to the findings and issues raised in the current review through qualitative research, and gaining explicit advice on how CJS professionals may provide a helpful source of support, would also

ensure that the voices of individuals experiencing same-sex IPV (those at the centre of all practice implications) are captured and incorporated into future guidance, policy and practice implications. This may also help contribute to appropriate, tailored support for individuals who experience IPV in same-sex couples, that addresses the specific factors, needs and experiences associated with same-sex IPV.

Conclusion

The current review systematically analysed the literature regarding the attitudes that professionals, within the CJS, hold towards IPV within same-sex couples. Negative and biased behavioural and cognitive attitudes that promote inequality towards incidents of IPV in same-sex couples were found to be held amongst some professionals within the CJS. However, over half of the studies included in the current review also found no difference in the attitudes that CJS professionals held towards incidents of IPV in same-sex and opposite-sex couples. This suggests that negative and biased attitudes are not universally held by all professionals within the CJS. Multiple macro and micro level factors were also found to influence the attitudes held by professionals in the CJS, such as mandatory arrest laws and heteronormative and IPV myths. This may begin to explain the differences in the types of attitudes held by CJS professionals, and to specifically understand the negative and biased attitudes held by some CJS professionals towards same-sex IPV.

The findings together imply that the reluctance to seek support, the low confidence in and the negative expectations of public help sources such as the CJS, are warranted and understandable perceptions to hold amongst individuals experiencing same-sex IPV. However, the findings also suggest that the negative and biased attitudes held by CJS professionals towards same-sex IPV are improving alongside liberalisation and equality laws and policies. This, combined with the current review's guidance and recommendations to improve CJS professionals' attitudes through policy and practice, may begin to address barriers to help-seeking and ensure that individuals who experience IPV in same-sex couples receive appropriate, tailored support. Consequently, a sense of optimism and encouragement may be provided amongst individuals experiencing same-sex IPV to seek support from public help sources, such as the CJS.

CHAPTER THREE

Intimate Partner Violence: The Role of Disinhibition Within Same-Sex and Opposite-Sex Couples

Abstract

Background. Intimate Partner Violence (IPV) has a higher prevalence rate amongst same-sex couples compared to opposite-sex couples. However, there is an absence of tailored risk assessment and intervention for same-sex IPV. This may be impacted by a limited understanding of the factors associated with same-sex IPV. This study aimed to investigate the impact of disinhibition (impulsivity and risk-taking) on IPV between individuals in same-sex and opposite-sex couples, to help inform the design of same-sex IPV risk assessment and intervention. **Method.** A quasi-experimental design was used. 323 participants, who had been in an intimate relationship in the past year, were recruited from the community through advertisements and student participation schemes. Participants completed online self-report and executive function tasks that measured IPV behaviours and disinhibition traits (impulsivity and risk-taking). Chi square tests and binary logistic regression models were used to analyse the data. **Results.** High IPV prevalence rates were found (psychological aggression = 75.54%, physical aggression = 54.18%) amongst individuals in both same-sex and opposite-sex couples. Individuals in same-sex couples were more disinhibited than individuals in opposite-sex couples. Risk-taking significantly predicted psychological aggression across the whole sample. **Conclusions.** Same-sex IPV should not be neglected within IPV policy and practice. Risk-taking, but not impulsivity, should be incorporated within both same-sex and opposite-sex IPV risk assessment and intervention, particularly for psychological aggression. However, less emphasis should be placed on addressing risk-taking within specific, tailored same-sex IPV risk assessment and intervention.

Introduction

Impact of CJS Professionals' Attitudes on Same-Sex Intimate Partner Violence Assessment and Intervention

The negative and biased attitudes towards same-sex IPV that were demonstrated amongst some CJS professionals in Chapter Two (Butterby & Donovan, 2023; Russell & Sturgeon, 2019), mean that on some occasions fewer arrests are being made and fewer prosecutions are occurring for incidents of IPV in same-sex couples (Cox et al., 2022; Hirschel & McCormack, 2021). Consequently, it could be assumed that the prevalence rate of individuals within the CJS who have engaged in same-sex IPV may be markedly lower than what might be expected based on the high IPV prevalence rate demonstrated amongst same-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran et al., 2012; Graham et al., 2019; Kar et al., 2023).

In addition to help-seeking processes amongst individuals that experience same-sex IPV, CJS professionals' attitudes may therefore also impact on the resources available to support and address same-sex IPV and contribute to an absence of appropriate, tailored same-sex IPV risk assessment and intervention (Rollè et al., 2018). There may be an insufficient sample size within the prison and probation population to warrant the design and development of such tools and interventions and/or to reliably determine recidivism risk factors to include within same-sex IPV risk assessment tools and risk-reducing interventions.

Nonetheless, whilst understudied, research has begun to identify distinct same-sex IPV behaviours and markers of risk that warrant individual consideration within same-sex IPV risk assessment and intervention. In addition, as indicated in Chapter Two, the negative and biased attitudes held by CJS professionals towards same-sex IPV are perhaps slowly improving and may be expected to continue improving alongside Chapter Two's suggested practical implications for organisational change and training delivery (Addington, 2020; Butterby & Donovan, 2023; Witarsa & Poerwandari, 2022). This may increase recognition and awareness of same-sex IPV and lead to an increase in the prevalence rate of individuals within the CJS who have engaged in same-sex IPV.

It is therefore imperative that, alongside improving CJS professionals' attitudes, research continues to investigate factors that may predict same-sex IPV to enhance understanding and inform the development of specific, tailored same-sex IPV risk assessment and intervention. The present research study recognises this need and aims to investigate

potential differences in a factor commonly associated with opposite-sex IPV, namely disinhibition (impulsivity and risk-taking), between same-sex and opposite-sex couples. This may further ensure that individuals who engage in same-sex IPV, receive appropriate intervention and support that is targeted to address the specific factors, needs and experiences associated with same-sex IPV (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023).

IPV Risk Assessment Tools

Currently, the Spousal Assault Risk Assessment (SARA) (Kropp & Hart, 2015) and the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton, 2021) are two of the most frequently validated and used tools in practice to assess the risk and likelihood of an individual engaging in IPV (Van Der Put et al., 2019). However, the ODARA specifically states that it is intended for use within opposite-sex couples, and whilst the SARA does not appear to impose restrictions on the populations to which it can be applied, its use within same-sex couples has never been investigated (Helmus & Bourgon, 2011).

Gerstenberger et al. (2019) specifically highlights that no studies at present have investigated the psychometric properties of these tools within same-sex couples. The item content and base rates of IPV risk assessment tools are often developed using male perpetrator and female victim samples. The normative samples in which comparisons are then made are not reflective of same-sex IPV, hindering the reliable and valid use of IPV risk assessment tools amongst same-sex couples (Graham et al., 2021).

Research has also demonstrated different markers of risk, factors and experiences to predict and be associated with incidents of IPV amongst same-sex couples, compared to opposite-sex couples, that are not recognised or incorporated within current IPV risk assessment tools (Kar et al., 2023; Kimmes et al., 2019; Magalhães et al., 2023; Witarsa & Poerwandari, 2022). In addition, although not as comprehensive as a full risk assessment tool, the development of a short-form screening tool to detect the presence of IPV within male same-sex couples identified a higher prevalence of IPV in comparison to a commonly used screening tool developed with opposite-sex couples (Stephenson et al., 2013). This suggests that application of current risk assessment tools to same-sex IPV may underestimate prevalence and risk of IPV in same-sex couples, further highlighting a need for research to inform the design and development of new risk assessment tools, specific to same-sex IPV (Kar et al., 2023; Morris et al., 2019; Witarsa & Poerwandari, 2022).

IPV Risk-Reducing Interventions within HMPPS

Similarly, within the UK, there are no specific accredited interventions available for individuals who engage in same-sex IPV. His Majesty's Prison and Probation Service (HMPPS) has two IPV accredited programmes, namely Building Better Relationships (BBR) and Kaizen. These programmes aim to increase skills to manage thoughts, emotions and behaviours (BBR) and develop skills to strengthen a pro-social identity, free from offending (Kaizen) (Ministry of Justice, 2023b). However, these programmes are accredited specifically for heterosexual men who are convicted of IPV against female partners; men who engage in incidents of IPV within a same-sex couple are excluded from these programmes (Renehan, 2020).

Whilst the rationale for this exclusion is not clearly published, it is perhaps an attempt to recognise and respond to the different factors and experiences associated with same-sex IPV compared to opposite-sex IPV (Graham et al., 2019), and the challenges, barriers and complexities that may emerge if individuals who have engaged in same-sex IPV were placed into an intervention with group members who have engaged in opposite-sex IPV.

Shared experiences and validation from peers may be impeded if both population groups were combined, and individuals who choose to conceal their identity may fear being 'outed' i.e. their sexual orientation is revealed, which may increase their vulnerability, and prevent meaningful engagement (Morris et al., 2019). By not explicitly addressing or incorporating factors specific to same-sex IPV within accredited interventions, individuals may also feel excluded or silenced, and that their experiences are insignificant (Rollè et al., 2018; Witarsa & Poerwandari, 2022). Without alternate suitable provision, pertinent risk factors are also not being addressed and individuals who engage in same-sex IPV remain at risk of recidivism. This further indicates an inherent need for research, including the current study, to develop a specific understanding of the factors that may predict same-sex IPV that therefore need to be targeted within the design and development of same-sex IPV interventions, to help reduce risk of recidivism and the high same-sex IPV prevalence rate.

IPV Theories and Models Underpinning IPV Risk-Reducing Interventions

Current HMPPS IPV accredited interventions (BBR and Kaizen) are underpinned by two primary models: the Risk Need Responsivity (RNR) model (Andrews et al., 1990) and the General Aggression model (GAM) (Anderson & Bushman, 2002). The General Aggression Model (GAM) proposes that attitudes and beliefs are driven by biological and societal

influences, which impact an individual's internal state, appraisal and decision-making processes, and leads to the use of violence (Anderson & Bushman, 2002).

This marks a positive shift from the rigid Duluth Model that previously underpinned IPV interventions in the UK. The Duluth Model adopted patriarchal attitudes and supported a 'power and control wheel' to explain how men use violence to dominate their female partners (Pence & Paymar, 1993). It thereby incorporated a heteronormative narrative, assuming IPV occurs from a male to a female partner, and neglecting IPV within same-sex couples.

Although Trombetta and Rollè (2023) reported that power dynamics appear to be unrelated to same-sex IPV, research has continued to demonstrate that power and control are still pertinent factors within all relationship dyads, including same-sex couples, that warrant consideration within IPV intervention design (Cleghorn et al., 2022; Gerstenberger et al., 2019; Harden et al., 2022; Witarsa & Poerwandari, 2022). The GAM recognises this, in addition to the diverse range of interrelated factors and motivations (both similarities and differences) that may impact upon IPV in same-sex and opposite-sex couples, and that therefore need to be understood further through research and addressed within risk-reducing interventions (Witarsa & Poerwandari, 2022).

Furthermore, the Risk Need Responsivity (RNR) model states that interventions should be proportionate to the individual's risk, target specific drivers for the individual's offending behaviour and be responsive in tailoring an intervention to an individual's needs, abilities and circumstances (Andrews et al., 1990). Whilst Ramsay et al. (2019) found that facilitators for the IPV Kaizen programme often indicated that there were no responsivity issues for individuals within the programme, the RNR model should, in theory, facilitate appropriate flexibility and response within risk-reducing interventions to the specific needs of individuals who engage in same-sex IPV.

This, alongside the GAM's holistic approach, suggests that current accredited IPV interventions have a foundation from which they can be adapted and tailored to same-sex IPV. Drawing upon research that investigates factors that may predict same-sex IPV to tailor current IPV interventions towards same-sex IPV, would further recognise and respond to the different factors, needs and experiences associated with same-sex IPV (Morris et al., 2019). This again justifies a need for the current research to investigate potential differences in the effect of disinhibition on IPV between same-sex and opposite-sex couples, to inform the design and development of same-sex IPV assessment and intervention.

Factors Associated with IPV

Although understudied and therefore limited, research has begun investigating factors that may be associated with, and predict, the high prevalence rate of IPV amongst same-sex couples. This, in addition to the current study, may further guide the content and delivery of risk assessment and intervention for individuals that engage in same-sex IPV (Decker et al., 2018; Kimmes et al., 2019; Li et al., 2022).

Factors Specific to Same-Sex IPV

Minority Stress. Minority stress refers to adverse and stressful experiences related to an individual's minority status, such as their sexual orientation, that affect an individual's well-being and can increase their risk to engage in IPV (Meyer, 2003, 2007). Minority stressors can be external, such as victimisation, prejudice or discrimination, and/or internal that are subjective and dependent on an individual's perceptions and judgement, such as perceived stigma, concealing one's sexual identity and internalised homonegativity (negative self-beliefs as a result of one's sexual orientation) (Meyer, 2003, 2007).

In line with the GAM model, minority stress may therefore be a person-centred factor that interacts with situational and societal factors to affect an individual's internal state, creating self-hate or low self-esteem and subsequent stress, internal conflict and negative affect (Lewis et al., 2017). This may interfere with typical situation appraisal, impede decision-making processes and emotion regulation and/or result in a projection of negative self-affect onto the partner, contributing to aggressive behaviours that could equate to IPV in some contexts (Lewis et al., 2017; Lewis et al., 2012; Trombetta & Rollè, 2023).

Research has supported this mechanism by finding external minority stressors such as discrimination and homophobia to be associated with IPV in same-sex couples (Callan et al., 2021; Li et al., 2022) and to be strong predictors for future IPV engagement in both male and female same-sex couples (Kimmes et al., 2019). Internal minority stressors have also been demonstrated to relate to and predict IPV, often more strongly than external minority stressors (Rollè et al., 2018). For instance, identity concealment (Cleghorn et al., 2022; Edwards & Sylaska, 2013), heteronormative social pressure (Finneran et al., 2012) and internalised homonegativity have been strong predictors of and/or strongly associated with engagement in IPV behaviours (Bartholomew et al., 2008; Callan et al., 2021; Cleghorn et al., 2022; Edwards & Sylaska, 2013; Finneran et al., 2012; Kimmes et al., 2019; Lewis et al., 2012; Li et al., 2022; Tognasso et al., 2022; Trombetta & Rollè, 2023).

Factors Applicable to Same-Sex and Opposite-Sex IPV

Although it is important to investigate factors specific to same-sex couples to aid understanding of the high same-sex IPV prevalence rates and guide tailored assessment and intervention, research investigating factors that are associated with and predict same-sex IPV rarely compares differences in factors that are applicable to both same-sex and opposite-sex couples (Kar et al., 2023; Witarsa & Poerwandari, 2022). For instance, common precursors of IPV in opposite-sex couples, such as alcohol and substance misuse, mental health difficulties, poverty and difficulties with attachment, emotion regulation and conflict resolution, have also been associated with, and predicted, IPV in same-sex couples, both at similar and differing rates to opposite-sex couples (Bartholomew et al., 2008; Leone et al., 2022; Lewis et al., 2017; Lewis et al., 2012; Magalhães et al., 2023; Tognasso et al., 2022; Trombetta & Rollè, 2023; Wang et al., 2023; Whitehead et al., 2021; Witarsa & Poerwandari, 2022).

Disinhibition. The concept of disinhibition is also a frequently investigated precursor of IPV in opposite-sex couples, that is underexplored within same-sex IPV (Baker et al., 2013; Munro & Sellbom, 2020), further supporting a need for the current research study. Consistent with the General Aggression Model (GAM), Finkel's 'I-Cubed (I^3) theory' (2018) states that disinhibiting factors detrimentally affect appraisal and decision-making processes and reduce the ability to control violent urges and tendencies within intimate relationships that are triggered by instigating factors e.g., situational events, and influenced by impelling factors e.g., trait anger and hostility (Finkel, 2007).

Disinhibition may therefore be enhanced through factors such as alcohol and/or drug use (Leonard & Quigley, 2017; Watkins et al., 2015). However, disinhibition is also characterised by inherent personality traits, such as impulsivity and risk-taking (Finy et al., 2014), that have been related to IPV perpetration (Munro & Sellbom, 2020). Specifically, positive correlations have been observed between impulsivity, risk-taking and IPV behaviours (Cole et al., 2022; Kanwal & Kazmi, 2022; Lipsky & Caetano, 2011; Munro & Sellbom, 2020; Romero-Martínez et al., 2021; Romero-Martínez et al., 2019), with impulsivity and risk-taking also predicting the likelihood of IPV (Derefinko et al., 2011; Dowgwillo, 2016; Humbert et al., 2024; Munro & Sellbom, 2020; Schafer et al., 2004; Sica et al., 2024). Nonetheless, researchers have not compared similarities or differences in these IPV predictions between same-sex and opposite-sex couples (Witarsa & Poerwandari, 2022).

The current research study therefore aimed to address this gap by investigating the impact of disinhibition (impulsivity and risk-taking) on the likelihood of IPV and potential differences in this effect between individuals in same-sex couples and individuals in opposite-sex couples. Given the different prevalence rates of IPV within same-sex couples compared to opposite-sex couples, and impulsivity and risk-taking both predicting the likelihood of IPV, it is possible that the current study would find a difference between same-sex couples and opposite-sex couples for the impact of impulsivity and risk-taking on IPV.

Impulsivity and Risk-Taking. Whilst some researchers perceive disinhibition, impulsivity and risk-taking to be the same construct and therefore use the terms interchangeably, from the perspective of neurological and psychological research, each construct is intertwined, but distinguishable (Nigg, 2017). Disinhibition can be considered an over-arching concept that refers to reduced cognitive control of cortical areas over the brains limbic systems – systems strongly linked to emotional responding (Gillespie et al., 2018). Subsequently, disinhibition involves a reduced ability to prevent an emotional and behavioural response (Nigg, 2017).

Impulsivity and risk-taking on the other hand are facets of this. Impulsivity concerns an unplanned, uncontrollable, spur of the moment response that negates delayed gratification and focuses on immediate reward (Finy et al., 2014; Nigg, 2017). It has therefore been associated with impaired cortico-limbic neural systems (Gillespie et al., 2018). Alternatively, risk-taking has been associated with less impairment in cortico-limbic neural systems (Gillespie et al., 2018), as risk-taking incorporates a greater element of choice and decision-making and considers the probability between short-term gains and long-term consequences. However, risk-taking can also be impulsive (impulsive risk-taking) and/or involve greater planning (intentional/voluntary risk-taking) (Finy et al., 2014; Lupton & Tulloch, 2002; Nigg, 2017), which further demonstrates the overlapping, but distinct nature of these constructs.

In addition, both impulsivity and risk-taking are multi-faceted constructs that exist on a continuum, with individuals varying in their tendency to act impulsively and/or take risks (Finy et al., 2014; Vasconcelos et al., 2012). Impulsivity can consist of motor, attentional and non-planning impulsivity (Barratt, 1996; Stanford et al., 2009), that distinguishes between impulsive acts (motor impulsiveness) and impulsive thinking (attentional and non-planning impulsiveness). Similarly, risk-taking can include risk behaviours, risk appraisal and risk-taking propensity (Bran & Vaidis, 2020), that separates engagement in risky behaviours (risk

behaviours), subjective perceptions of riskiness (risk appraisal) and an individual's tendency to engage in or avoid risk-taking (risk-taking propensity).

Whilst the traits of impulsivity and risk-taking may not be directly classified as attitudes in themselves, Breckler's tripartite ABC model of attitudes (Breckler, 1984) can help to further explain the conceptual difference between each factorial component of impulsivity and risk-taking. For instance, the behavioural component of each trait concerns how an individual acts, whereas the cognitive component of each trait considers the individual's thought processes, perceptions, beliefs and attributions. Breckler's model would also suggest that each construct has an affective component that constitutes an automatic emotional response. Published research may also support this by identifying associations between affective responses and impulsiveness and risk-taking (Johnson et al., 2020; Persson et al., 2018), that are further evidenced by differences in cortico-limbic neural system activity (Gillespie et al., 2018). Due to the inherent differences between each factorial component of impulsivity and risk-taking, it was considered that each component deserves its own investigation to understand their specific impact on IPV. This was beyond the scope of the current research, and the current research study therefore focused solely on behaviour components of impulsivity and risk-taking.

Furthermore, the behavioural component of each trait can be measured through both self-report and executive function tasks. As previously noted in Chapters One and Two, self-report methods rely on respondent integrity and can subsequently lead to biased over or under reporting of impulsive and risk-taking traits and behaviours (Lejuez et al., 2002; Nguyen et al., 2018). Computerised behavioural executive function tasks may counteract this limitation by providing an objective measurement of each respondent's impulsivity and risk-taking propensity (Nguyen et al., 2018). For instance, there is a difference in saying you *would* engage in a specific behaviour (self-report) and then *actually* engaging in it (executive function tasks) (Glicksohn et al., 2016). Whilst executive function tasks may also provide a greater element of realism (Rooney et al., 2012), their ecological validity and real-world applicability is also somewhat reduced by removing certain social and emotional contexts (Nguyen et al., 2018; Young et al., 2012). Consequently, incorporating self-report and executive function tasks into research enables comparisons to be made between each measurement approach. This reduces the limitations and variance associated with each measurement approach, and strengthens the reliability, validity and richness of subsequent findings (Heale & Forbes, 2013; Leuffen et al., 2013; Rooney et al., 2012).

Using both self-report and executive function tasks to investigate potential differences in the effect of disinhibition (impulsivity and risk-taking behaviours) on IPV behaviours between same-sex and opposite-sex couples, may therefore increase awareness of same-sex IPV, specifically factors that may predict the high same-sex IPV prevalence rate. In addition, findings will provide practical advice on the specific factors to include or exclude when designing tailored risk assessment and risk-reducing interventions for individuals that engage in same-sex IPV. Risk assessment and intervention will subsequently recognise and respond to the different experiences of same-sex IPV and target specific factors that may predict the high probability of IPV in same-sex couples. This will ensure that individuals who engage in incidents of IPV within same-sex couples receive appropriate tailored intervention and support to address associated risk factors and reduce their risk of recidivism. This, in turn, will also help to lower the high prevalence rate of same-sex IPV, prevent further victims and protect against the health and economic consequences connected to IPV within same-sex couples.

Aims & Hypotheses

This research study aims to first confirm the literature, by investigating the prevalence rates of IPV amongst individuals in same-sex and opposite-sex couples, and second, to expand the literature by exploring the impact of disinhibition (impulsivity and risk-taking behaviours) on the likelihood of IPV, and the potential differences in this effect between individuals in same-sex couples and individuals in opposite-sex couples.

Based on pre-existing published findings, it is hypothesised that:

1. The prevalence of IPV (psychological aggression & physical assault) will be greater amongst individuals in same-sex couples, than individuals in opposite-sex couples.
2. Impulsivity and risk-taking behaviours will predict the likelihood of IPV.
3. The effect of disinhibition (impulsivity and risk-taking) on the likelihood of IPV will differ between individuals in same-sex couples and individuals in opposite-sex couples.

Methodology

Participants

Eligibility Criteria

Participants were eligible to take part in the study if they were over 18 years of age and either in an intimate relationship with another individual (i.e. dating, cohabiting or married) or had a significant intimate relationship in the past year that they could reflect on. The past year was chosen as the cut off for inclusion due to one year being the standard referent period in the Revised Conflicts Tactics Scale (CTS2) (Straus et al., 1996); a commonly used measure of relationship behaviours (Chapman & Gillespie, 2019).

Recruitment

Four participant recruitment strategies were used:

1) The study was published on free social media websites within group forum spaces and using paid advertisements.

2) Official LGBTQ+ social groups and charities were directly asked via email to share the study with their members. However, most groups did not respond, and for the few groups that did respond, they declined to share the study due to policies of non-participation in academic research.

3) The study was published within The University of Birmingham Research Participation Scheme; a programme whereby undergraduate students participate within research projects to receive credits towards successful completion of their degree.

4) Participants were encouraged to share the study link, without explanation, with eligible friends, families and colleagues to aid recruitment through the 'snowballing' technique.

Sample Size

352 participants fully completed the study. 200 participants were recruited through the University's Research Participation Scheme (RPS) and 152 were recruited through non-RPS methods. An additional 358 participants clicked on the online study link; 210 did not consent to take part and 148 consented to participate, however they did not reach the study end. This may be explained through the nature of the questions included in the research study, social desirability effects or participant boredom. In line with ethical approval, these participants'

responses were automatically withdrawn from the data set. After data processing (see section below), the final sample size included in data analysis was 323. See Table 4, and corresponding Figures 3 and 4, for a description of participant demographic variables.

Table 4

Demographic Characteristics of Participants

Demographic Variable	*n*	%
Age		
18-24	215	66.56
25-29	45	13.93
30-34	23	7.12
35-39	14	4.33
40-44	8	2.48
45-54	12	3.67
55-64	6	1.86
Ethnicity		
White	238	73.68
Asian	49	15.17
Black	16	4.95
Mixed	20	6.19
Gender Identity		
Male	64	19.81
Female	254	78.64
Other	5	1.55
Registered Birth Sex		
Same as gender identity	314	97.21
Different to gender identity	8	2.48
Prefer not to say	1	0.31
Sexual Orientation		
Straight/Heterosexual	244	75.54
Homosexual/Gay/Lesbian	25	7.74
Bisexual	54	16.72
Current Relationship		

(Intimate Relationship Dyad)		
Same-Sex	43	13.31
Opposite-Sex	279	86.34
Prefer not to say	1	0.31

Note. Total $N = 323$

Figure 3

Pie Charts of Participant Age and Ethnicity

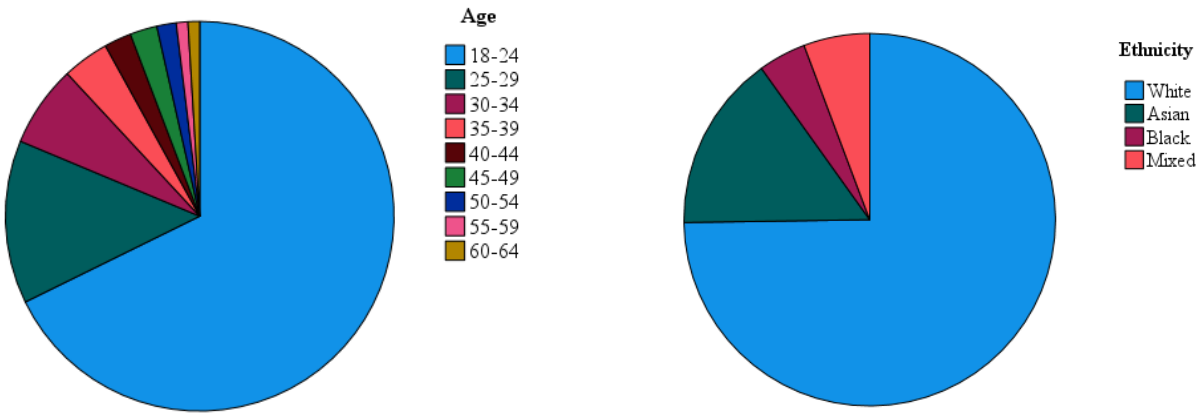
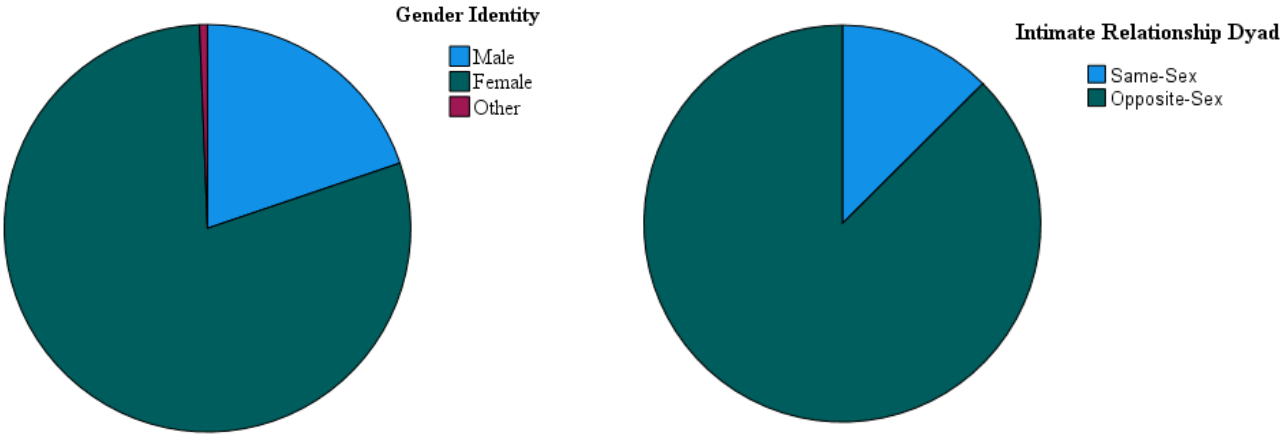


Figure 4

Pie Charts of Participant Gender Identity and Current Intimate Relationship Dyad



M**easures**

Self-Report Questionnaires

The Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996). The CTS2 is a 78-item questionnaire that measures the prevalence and chronicity of behaviours within intimate relationships, that in some contexts, may be indicative of IPV. The behaviours are categorised under five IPV scales: physical assault, psychological aggression, sexual coercion, injury and negotiation. The included behaviours vary in intensity; some severe and illegal e.g., "I used a knife on my partner", whilst some are legal and may, on occasion, be considered minor and context appropriate e.g., "I shouted at my partner". Whilst published data investigating the utility of the CTS2 explicitly amongst same-sex couples is scarce, the CTS2 was considered an appropriate and valid measure to use when investigating same-sex IPV, due to its good psychometric properties demonstrated amongst diverse community, clinical and forensic populations around the world (Alexander et al., 2022; Anderson & Leigh, 2010; Chapman & Gillespie, 2019; Graham et al., 2019).

Using a Likert Scale, participants are typically asked to indicate how many times both they (39-items) and their partner (39-items) engaged in each behaviour, within the previous year (e.g., 3-5 times, 6-10 times, 11-20 times), with the midpoint of each response category being summed to create a total score for each IPV behaviour scale. However, for the purposes of the current study, data regarding participants' partner's behaviour was redundant, meaning participants were only asked about their own engagement in each behaviour (39-items). Furthermore, whilst the dimensional scoring approach maintains depth by gathering individual participant prevalence data, the absence of proportionate intervals between the midpoint of each response category, prevents valid comparisons between participant scores.

Consequently, after data collection, the current study recoded participants Likert scale responses by adopting a dichotomous approach to score the CTS2. Recoding helped to reduce social desirability effects that are often associated when dichotomous response options are incorporated directly within questionnaires (Sorenson & Taylor, 2005). These adaptations were also consistent with Straus et al.'s (1996) acknowledgement of a need for flexible administration and scoring to address individual research aims, in addition to other studies adopting a dichotomous and single scale approach to measure IPV (Brzozowski et al., 2021; Theobald et al., 2016).

The standard one-year referent period in the CTS2 was used to dichotomously categorise the occurrence of IPV behaviours in the current study. Participants responses were categorised as either 'IPV never present or previously but not in the past year' (0) or 'IPV present in the past year' (1) before being analysed. The Negotiation and Injury scales were then dismissed from data analysis due to negotiation behaviours being considered a non-harmful conflict resolution strategy and injury being a consequence of IPV behaviours rather than a measure of prevalence. The Sexual Coercion scale was also dismissed from data analysis due to consistently poor internal reliability findings (O'Leary & Williams, 2006; Yun, 2011). Subsequently, the Psychological Aggression and Physical Assault scales were the primary measures of IPV behaviour in the current study.

The Barratt Impulsiveness Scale (BIS-11) (Patton et al., 1995). The BIS-11 is a widely used self-report measure of impulsivity that has significantly contributed to the conceptualisation of the impulsivity construct (Stanford et al., 2009). The BIS-11 has been translated into multiple languages due to its good construct validity, internal reliability and test-retest reliability that has been demonstrated across diverse cultures (Stanford et al., 2009; Vasconcelos et al., 2012).

The BIS-11 includes three subscales that recognise how the trait of impulsivity is also a multi-faceted construct: motor impulsiveness, defined as 'acting without thinking or inhibition'; attentional impulsiveness, associated with an 'inability to focus attention or concentrate; non-planning impulsiveness that considers a 'lack of future forethought' (Patton et al., 1995; Stanford et al., 2009).

30 items are incorporated within the BIS-11 that ask participants to rate on a 4-point Likert scale how often they engage in each statement. Items marked as 'Rarely' are given a score of 1 and items marked as 'Almost Always/Always' are given a score of 4. Scores of 4 indicate the most impulsive response. This resulted in 11 items being reverse coded to reflect the proposed scoring system e.g., if a participant responded 'Always' to the item 'I plan tasks carefully' this suggested a lack of impulsiveness that needed to be reflected within the scoring system. A total impulsivity score was then established by summing all item scores together and individual subscale scores were identified by summing all item scores relevant to each impulsiveness subscale. Higher scores indicated greater levels of impulsiveness.

Due to the recognition that the domain of motor impulsiveness differs to attentional and non-planning impulsiveness, and the current study being interested in the effect of impulsive

behaviours on the likelihood of IPV, rather than impulsive cognitive processes, the total score obtained on the Motor Impulsiveness subscale was used as the primary predictor of impulsive behaviour within data analysis.

The Domain Specific Risk Taking Scale (DOSPERT) (Blais & Weber, 2006). The DOSPERT is a frequently used measure of risk-taking (Bran & Vaidis, 2020). It has been used across community, clinical and forensic populations (Blankenstein et al., 2024; Gummerum et al., 2014; Lorian et al., 2012) due to its good validity and internal reliability (Blais & Weber, 2006; Shou & Olney, 2020).

The DOSPERT incorporates a two-part questionnaire that recognises how the trait of risk-taking also consists of multiple constructs and factors. Part A includes 30 items that measure risk-taking behaviour and Part B includes 30 items that measure risk-taking perceptions. Participants are asked to rate on a 7-point scale how likely it is that they would engage in a certain risk behaviour (Part A) and then how risky they perceive that behaviour to be (Part B). In addition to providing a general risk-taking measure (Highhouse et al., 2017), risk behaviours are categorised into five domains: ethical risks; financial risks; health and safety risks; social risks; recreational risks. These domains reflect the different types of risk-taking and the notion that individuals do not always consistently risk-take across all situations.

The DOSPERT is scored by adding all Part A item scores together to create a total Part A score and then adding all item scores for each subscale to obtain Part A subscale scores. This process is then repeated for Part B item responses. Higher scores were indicative of greater risk-taking behaviour (Part A) and perceptions of greater risk (Part B).

Based on previous studies, it was not clear that the DOSPERT could be flexibly applied during data collection. Therefore, to ensure that the measure maintained validity, participants completed both Part A (risk-taking behaviour) and Part B (risk-taking perceptions). However, due to the identified differences between the cognitive and behavioural components of risk-taking, and the current study investigating the effects of risk-taking behaviours on the likelihood of IPV behaviours, rather than participants perceptions of risk-taking on IPV cognitions, the total score obtained on Part A of the DOSPERT (risk-taking behaviour) was the primary predictor of risk-taking behaviour within data analysis.

Executive Function Tasks

The Go-No-Go Task (Langenecker et al., 2007). The Go-No-Go task measures impulsivity by assessing participants ability to inhibit inappropriate responses. It has demonstrated good construct validity and is a long-standing, widely used measure of impulsive behaviour and inhibitory control, including within studies of IPV (Langenecker et al., 2007; Persampiere et al., 2014; Ratcliff et al., 2018; Votruba & Langenecker, 2013).

However, it is recognised that the Go-No-Go task is not well standardised across the literature due to variations in the types and timing of stimuli (Langenecker et al., 2007). The task parameters used in the current study were therefore based on those adopted by Ratcliff et al. (2018), Gomez et al. (2007) and Steele et al. (2013). These authors are well respected in the neuropsychological and clinical field and their studies regarding the Go-No-Go task have been cited over 700 times (combined total).

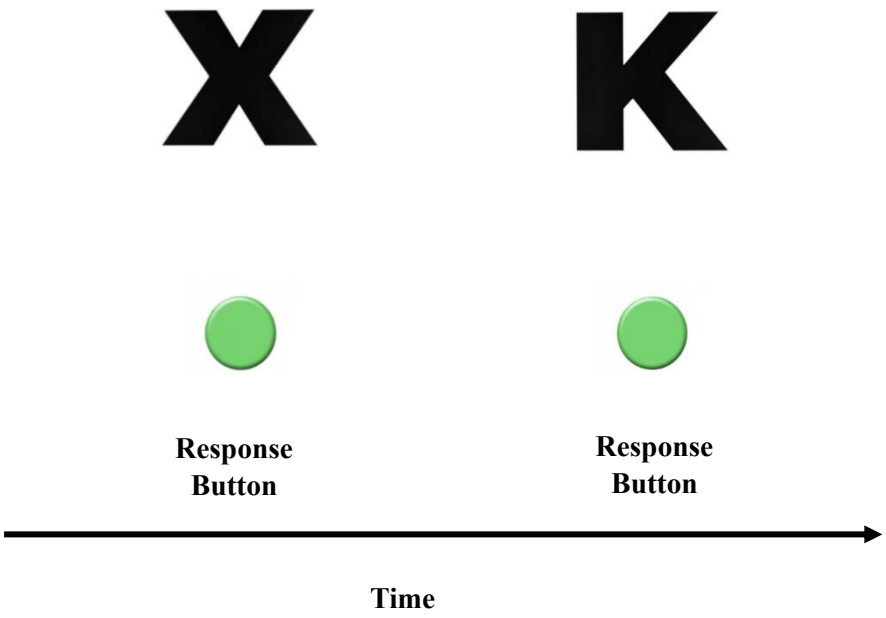
The current study's Go-No-Go task was subsequently built within Gorilla Experiment Builder and instructed participants to respond to a series of 'go' signals (the letter X) by pressing the green button, but to inhibit their response for specific 'no-go' signals (the letter K) and not press the green button. The letters X and K were chosen due to their visual similarity and consequent effects on task difficulty (Steele et al., 2013). Each stimulus was shown for 1500ms and a 500ms interval occurred between each trial. Participants did not receive accuracy feedback after each trial. 80 'go' trials and 20 'no-go' trials were presented to participants in a random order, determined by a random number generator. The proportion of 'go' stimuli was greater than the proportion of 'no-go' stimuli to build up participants prepotent tendency to respond and increase the inhibitory effort required (Ratcliff et al., 2018; Steele et al., 2013). See Figure 5 for an example trial of the Go-No-Go task presented to participants.

The Go-No-Go task was scored by creating a new variable – 'percentage correct target trials' – that was computed by dividing the number of correct target responses by the total number of possible correct target responses (100). A correct target response occurred when participants pressed the green button for the go stimulus (letter X) and refrained from pressing the green button for the no-go stimulus (letter K). This approach to scoring was again used by Ratcliff et al. (2018) and higher scores were indicative of less impulsivity (greater inhibition). The average reaction time across all trials was also calculated for each participant to give an indication of the quality of participants responses i.e., very long reaction times indicated poor

quality responding. This variable aided data tidying processes but was not used directly within data analysis.

Figure 5

Example 'Go' (X) and 'No-Go' (K) Trial of the Go-No-Go Task



The Balloon Analogue Risk Take (BART) Task (Lejuez et al., 2002). The BART task measures risk taking behaviour, and has widespread utilisation amongst risk-taking research (Di Plinio et al., 2022) due to its good construct validity (Hunt et al., 2005), broad external validity (Canning et al., 2022) and test-retest reliability (White et al., 2008).

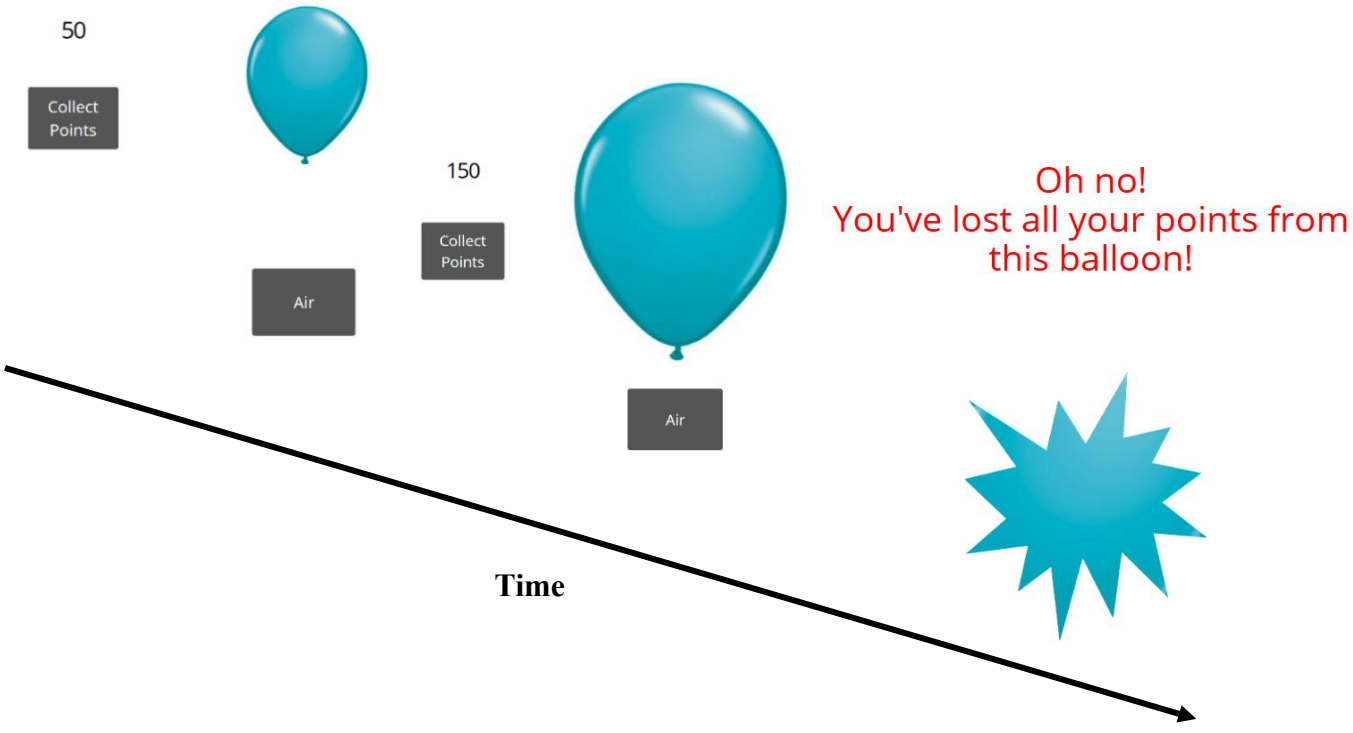
The BART task used in the current study was a pre-designed task created by Pike (2020) that was available within the open materials section of Gorilla Experiment Builder. The task parameters set were based on the original standard BART task developed by Lejuez et al. (2002). Participants were instructed that their aim was to win points by pumping the balloon up. They could pump the balloon up as many times as they wished by pressing the 'Air' button at the bottom of the screen. The balloon appeared to grow with each pump and each pump resulted in more points being earnt. However, each pump also increased the risk of the balloon bursting. If the balloon burst, participants lost all points earnt for that balloon. Participants could also stop pumping each balloon up at any point and collect the points earnt by pressing the 'collect points' button on the left side of the screen.

There were 30 balloons (30 trials) within the BART task. Each trial had a designated number of pumps allowed before the balloon burst. The number of pumps allowed was randomly selected from a 'burst number' array set by Pike (2020) (6, 7, 7, 8, 8, 9, 9, 9, 10, 10, 11, 11, 12, 12, 13, 13, 13, 13, 14, 14, 15, 15, 15, 15, 16, 16, 17, 17, 18, 18). See Figure 6 for an example of the BART task presented to participants.

In line with Lejuez et al. (2002), the average number of pumps was the primary risk-taking measure. However, due to the number of pumps being restricted on balloons that exploded, a new variable – 'adjusted number of pumps' – was created to account for this constraint and limit the between subjects' variability. The 'adjusted number of pumps' was calculated by averaging the number of pumps on all balloons that did not explode i.e., the balloons that exploded were excluded. Higher scores on this measure indicated a greater level of risk-taking.

Figure 6

Example Trial of the BART Task



Procedure

Participants clicked on an online link that took them to the study testing platform, Gorilla Experiment Builder. Gorilla was chosen based on researcher preference, the software being GDPR compliant and approved by the University of Birmingham IT safety department. Research has also demonstrated that no online web-building platform supersedes another platform (Anwyl-Irvine et al., 2021).

Participants were first informed of the study purpose, process, benefits and risks of participation, and then gave their consent to participate or decline participation in the study. Upon giving their consent, participants were advised of precautions to take to ensure safe and secure completion of the study. Participants were also instructed that they did not need to respond to all questions if they did not wish to. However, they were encouraged to answer all questions as honestly as possible before progressing.

Participants then proceeded through the testing sequence. In order of completion, this comprised:

1) Closed item demographic questions
2) Revised Conflicts Tactics Scale (CTS2)
3) Barratt Impulsivity Scale (BIS)
4) Go-No-Go Task (GNG)
5) Domain Specific Risk Take Scale (DOSPERT)
6) Balloon Analogue Risk Take Task (BART)
7) Items assessing compliance with instructions and disturbance to quality check whether external influences affected participant responses.

Once completed, a debrief sheet was shared with participants that further detailed the nature of the study, reminded participants of their data rights and provided contact details should participants have required further support, or had questions or complaints. Finally, non-RPS participants had the option to enter a compensation raffle to win one of two £25 Amazon vouchers. RPS participants were automatically granted one research credit as a thank you for their participation.

Ethical Considerations

Ethical approval was granted from the University of Birmingham ethics committee.

There was a risk of psychological harm to participants whilst completing the study. The CTS2 may have triggered unpleasant memories and/or negative emotions associated with past IPV experiences and/or instigated a fear of negative repercussions e.g., arrest or stigma, if items were answered honestly. To minimise this risk, prior to giving consent, participants were informed of the full nature of the study, including the aims, rationale, details of traits and behaviours being investigated, and were provided question examples. Participants were not deceived in any way. The participant information sheet also explicitly stated that there may be a risk of distress, and clear details surrounding voluntary participation and withdrawal rights were provided.

Designing the study with software settings that enabled participants to progress through the study sequence without responding to all questions also helped to mitigate against any harm caused by individual question items. Contact details for relevant IPV support services were also regularly provided throughout the study sequence, including the University of Birmingham well-being team for RPS participants. Participants were also informed that all responses were stored anonymously (pseudo-anonymously through the RPS scheme), and for non-RPS participants who entered the compensation raffle, their email addresses were stored on an entirely separate data file to their study responses to maintain anonymity.

In collaboration with the ethics committee, the choice of language was carefully and sensitively considered throughout the study sequence and associated research write-up. For instance, the phrase ‘people who engage in behaviours that in some contexts might be indicative of IPV’ was used to avoid misunderstandings and negative connotations associated with specific words such as ‘perpetrator’, and to recognise that the described behaviours are not indicative of IPV in all contexts.

The phrase ‘individuals within a same-sex couple’ was also used to recognise and respect the different meaning between ‘same-sex couples’ and ‘LGBTQ+’ individuals. Similarly, the term ‘opposite-sex couples’ was used instead of ‘heterosexual’ couples to respect the identity of bisexual individuals who may be in a relationship with a member of the opposite-sex, but who do not identify as heterosexual. Furthermore, to avoid assumptions and researcher bias impacting data categorisation and subsequent findings, and to respect bisexual and transgender participants and participants who preferred to not disclose their gender identity, the

question *'Is the relationship you are currently in, or have been in within the past year, with a member of the same-sex or opposite sex?'* was incorporated. This ensured that participants preferred gender identity and sexual orientation was respected, and that participants had the opportunity to categorise their own relationship dyad (same-sex/opposite-sex). These participant self-selected categories were then used as the basis for the relationship dyad variable within data analysis.

Data Processing

A visual scan of the data set first occurred and participants with insufficient or large absent responding across all variables were removed. Participants that had an extremely low 'percentage correct' on the Go-No-Go task e.g., 2% and/or extremely long reaction times e.g., 1744.36ms were also removed, as this indicated that participants were not appropriately responding to the presented stimuli. Furthermore, following principles adopted within Brzozowski and Crossey's (2024) processing of executive function tasks, data was removed for participants that had more than 10% missing trials (due to participant absent responding) or more than 10% of the maximum number of trials (due to software error) on the BART task. This resulted in 14 participants being removed from the dataset.

Additional outliers within continuous variables for all measures (total scale scores and subscale scores) were also identified and removed using Z scores (3 SDs +/- mean), in conjunction with box plots, histograms and researcher judgement. This resulted in data from a further 15 participants being deleted. In total, 8% of participant data was excluded from the final analysis.

To prevent further data deletion, missing data from individual response items were then processed. Using Little's chi-square statistic test (MCAR test) (Little, 1988) and researcher judgement, data was identified to be either missing completely at random (MCAR) or missing at random (sporadic item non-responding), enabling data imputation to occur. Data imputation occurred via the 'Multiple Imputation' technique (Rubin, 1988).

Although underused within the literature due to unfamiliarity and misconceptions, multiple imputation is the most theoretically robust and reliable method to address missing data (van Ginkel et al., 2020; Woods et al., 2024). Multiple imputation reduces the bias associated with other single imputation techniques, it decreases the chance of incorrect standard errors, it requires less strict assumptions and allows for variance, preventing artificial certainty being introduced into the data set that would occur through mean substitution (Baraldi & Enders,

2010; Little et al., 2013; van Ginkel et al., 2020; Woods et al., 2024). Multiple imputation looked at patterns within the available data and made a series of probability estimates of what the missing data may likely have been. These probability estimates were then imputed to create five complete data sets, with each dataset incorporating a different probability estimate. Data analysis subsequently occurred on each individual data set, and the results were pooled together into a combined set of results (Baraldi & Enders, 2010; van Ginkel et al., 2020).

Data Design & Analysis

A quasi-experimental design was used in the current study to examine the effect of impulsivity and risk-taking on IPV, between individuals in same-sex couples and individuals in opposite-sex couples. Data analysis occurred primarily using Statistical Package for the Social Sciences (SPSS), version 28. In line with guidance from Heymans and Eekhout (2019), when 'pooling' of multiple imputation data was not available for specific inferential tests within SPSS, such as Chi Square analyses, R software (version 4.3.2) was also used to aid data analysis.

Descriptive statistics, including frequencies, percentages, means and standard deviations were first produced to describe each variable's overall findings. A chi-square test of difference further explored whether the prevalence of IPV (physical and psychological aggression) differed between individuals in same-sex couples and individuals in opposite-sex couples. Preliminary analyses were also conducted to further compare mean impulsivity and risk-taking scores between each relationship dyad. Independent samples t-tests were conducted on the BIS, DOSPERT – Part A Total and the BART, due to scores meeting parametric assumptions and homogeneity of variance. A Mann-Whitney-U test was conducted on the Go-No-Go task due to data being non-parametric.

Three binary logistic regression models were then built to predict the likelihood of IPV (physical and psychological aggression) occurring based on impulsivity and risk-taking scores. Due to sample size restrictions – more than 10 outcomes required for each binary category (IPV present/not present in the past year) per predictor (nine predictors in total) (Stoltzfus, 2011) – impulsivity and risk-taking predictors were split into two separate regression models for psychological aggression (psychological aggression: present n = 244, not present n = 79), and combined within one regression model for physical aggression (physical aggression: present n = 175, not present n = 148). All other analytical assumptions outlined by Peng et al. (2002) and Stoltzfus (2011) were met e.g., categories were mutually exclusive, there was no

multicollinearity between predictors, and there was linearity of the logit. This enabled valid logistic regression models to be built.

A direct approach to logistic regression model building was utilised, whereby predictor variables for each regression model were entered simultaneously; no hierarchical regression models were built. This was due to a priori hypotheses indicating that all predictor variables had equal importance, as previously published literature had demonstrated both impulsivity/risk-taking and relationship dyad to be related to IPV (Stoltzfus, 2011).

The outcome variable in the first two regression models was psychological aggression, scored dichotomously (present or not present in the past year). Impulsivity data from the self-report (BIS-11 Motor Impulsivity Score) and executive function task (Go-No-Go Percentage Correct Target Trials) were then both included as predictor variables in the first regression model. Risk-taking data from the self-report (DOSPERT – Part A Total) and executive function task (BART Adjusted Number of Pumps) were then included as predictor variables in the second regression model. These four predictor variables were then combined and entered in the third regression model together, and the outcome variable changed to physical aggression, again scored dichotomously. In addition, relationship dyad (same-sex or opposite-sex) was entered as a predictor variable into each regression model. This enabled two interaction effects to also be incorporated into each psychological aggression regression model, and four interaction effects within the physical aggression regression model, to investigate whether the effect of impulsivity/risk-taking on IPV differed between individuals in same-sex couples and individuals in opposite-sex couples. Consequently, two regression models had five predictors in total, and the third regression model had nine predictors in total. The development of the regression models was informed by the previously outlined sample size restrictions (Stoltzfus, 2011).

For each chi-square and logistic regression analysis, a post-hoc power analysis was also conducted using G*Power, version 3.1.9.7 (Erdfelder et al., 1996). This used available data, specifically sample size, effect size and alpha-probability level (.05), to aid evaluation of each finding's internal validity (Giner-Sorolla et al., 2024; Onwuegbuzie & Leech, 2004). Across each analytic method, findings from the self-report measures and the executive function tasks were also compared. This further enhanced understanding of the data and enabled rich conclusions to be drawn.

Results

Prevalence of IPV

The Revised Conflict Tactics Scale (CTS2) indicated a 77.06% prevalence rate of psychological aggression amongst individuals in opposite-sex couples compared to a 67.44% prevalence rate amongst individuals in same-sex couples. Alternatively, physical aggression had a prevalence rate of 62.79% amongst individuals within same-sex couples, compared to a 53.05% prevalence rate amongst individuals in opposite-sex couples. (See Table 5 for frequency statistics and Figure 7).

However, chi-square tests of difference revealed that there were no significant differences in the prevalence of psychological aggression, $\chi^2(1, N = 323) = 1.80$, $p = 0.18$, $\varphi = .07$, or physical aggression, $\chi^2(1, N = 323) = 1.38$, $p = 0.24$, $\varphi = .07$, between individuals in same-sex couples and individuals in opposite-sex couples. Post-hoc power analyses indicated that both chi-square tests had a low statistical power of 24% (.24), which reduces the level of confidence and certainty within the observed findings.

Table 5

Prevalence of IPV Behaviour Across Relationship Dyads

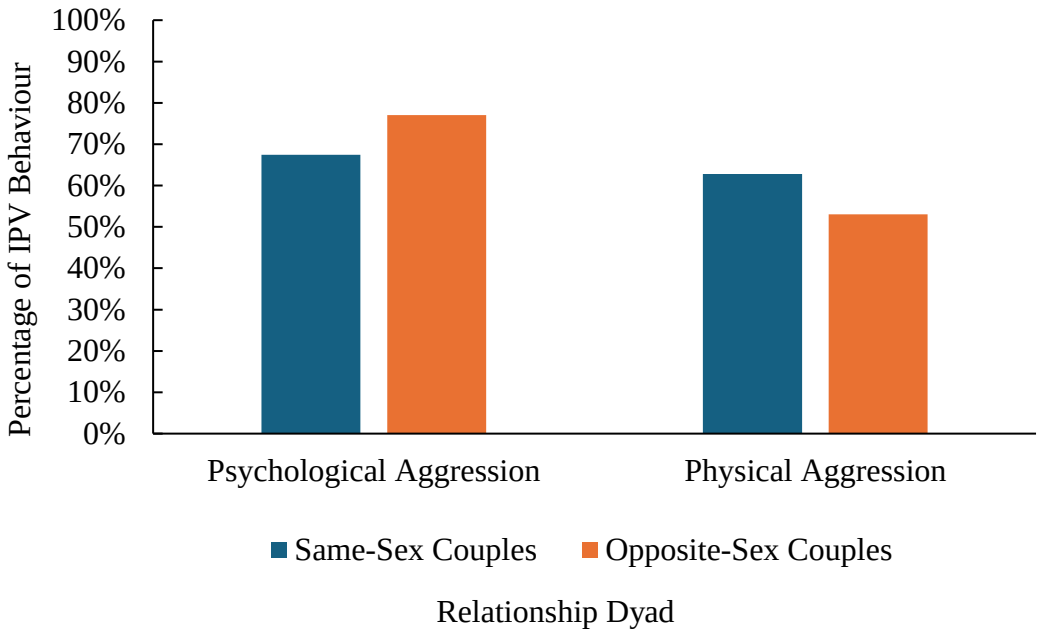
CTS2 Scale	Relationship Dyad			
	Same-Sex Couples		Opposite-Sex Couples	
	n	%	*n*	%
Psychological Aggression				
Yes[a]	29	67.44	215	77.06
No[a]	14	32.56	65	23.30
Physical Aggression				
Yes[a]	27	62.79	148	53.05
No[a]	16	37.21	132	47.31

Note. Total $N = 323$ (same-sex couples $n = 43$, opposite-sex couples $n = 280$).

[a.] Yes = occurred in the past year; No = never happened or previously occurred but not in the past year.

Figure 7

Bar Chart for Percentage of IPV Behaviour Across Relationship Dyads



Traits of Impulsivity and Risk-Taking

The Barrat Impulsivity Scale (BIS-11) demonstrated that individuals in same-sex couples had a mean motor impulsivity score of 23.38 (*SD* = 3.83), whereas individuals in opposite-sex couples had a mean motor impulsivity score of 20.96 (*SD* = 3.72). An independent samples t-test revealed a significant difference between these scores, t (3068) = 3.87, p <.001, d = .65. Similarly, a significant difference was observed on the Balloon Analogue Risk-Taking (BART) scores, t (11597) = 2.37, p = .02, d = .39, with individuals in same-sex couples also demonstrating significantly higher risk-taking on these measures (*M* = 13.09, *SD* = 3.85), than individuals in opposite-sex couples (*M* = 11.51, *SD* = 4.06). Post-hoc power analyses demonstrated that these findings also had high statistical power (BIS-11 Motor = .99; BART = .77), meaning that there is a good level of certainty within the observed findings.

Total scores on the Domain Specific Risk-Taking Scale (DOSPERT) – Part A indicated that individuals in same-sex couples had a mean risk-taking score of 96.48 (*SD* = 21.13), whereas individuals in opposite-sex couples had a mean risk-taking score of 89.84 (*SD* = 19.61). However, an independent samples t-test demonstrated no significant difference between these scores, t (2052) = 1.82, p = .07, d = .31. A Mann-Whitney U-test also revealed no significant difference in scores on the Go-No-Go task between relationship dyads, *U* =

5080.50, $p = .33$, $r = -.05$, with individuals in same-sex couples correctly responding to 98.95% of the target trials on average ($M = 98.95$, $SD = 1.66$), and individuals in opposite-sex couples providing a similar correct response on 98.60% of the target trials ($M = 98.60$, $SD = 1.97$). Post-hoc power analyses indicated that these findings did not meet the recommended power of .8 (Cohen, 1988, 1992) (DOSPERT – Part A Total = .60; Go-No-Go task = .09), suggesting that there is limited confidence and certainty within the observed findings. (See Table 6 and Figure 8 for means and standard deviations).

Table 6

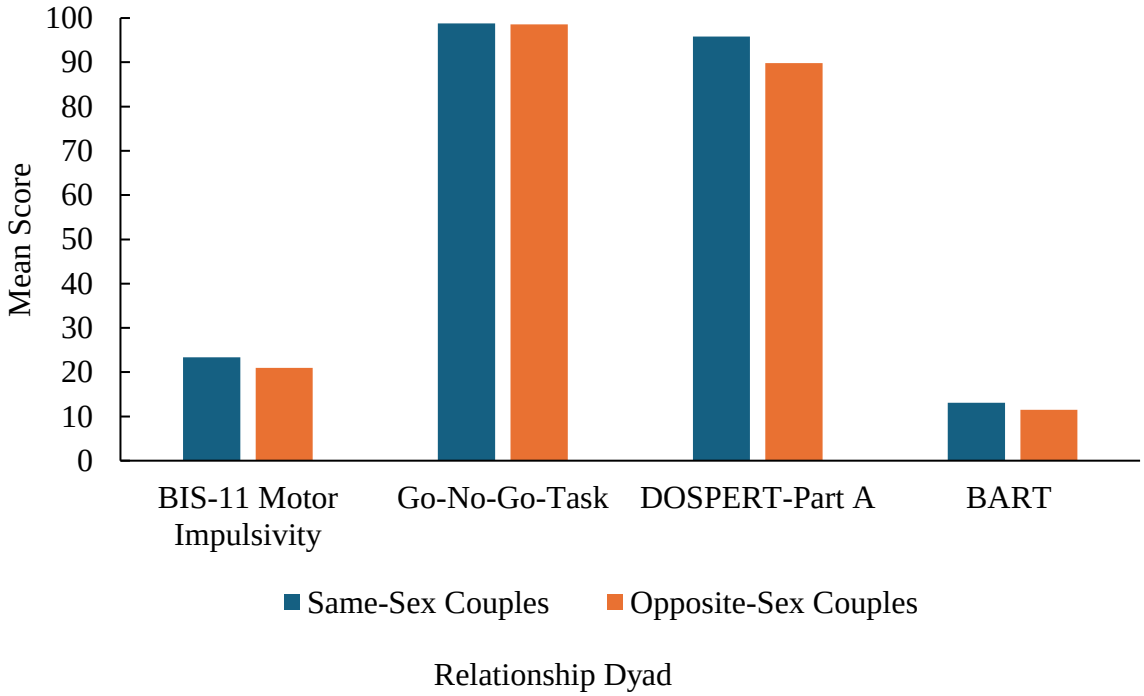
Means and Standard Deviations for Impulsivity and Risk-Taking Measures

Measure	Relationship Dyad			
	Same-Sex Couples		Opposite-Sex Couples	
	M	*SD*	*M*	*SD*
BIS-11 Motor Impulsivity	23.38	3.83	20.96	3.72
Go-No-Go Task	98.81	1.66	98.59	1.97
DOSPERT – Part A Total	95.85	21.13	89.79	19.61
BART Task	13.09	3.85	11.51	4.06

Note. M = Mean, SD = Standard Deviation

Figure 8

Bar Chart for Mean Impulsivity and Risk-Taking Score Across Relationship Dyads



Note. Mean score comparisons occurred between same-sex and opposite-sex couples for each separate measure. Scores for each measure were not compared against each other.

Impulsivity, Risk-Taking and Relationship Dyad as Predictors of IPV

Binary Logistic Regressions

Psychological Aggression and Impulsivity. The first regression model predicted the likelihood of psychological aggression occurring based on impulsivity scores and investigated whether the effect of impulsivity on psychological aggression differed between individuals in same-sex couples and individuals in opposite-sex couples. The logistic regression model was not statistically significant, χ^2 (5, N=323) = 1.32, p = .25, indicating that the impulsivity predictors together did not reliably distinguish between psychological aggression occurring or not occurring in the past year. The model explained 3.06% (Nagelkerke R square) of the variance in psychological aggression and correctly classified 75.5% of cases. The Hosmer-Lemeshow test was not-significant (p = .60), suggesting that the model was a good fit.

As shown in Table 7, relationship dyad and scores on both the BIS-11 Motor Impulsivity and the Go-No-Go task did not significantly contribute to the model. The two interaction terms between scores on the BIS-11, the Go-No-Go task and relationship dyad, also did not significantly contribute to the model, indicating that the effect of impulsivity on the likelihood of psychological aggression did not differ between individuals in same-sex couples and individuals in opposite-sex couples. However, each predictor and interaction term demonstrated low statistical power, reducing the confidence and certainty within the findings.

Table 7

Logistic Regression Predicting the Effect of Impulsivity on Psychological Aggression

	B	SE	Wald	df	*p*	EXP(B) (OR)	95% CI OR		1 - β
							LL	UL	
BIS Motor	.04	.09	.19	1	.67	1.04	.87	1.24	.14
Go-No-Go	-.08	.21	.20	1	.69	.92	.61	1.38	.05
RD	-10.11	22.05	.25	1	.65	.00	.00	2.402E+14	-
BIS Motor by RD	.05	.10	.22	1	.64	1.05	.86	1.27	.18
Go-No-Go by RD	.10	.22	.25	1	.65	1.10	.72	1.69	.05
Constant	7.99	20.87	.18	1	.70	2944.033	.00	1.733E+21	-

Note. RD = Relationship Dyad (same-sex or opposite-sex). OR = Odds Ratio. LL = Lower Limit. UL = Upper Limit.

Psychological Aggression and Risk-Taking. The second regression model predicted the likelihood of psychological aggression occurring based on risk-taking scores and investigated whether the effect of risk-taking on psychological aggression differed between each relationship dyad. The logistic regression model was statistically significant, χ^2 (5, N=323) = 2.98, p = .01, indicating that the risk-taking predictors together reliably distinguished between psychological aggression occurring or not occurring in the past year. The model explained 6.76% (Nagelkerke R square) of the variance in psychological aggression and correctly classified 75.3% of cases. The Hosmer-Lemeshow test was not-significant (p = .83), suggesting that the model was a good fit.

As shown in Table 8, relationship dyad and scores on both the DOSPERT – Part A Total and the BART task as individual predictors did not significantly contribute to the model. The interaction term between the BART task and relationship dyad also did not significantly contribute to the model, indicating that the effect of the BART task risk-taking scores on the likelihood of psychological aggression did not differ between individuals in same-sex couples and individuals in opposite-sex couples. However, this interaction term and predictions of psychological aggression based on the DOSPERT – Part A Total and the BART task demonstrated low statistical power, reducing the confidence and certainty within the findings. Nonetheless, relationship dyad demonstrated high statistical power, suggesting a strong level of certainty in the finding that the likelihood of psychological aggression does not differ between individuals in same-sex couples and individuals in opposite-sex couples.

Table 8 further indicates that the interaction term between relationship dyad and DOSPERT – Part A Total as a predictor of psychological aggression was close to significance (p = .06), demonstrating a statistical trend. This suggests that the effect of engaging in risk-taking behaviour on the likelihood of psychological aggression may be greater for individuals in opposite-sex couples than individuals in same-sex couples. However, further research with a greater sample size is required to increase statistical power and enable generalisability to the wider population.

Table 8

Logistic Regression Predicting the Effect of Risk-Taking on Psychological Aggression

	B	SE	Wald	df	*p*	EXP(B) (OR)	95% CI OR		1 - β
							LL	UL	
DOS - A - Total	-.01	.02	.28	1	.61	.99	.96	1.02	.42
BART	-.01	.09	.02	1	.90	.99	.83	1.18	.06
RD	-2.18	2.30	.93	1	.34	.11	.00	10.22	1.00
DOS – A – Total by RD	.03	.02	3.72	1	.06	1.04	1.00	1.07	.34
BART by RD	-.04	.10	.16	1	.70	.96	.80	1.16	.40
Constant	1.68	2.16	.63	1	.44	5.34	.08	370.93	1.00

Note. DOS – A – Total = DOSPERT – Part A – Total. RD = Relationship Dyad (same-sex or opposite-sex). OR = Odds Ratio. LL = Lower Limit. UL = Upper Limit.

Physical Aggression and Disinhibition (Impulsivity and Risk-Taking). The third regression model predicted the probability of physical aggression occurring based on impulsivity and risk-taking scores and investigated whether the effect of impulsivity and risk-taking on the likelihood of physical aggression differed between individuals in same-sex couples and individuals in opposite-sex couples. The logistic regression model was not statistically significant, χ^2 (9, N=323) = 1.08, p = .37, indicating that the impulsivity and risk-taking predictors together did not reliably distinguish between physical aggression occurring or not occurring in the past year. The model explained 4.04% (Nagelkerke R square) of the variance in physical aggression and correctly classified 57.96% of cases. The Hosmer-Lemeshow test was not-significant (p = .40), suggesting that the model was a good fit.

As shown in Table 9, scores on both self-report and executive function tasks for both impulsivity and risk-taking did not significantly contribute to the model. The four interaction terms also did not significantly contribute to the model, indicating that the effect of impulsivity and risk-taking on the likelihood of physical aggression did not differ between individuals in same-sex couples and individuals in opposite-sex couples. However, all predictors and interaction terms demonstrated low statistical power, indicating an absence of certainty within the observed findings.

Table 9

Logistic Regression Predicting Impulsivity and Risk-Taking on Physical Aggression

	B	SE	Wald	df	*p*	EXP(B) (OR)	95% CI OR		1 - β
							LL	UL	
BIS-11 Motor	.04	.09	.35	1	.69	1.04	.87	1.24	.35
Go-No-Go	.01	.20	.01	1	.97	1.01	.69	1.48	.07
DOS – A - Total	-.03	.02	2.41	1	.12	.97	.94	1.01	.34
BART	-.01	.09	.03	1	.88	.99	.83	1.17	.08
RD	.17	20.89	.01	1	.99	1.19	.00	7.191E+17	.32
BIS Motor by RD	-.01	.10	.18	1	.91	.99	.82	1.20	.06
Go-No-Go by RD	-.02	.20	.02	1	.94	.99	.66	1.47	.06
DOS – A – Total by RD	.01	.02	.59	1	.45	1.01	.98	1.05	.06
BART by RD	-.02	.09	.04	1	.84	.98	.82	1.18	.07
Constant	1.65	19.95	.02	1	.93	5.21	.00	5.029E+17	1.00

Note. DOS – A – Total = DOSPERT – Part A – Total. RD = Relationship Dyad (same-sex or opposite-sex). OR = Odds Ratio. LL = Lower Limit. UL = Upper Limit.

Discussion

Overview of the Current Study

The present study aimed to first confirm the literature by investigating the prevalence rates of IPV in both same-sex and opposite-sex couples, and second, to expand the literature by exploring the impact of disinhibition (impulsivity and risk-taking behaviours) on the likelihood of IPV, and potential differences in this effect between individuals in same-sex and opposite-sex couples. This follows research neglecting to compare potential differences in factors that may predict IPV in both same-sex and opposite-sex couples, and a need to identify which factors may strongly predict the high prevalence rate of same-sex IPV, to inform the design and development of specific, tailored IPV risk assessment and intervention for individuals in same-sex couples.

High prevalence rates were found for psychological aggression (75.54%) and physical aggression (54.18%), and rates were similar amongst individuals in same-sex couples and individuals in opposite-sex couples. Individuals in same-sex couples were also found to be more disinhibited than individuals in opposite-sex couples on a measure of both impulsivity

(BIS-11 Motor) and risk-taking behaviour (BART). Risk-taking also significantly predicted psychological aggression. No other significant prediction models were found. The findings together contribute to a greater understanding of differences in the IPV prevalence rates and traits of disinhibition, and their effect on IPV between individuals in same-sex couples and individuals in opposite-sex couples, to effectively guide future practice and research recommendations.

IPV Prevalence Rates amongst Individuals in Same-Sex and Opposite-Sex Couples

Literature reviews that have concluded that IPV in same-sex couples occurs at equal *and/or* higher rates than IPV in opposite-sex couples (Decker et al., 2018; Edwards et al., 2015; Finneran & Stephenson, 2013), were supported by the present research. The absence of a significant difference in the high prevalence rates of psychological aggression and physical aggression between each relationship dyad suggested that the prevalence of IPV in the current study occurred at relatively equal rates between individuals in same-sex couples and individuals in opposite-sex couples. This finding also further highlights that IPV is a significant phenomenon that occurs irrespective of the relationship dyad, that therefore warrants equal consideration and appropriately tailored intervention. Research should not continue to focus primarily on violence from men against women (Ali et al., 2021) and a heteronormative lens towards IPV policies, prevention, assessment and intervention should not remain (Kar et al., 2023; Lo, 2023; Witarsa & Poerwandari, 2022).

However, this finding also contrasts the increasing number of published studies demonstrating IPV to occur at higher rates in same-sex couples than opposite-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran & Stephenson, 2013; Graham et al., 2019; Kar et al., 2023). This consequently led to the first hypothesis being rejected *("The prevalence of IPV (psychological aggression & physical assault) will be greater amongst individuals in same-sex couples, than individuals in opposite-sex couples")*. This contradiction in findings may be explained through studies using different measures to investigate same-sex IPV prevalence rates. For instance, Chen et al. (2020) used interviews to demonstrate a higher IPV prevalence rate amongst same-sex couples, compared to self-report measures used in the current study. This may further demonstrate that current IPV self-report measures do not accurately capture IPV behaviours specific to same-sex couples, and may lead to an underestimation in observed prevalence rates (Chapter Four) (Dyar et al., 2021; Stephenson et al., 2013; Whitton et al., 2019). In addition, the small sample of individuals in same-sex couples

(n = 43) in comparison to individuals in opposite-sex couples (n = 279), likely reduced the statistical power associated with each finding in the current study and their subsequent internal validity (Onwuegbuzie & Leech, 2004; Serdar et al., 2021). This suggests that if a larger, consistent sample size across relationship dyads occurred, there may be greater power, and therefore greater confidence and certainty within the current study's observed prevalence rates.

Disinhibition (Impulsivity & Risk-Taking) amongst Individuals in Same-Sex and Opposite-Sex Couples

Individuals in same-sex couples were found to be more disinhibited than individuals in opposite-sex couples. Specifically, individuals in same-sex couples self-reported that they engaged in significantly more impulsive behaviour than individuals in opposite-sex couples and demonstrated significantly greater engagement in risk-taking behaviour than individuals in opposite-sex couples. These findings had a good level of certainty (high statistical power) and held respectable importance (medium effect size), suggesting generalisability amongst the wider population.

Notably, this was also a new finding that, to the researcher's knowledge, has not previously been identified or investigated within the literature. Previous studies have explored specific impulsive and risk-taking behaviours amongst individuals in same-sex couples and found that individuals who identify as LGBTQ+ are more likely to engage in risky, impulsive and self-destructive behaviours, such as unprotected sex, drug use and stealing (Bowring et al., 2015; Honrado et al., 2023; Travers et al., 2022). Impulsive tendencies have also been found to more strongly predict high rates of suicidal thoughts and behaviours amongst individuals who identify as LGBTQ+ than individuals who identify as heterosexual (Aranmolate et al., 2017; Hatchel et al., 2021). The present finding therefore broadly supports this literature and expands previous knowledge by investigating behavioural components of impulsivity and risk-taking as traits of disinhibition that overarch and capture previous findings regarding specific impulsive and risk-taking behaviours amongst individuals in same-sex couples.

The concept of minority stress and its association with same-sex IPV may begin to account for these findings (Bartholomew et al., 2008; Cleghorn et al., 2022; Edwards & Sylaska, 2013; Finneran et al., 2012; Kimmes et al., 2019; Lewis et al., 2012; Li et al., 2022; Tognasso et al., 2022). For instance, in line with the General Aggression Model (GAM) (Anderson & Bushman, 2002) and Finkel's 'I^3 theory' (2018), the concept of minority stress would imply that stressful experiences related to an individual's minority status, such as their

sexual orientation, can interact with situational and societal factors to affect an individual's internal state. This can create internal conflict and negative affect that may interfere with situation appraisal and impede decision-making processes, emotion regulation and inhibition (Meyer, 2003, 2007). Consequently, individuals within same-sex couples may be at a greater risk of engaging in impulsive and/or risk-taking behaviours.

However, this finding was not consistent across all self-report measures and executive function tasks used in the current study. The lack of collaboration between measures of disinhibition may have been impacted by the limitations and variance associated with each measurement approach. For instance, the self-report measures relied on respondent integrity that may have led to biased responding (Lejuez et al., 2002; Nguyen et al., 2018). Although the executive function tasks may have counteracted this limitation to an extent by providing a more objective measurement of disinhibition, certain social and emotional contexts were still removed within the computerised executive function tasks, further impacting real-world applicability (Nguyen et al., 2018; Young et al., 2012). Consequently, additional research, drawing upon various measurement approaches, is still required to strengthen the richness and ecological validity of the current study's novel findings. This would provide reliable conclusions that individuals in same-sex couples are more disinhibited than individuals in opposite-sex couples, and accurately guide policy and practice for individuals in same-sex couples (Heale & Forbes, 2013; Leuffen et al., 2013; Rooney et al., 2012).

Predictions of IPV based on Impulsivity, Risk-Taking and Relationship Dyad

Significant Predictions of IPV

The main effect of risk-taking on the likelihood of psychological aggression was significant. This finding supports previous literature demonstrating risk-taking to predict and be associated with IPV overall (Dowgwillo, 2016; Lipsky & Caetano, 2011; Munro & Sellbom, 2020; Romero-Martínez et al., 2021; Sica et al., 2024). Only Munro and Sellbom (2020) have previously investigated the relationship between risk-taking and different types of IPV behaviour, and they found the opposite to the current study, whereby risk-taking predicted physical IPV and not psychological IPV. The current study's significant regression model therefore adds a new perspective to the evidence base that warrants consideration within IPV risk assessment and intervention, for individuals in both same-sex and opposite-sex couples.

This finding also supports the GAM (Anderson & Bushman, 2002), Finkel's 'I^3 theory' (2018) and the Risk Need Responsivity (RNR) model (Andrews et al., 1990) to be pertinent

theories in contributing to an understanding of IPV in both same-sex and opposite-sex couples, that guide and underpin IPV accredited interventions. For instance, both the GAM and Finkel's 'I^3 theory' would suggest that traits of risk-taking affect an individual's appraisal and decision-making processes and reduce their ability to control urges and tendencies towards psychological aggression. These violent urges may be triggered by instigating factors, such as situational events and influenced by impelling factors, such as affect and emotion regulation (Anderson & Bushman, 2002; Finkel, 2007; Finkel & Hall, 2018). The RNR model would further suggest that risk-taking behaviours need to be targeted within psychological IPV interventions at a level that is proportionate to the individual's risk and tailored to their specific circumstances e.g., IPV within a same-sex or opposite-sex couple (Andrews et al., 1990).

Although not significant, a statistical trend also emerged within the current study's significant regression model which demonstrated that the effect of engaging in risk-taking behaviour on the likelihood of psychological aggression may be greater for individuals in opposite-sex couples than individuals in same-sex couples. Whilst further research with a greater sample size is required to increase statistical power and enable reliable generalisability to the wider population, the finding currently suggests that despite individuals in same-sex couples demonstrating greater risk-taking behaviour, risk-taking does not strongly predict the high prevalence rate of same-sex IPV identified within the wider literature; risk-taking may be a stronger predictor of psychological IPV in opposite-sex couples than same-sex couples.

This trend may begin to support broader research demonstrating that different factors and experiences can predict and be associated with same-sex IPV, compared to opposite-sex IPV, that are not recognised or incorporated within current IPV risk assessment tools, such as the SARA and ODARA, or within current HMPPS accredited IPV interventions, such as Building Better Relationships and Kaizen (Kar et al., 2023; Kimmes et al., 2019; Magalhães et al., 2023; Witarsa & Poerwandari, 2022) (Graham et al., 2019).

It may also support a positive shift within literature and practice to move away from using rigid and heteronormative models, such as the Duluth Model (Pence & Paymar, 1993), to understand and address IPV. The use of integrative theories and models, such as the GAM, Finkel's 'I^3 theory' and the RNR model, to inform IPV interventions enables differences within a diverse range of interrelated factors, including risk-taking and relationship dyad, to be understood and addressed within IPV interventions (Anderson & Bushman, 2002; Andrews et al., 1990; Finkel, 2007; Finkel & Hall, 2018; Witarsa & Poerwandari, 2022). The current

study's findings therefore continue to highlight that current HMPPS accredited IPV interventions have a strong pre-existing theoretical underpinning, that can be adapted and tailored to incorporate and address the multitude of factors, that may differentially impact on IPV in same-sex and opposite-sex couples.

Non-Significant Predictions of IPV

Despite the risk-taking predictors together significantly predicting psychological aggression and the observed statistical trend, when investigated further in isolation, individual predictors within the psychological aggression and risk-taking regression model, did not reach a robust level of significance. The current research was also unable to form significant prediction models for impulsivity on psychological aggression, and the traits of disinhibition (impulsivity and risk-taking) on physical aggression. This contrasts literature demonstrating impulsivity to predict and be associated with IPV (Cole et al., 2022; Derefinko et al., 2011; Humbert et al., 2024; Kanwal & Kazmi, 2022; Romero-Martínez et al., 2019; Schafer et al., 2004).

Methodological differences may begin to account for the conflicting findings. For instance, differences may have occurred in how each study conceptualised the traits of impulsivity and risk-taking. The current study investigated impulsivity and risk-taking behaviours as distinct constructs under an overarching concept of disinhibition (Gillespie et al., 2018; Nigg, 2017). This was consistent with studies that utilised the Personality Inventory for the DSM-5 (PID-5), such as Munro and Sellbom (2020), as the PID-5 measures the domain of disinhibition and facets of impulsivity and risk-taking. However, conceptualisation was not clearly outlined by most previous studies and the terms impulsivity, risk-taking and disinhibition were used interchangeably.

Similarly, distinct measures of impulsivity and risk-taking were often not used. Impulsivity and risk-taking were often measured alongside multiple other personality traits within the same questionnaire as part of an alternate construct e.g., pathology (Dowgwillo, 2016), borderline personality disorder (Munro & Sellbom, 2020) or psychopathy (Sica et al., 2024). Where distinct measures of impulsivity were used by previous studies, these were also different to those employed in the current study. For instance, Derefinko et al. (2011) used the UPPS-P Impulsive Behaviour Scale (UPPS-P) that includes urgency, premeditation, perseverance and sensation-seeking as factors of impulsivity, that differ to the motor, cognitive and non-planning impulsivity factors within the BIS-11. Consequently, each self-report

measure may have been measuring different impulsivity behaviours. This may impede reliable study comparisons and further explain the non-significant and contradictory findings between the present study and the wider literature.

In addition, inconsistent sample sizes were used across studies. Although the current study's sample size was similar to that of Munro and Sellbom (2020) and Derefinko et al. (2011), studies finding impulsivity and risk-taking to strongly predict IPV used large sample sizes e.g., 1500 – 2700 participants, with greater sample diversity, that likely increased the statistical power of each prediction. The low frequency of one outcome (i.e., no psychological aggression or physical violence) compared to the other outcome (i.e., presence of psychological aggression or physical violence), within the current study, may have impacted the baseline probability within the regression models, increasing bias and reducing the validity of each regression model (Williams, 2022). This likely contributed to, and therefore enhanced explanation of, the current study's non-significant findings.

Taken together, the current study's findings subsequently led to a partial acceptance of the second hypothesis *("Impulsivity and risk-taking behaviours will predict the likelihood of IPV")*, and a rejection of the third hypothesis *("The effect of disinhibition (impulsivity and risk-taking) on the likelihood of IPV will differ between individuals in same-sex couples and individuals in opposite-sex couples")*. The findings provide important future research recommendations and practical implications for the design and development of IPV risk assessment and intervention for individuals in both same-sex and opposite-sex couples.

Study Limitations

Participants who reported that they were in a same-sex couple were not asked whether this was a female or male same-sex couple. It could therefore not be established whether the same-sex couples included in the current study were male or female without making inferences from participants reported gender identity. This retrospective approach would have had a strong potential for researcher bias that would have impacted data coding and subsequently the reliability of findings. The data could therefore not be explored at a greater depth to identify whether the effects of impulsivity and risk-taking behaviours on IPV also differed between individuals in female same-sex couples and individuals in male same-sex couples. Despite this, significant findings were found that may have diminished should the gender identity of each relationship dyad have also been explored. This would have followed an additional reduction in the sample size of each same-sex group, further impacting on the statistical power of each

finding. In addition, by not exploring gender differences within same-sex couples, general gender related themes did not obscure discussion, and full attention could be maintained on the experience of IPV within same-sex couples.

Whilst the use of executive function tasks may have counteracted any participation bias associated with impulsivity and risk-taking self-report measures (Nguyen et al., 2018), there was also no method of corroboration for participants self-reported psychological aggression and physical violence. Using the full CTS2 by asking participants to report their own and their partner's behaviour, and then repeating this on each participant's partner, may have aided cross-validation of responses (Straus et al., 1996). However, this would have added an additional layer of complexity into data analysis and data regarding participants' partner's behaviour was redundant within the current study's aims and hypotheses. Recruiting both partners within a same-sex and opposite-sex couple would have also provided additional recruitment challenges and further reduced the sample size, again impacting on the statistical power of observed findings.

Nonetheless, the overall sample used in the current study significantly lacked diversity. Participant demographics indicated that the sample primarily consisted of white, female participants aged 18-24 in opposite-sex couples (Figures 1 and 2). This lack of diversity may therefore be impacting generalisability of the findings to the wider population. However, during participant recruitment, substantial attempts were made to counteract this limitation and increase sample diversity, by not relying on the student participation scheme and directly approaching LGBTQ+ social groups and charities.

Practical Implications

The current study's findings have consequently expanded the literature and developed awareness and understanding of IPV and potential differences within associated factors in both same-sex and opposite-sex couples. Specifically, greater attention has been drawn to the issue of IPV in same-sex couples. The relatively equal IPV prevalence rates between individuals in same-sex couples and individuals in opposite-sex couples within the current study, strongly argues against a heteronormative IPV lens and suggests that same-sex IPV should not be neglected within IPV policy and practice (Kar et al., 2023; Lo, 2023; Witarsa & Poerwandari, 2022). The high IPV prevalence rates also support practice implications outlined in Chapter Two by further emphasising a need for CJS professionals to receive training on same-sex IPV, to increase their awareness and understanding of same-sex IPV, reduce the negative and biased

attitudes that have been shown towards same-sex IPV, and ensure that same-sex IPV is being accurately identified, reported and addressed by both CJS professionals and individuals experiencing IPV in same-sex couples (Chapter Four) (Butterby & Donovan, 2023; Russell & Sturgeon, 2019; Stephenson et al., 2013).

The present study also supports consideration for the development of tailored risk assessment and intervention for individuals who engage in same-sex IPV. The significant prediction model suggests that risk-taking, but not impulsivity, should be a risk factor that is explicitly incorporated within IPV risk assessment tools, particularly when risk assessing the likelihood of psychological aggression in both individuals in same-sex and opposite-sex couples. Similarly, within interventions for individuals that engage in psychological IPV, across both same-sex and opposite-sex couples, risk-taking traits and behaviours should be targeted, addressed and reduced.

Although individuals in same-sex couples demonstrated greater engagement in risk-taking behaviour than individuals in opposite-sex couples, the statistical trend suggested that specific, tailored risk assessment and intervention for same-sex IPV may consider placing less emphasis on assessing and addressing risk-taking in individuals that engage in same-sex psychological IPV, than individuals that engage in opposite-sex IPV. This would also concur with the idea that pre-existing theories underpinning current IPV interventions, such as the General Aggression Model, Finkel's 'I^3 theory' and the Risk Need Responsivity model, can still provide an effective foundation from which same-sex IPV interventions can be adapted and tailored to further recognise and respond to the different factors, needs and experiences associated with same-sex IPV (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023).

Consequently, whilst the current study's findings do not significantly indicate a need for impulsivity and risk-taking to differentially feature within same-sex and opposite-sex IPV risk assessment and intervention, they provide important practical advice that will help to reduce recidivism and the high IPV prevalence rate and protect against the health and economic consequences associated with IPV. The statistical trend, wider literature identifying distinct risk markers for same-sex IPV and need for future research also continues to suggest that consideration should be given to developing specific same-sex IPV risk assessment tools and interventions. This is particularly imperative as the prevalence rate of individuals within the CJS who have engaged in same-sex IPV may be anticipated to increase in line with increasing

recognition and understanding of the phenomenon, improving attitudes amongst CJS professionals (Chapter Two) and greater reliability within self-reporting (Chapter Four)(Addington, 2020; Butterby & Donovan, 2023; Stephenson et al., 2013; Witarsa & Poerwandari, 2022).

Future Research

Importantly, the current study also provides a new avenue for future research. Preliminary analyses identified that individuals in same-sex couples were more disinhibited than individuals in opposite-sex couples on a measure of both impulsivity and risk-taking. This was a novel finding that warrants further research using different measurement approaches, such as self-report, executive function tasks and behaviour observations, to enable triangulation of findings and to strengthen the richness of conclusions regarding disinhibition in same-sex couples.

Future research should investigate potential mediating factors for the greater disinhibition (i.e., impulsivity and risk-taking) found amongst individuals in same-sex couples, such as the concept of minority stress (Meyer, 2003, 2007). This may help to begin to explain why individuals in same-sex couples were found to be more disinhibited than individuals in opposite-sex couples. Whilst greater disinhibition amongst individuals in same-sex couples was not found to significantly predict greater IPV in same-sex couples, future research may also continue investigating the effect of greater disinhibition amongst individuals in same-sex couples on additional harmful, aggressive or antisocial behaviours. This would continue to guide policy and practice for individuals in same-sex couples and ensure an appropriate and tailored response to all harmful behaviours, that continues to recognise the different experiences and needs of individuals in same-sex couples.

Consideration should also be given to holistic investigation of disinhibition traits. The current study focused solely on behavioural components of impulsivity and risk-taking. However, it is recognised that both impulsivity and risk-taking are multi-factorial traits (Barratt, 1996; Bran & Vaidis, 2020). Investigating cognitive and affective components of these traits, in accordance with Breckler's ABC model (Breckler, 1984), would therefore aid development of a rich, holistic understanding of the relationship between impulsivity, risk-taking, and IPV amongst different relationship dyads.

Similarly, ensuring a large sample size to aid statistical power and subsequent confidence and generalisability in findings, future research should continue to investigate the

observed statistical trend regarding risk-taking behaviour being a stronger predictor of psychological aggression amongst individuals in opposite-sex couples compared to same-sex couples. In addition, future research should explore potential differences in factors outside of impulsivity and risk-taking that may predict IPV in both same-sex and opposite-sex couples. For instance, specific Big 5 personality traits and the Dark Triad of Personality have been shown to predict the likelihood of engaging in severe IPV perpetration (Hines & Saudino, 2008; Plouffe et al., 2022). However, this effect has not been investigated in, or compared between, different relationship dyads. Continuing research of this accord will therefore help to develop certainty in associated factors and identify additional factors that may predict the high prevalence rate of same-sex IPV, to further inform same-sex IPV risk assessment and risk-reducing intervention.

Conclusion

The current study explored the prevalence rates of IPV in both same-sex and opposite-sex couples, and novelly investigated the impact of disinhibition, via impulsivity and risk-taking, on the likelihood of IPV, and potential differences in this effect between individuals in same-sex couples and individuals in opposite-sex couples. High IPV prevalence rates were found that occurred at relatively equal rates amongst individuals in same-sex and opposite-sex couples. Individuals in same-sex couples were also found to be more disinhibited than individuals in opposite-sex couples on a measure of both impulsivity and risk-taking behaviour. Risk-taking also significantly predicted psychological aggression. No other significant prediction models were found. The findings therefore strongly suggest that same-sex IPV should not be neglected within IPV policy and practice and provide important practical implications for the design and development of both same-sex and opposite-sex IPV risk assessment tools and risk-reducing interventions, that address the distinct factors, needs and experiences associated with same-sex and opposite-sex IPV. This will help to reduce the high prevalence rate of IPV, preventing further victims and protecting against health and economic consequences.

CHAPTER FOUR

A Critique of the Revised Conflict Tactics Scale and its Utility when Investigating Same-Sex Intimate Partner Violence

Introduction

Chapter Two and Chapter Three of the current thesis have identified how the attitudes of CJS professionals can impact on underestimated same-sex IPV prevalence rates within the CJS and the subsequent resources available to support and address same-sex IPV. Reliance can therefore not be placed on CJS professional identification alone to appropriately support individuals experiencing same-sex IPV. This demonstrates an inherent need for IPV self-report measures, within the current thesis and wider research and practice. However, Chapter Three also considered that alongside IPV risk assessment tools and interventions, current IPV self-report measures may not adequately reflect the distinct IPV behaviours that have been identified amongst same-sex couples, which may further impact on reported same-sex IPV prevalence rates. Consequently, there is a need to critique common measures of IPV behaviour, such as the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), to ensure that they are appropriate and valid to use when investigating IPV amongst same-sex couples. This will ensure that when following the current thesis' recommendations for further research into the phenomenon of same-sex IPV, reliable data is gathered to effectively and accurately develop the same-sex IPV evidence base, policy and practice.

The Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996) is a frequently used measure of IPV, that has been deemed the 'gold standard' (Alexander et al., 2022). Although previous publications have critiqued the measure and reviewed its psychometric properties (Chapman & Gillespie, 2019; Jones et al., 2017), they have focused on comparisons to the original Conflict Tactics Scale, comparisons to alternate IPV measures or they have applied findings to a broad context of IPV. Similarly, despite previous research using the CTS2 to investigate IPV amongst same-sex couples (Graham et al., 2019; Messinger, 2011), the specific utility of the CTS2 to investigate same-sex IPV has not been critiqued. The current critique therefore aims to first build on previously published critiques of the CTS2 by incorporating any recent, additional evidence investigating the CTS2's psychometric properties to ensure that the CTS2 continues to be a reliable and valid measure of IPV, and second, apply the findings directly to same-sex IPV to determine the specific utility of the CTS2 when investigating IPV in same-sex couples.

Overview of the Revised Conflict Tactics Scale

As outlined in Chapter Three, The Revised Conflict Tactics Scale (CTS2) measures the prevalence and chronicity of behaviours within intimate relationships, that in some contexts,

may be indicative of IPV. The CTS2 defines these behaviours to be "concrete acts or events" that are used to resolve conflict. The included conflict resolution behaviours vary in intensity; some are severe and illegal e.g., "I used a knife on my partner", whilst some are legal and may, on occasion, be considered minor and context appropriate e.g., "I shouted at my partner". In line with Conflict Theory (Coser, 1956), the CTS2 therefore recognises that conflict within a relationship is normal, and that the incorporated behaviours do not all, consistently reflect IPV. However, it assumes that violence as a conflict resolution strategy is not an acceptable behaviour within societal norms.

Within the CTS2, 39 items are included, once about the respondent's self and once about the respondent's partner, and each item concerns a different conflict resolution behaviour. The items are categorised under five scales: physical assault; psychological aggression; sexual coercion; injury; negotiation. The negotiation scale is further divided into cognitive and emotional subscales, and the remaining four scales are subdivided into minor and severe subscales.

Scales within the Revised Conflict Tactics Scale

- **Physical Assault** – measures behaviours that involve physical force and aggression.
- **Psychological Aggression –** incorporates verbal and nonverbal aggressive acts that may cause psychological distress, but that do not involve physical or sexual aggression.
- **Sexual Coercion** – incorporates behaviours that are intended to make the partner engage in unwanted sexual activity. It includes both verbal persistence, threats and actual force.
- **Negotiation** – refers to the actions taken to resolve disagreements through discussion. The cognitive subscale reflects examples of these discussions, and the emotional subscale measures the degree to which positive affect and emotional concern is communicated.
- **Injury** – represents the consequences of each behaviour rather than the behaviour itself. It measures physical injuries through pain, damage to the body and a need for medical attention.

Administration & Scoring of the Revised Conflict Tactics Scale

The CTS2 takes approximately 10-15 minutes to complete and can be administered with any type of partner e.g., dating, cohabiting or marital. Using a Likert Scale, respondents

are typically asked to indicate how many times both they (39 items), and their partner (39 items), engaged in each behaviour within the previous year (once, twice, 3-5 times, 6-10 times, 11-20 times, 20+ times, previously but not in the past year, or never happened). However, Straus et al. (1996) highlight the flexible administration of the CTS2, whereby the standard one-year referent period can be altered to measure behaviours in different timeframes, select scales can be individually administered and respondents may only be asked about their own behaviour. This ensures that variables and subsequent data, specific to the study aims can be obtained.

Straus et al. (1996) also acknowledges that scoring adaptations can be made. Although, they recommend that the CTS2 is scored by adding the midpoint from each response category, for each item within an individual scale, to ensure that respondent prevalence data is maintained, and reliable data comparisons occur between research studies.

Development of the Revised Conflict Tactics Scale

The CTS2 is a revised version of the Conflict Tactics Scale (CTS) (Straus, 1979) that aimed to address the limitations associated with the CTS. Developments included adding additional items to the three original scales (physical aggression, psychological aggression, negotiation) to enhance the measures content validity and reliability and incorporating two additional scales (sexual coercion and injury) to reflect developments in understanding the factors that constitute IPV.

The three original scale names were also amended to provide greater clarity. The psychological aggression scale replaced ‘verbal aggression’, to reflect the incorporation of behaviours that are nonverbal but that do not involve physical or sexual aggression. The physical assault scale replaced the ‘violence scale’, to ensure specificity regarding the behaviours it incorporates. The negotiation scale replaced the ‘reasoning scale’, to reflect both the cognitive and emotional aspects of negotiation.

In addition, the pronouns ‘his/her’ were replaced by the term ‘my partner’ in the CTS2. This made comprehension of the items clearer, whilst ensuring that the CTS2 had greater inclusivity and was applicable to all individuals, regardless of gender identity, sexual orientation or relationship dyad e.g., same-sex couples.

Characteristics of the Revised Conflict Tactics Scale

Level of Measurement

The use of a Likert Scale ensures that the CTS2 produces interval level data. This type of data is ordered without a fixed zero point. Kline (2015) argues that data generated from a psychometric measure needs to be at least interval level, to be considered a 'good' measure, as interval level data facilitates in-depth statistical analysis and data comparison. However, the intervals between the midpoint of each response category within the CTS2 are not proportionate. This can prevent reliable data comparisons between participant responses as parametric statistical analysis is impeded. Whilst informative data is still generated through frequency statistics regarding the prevalence of IPV behaviours, in some cases, participants responses need recoding, such as through a dichotomous approach, to enable reliable data comparisons between participant scores.

Self-Report

The CTS2 is a self-report measure, whereby respondents complete each item by themselves. As noted previously in the current thesis, self-report measures are needed as they facilitate easy administration, particularly for behaviours that may otherwise be hard for professionals to observe or identify (Chan, 2010). They also ensure that the individual, whose behaviour is being investigated, gets a chance to communicate their own views and opinions.

However, to ensure reliability and validity, self-report measures rely on respondent integrity. Social desirability effects can often occur within self-report measures, whereby respondents may answer items in a way that makes them look more favourable ('faking good') (Chan, 2010). Alternatively, respondents may exaggerate behaviours and difficulties amongst themselves or their partner ('faking bad'). In particular, the sensitive nature of the items within the CTS2 may evoke strong perceptions and emotions. For instance, respondents may fear negative consequences or seek to evoke negative consequences to their partner. This may contribute towards a self-report and/or partner-report bias (Straus, 2012).

Whilst Sorenson and Taylor (2005) found Likert Scales (as used by the CTS2) to produce less social desirability effects than dichotomous response options (yes/no), administering the CTS2 on both partners where possible, can also help to identify any self-report bias. Nonetheless, the data generated from self-report measures may still be an under or

over estimation, suggesting caution is needed, as in Chapter Three, when making inferences and drawing conclusions from the CTS2 (Chan, 2010; Mathie & Wakeling, 2011).

Psychometric Properties of the Revised Conflict Tactics Scale

Reliability

Internal Reliability

Internal reliability concerns the extent to which each item within a psychometric test measures the same construct i.e., how interrelated and consistent is each item? (Kline, 2015; Raykov & Marcoulides, 2011). Cronbach's Alpha provides a good measure of internal consistency by correlating all possible item comparisons against each other (Kline, 2015). Whilst Nunnally and Bernstein (1994) argue that a score of .95 is the 'desirable standard', particularly if the test is being clinically applied, a Cronbach's Alpha score of .70 or more is generally considered to be an acceptable level of internal reliability (Straus & Mickey, 2012; Taber, 2018).

In their preliminary psychometric analysis, Straus et al. (1996) demonstrated that all five CTS2 scales had good internal consistency amongst college students in opposite-sex couples from the United States. Cronbach's Alpha scores ranged between .79 and .95 and were as high, or higher, than the original CTS. Straus (2004) repeated this study amongst college students in opposite-sex couples from 33 universities in 17 countries and found high internal consistency amongst all CTS2 scales (Physical Assault = .88, Psychological Aggression = .74, Sexual Coercion = .82, Negotiation = .88, Injury = .89). Similarly, Straus and Mickey (2012) reviewed data from published studies in all major world regions, including Asia, Europe, North America, Latin America and the Middle East, and again demonstrated high Cronbach's Alpha scores amongst the victimisation and perpetration CTS2 scales (victimisation = .81, perpetration = .78). Whilst some bias may exist due to the authors being associated with the CTS2's development, these findings indicate that the CTS2 has good internal reliability across these different cultures.

However, Straus (2004) reported higher internal reliability amongst male students in opposite-sex couples (.78 to .93), compared to female students in opposite-sex couples (.72 to .87). Although Cronbach's Alpha scores were still at an acceptable level overall within the female sample, this suggests that greater caution may be needed when using the CTS2 with a female population. Multiple studies investigating diverse female populations also support this

conclusion by demonstrating that although internal reliability scores are still acceptable, they are often lower than Straus (2004) and Straus et al. (1996) originally reported.

Signorelli et al. (2014) found a good level of internal reliability across all five scales (0.78 to 0.96) when using an Italian version of the CTS2 with a sample of Italian women in opposite-sex couples, and Connelly et al. (2005) reported Cronbach's Alpha scores greater than .70 for each scale when investigating the internal reliability of both an English and Spanish version of the CTS2 with Latino women. Using a sample of women in prison, Jones et al. (2002) also demonstrated moderate to excellent Cronbach Alpha scores for each scale, although the psychological aggression and physical assault scales combined into one variable following high item correlations. Newton et al. (2001) also reported acceptable coefficients on the physical assault (.78), psychological aggression (.79) and negotiation scales (.77), amongst a sample of females in opposite-sex couples considered 'poorly educated'. However, their in-depth analysis of the minor and severe subscales indicated that the severe physical (.43) and severe psychological (.49) subscales had inadequate internal reliability.

More consistently, the sexual coercion scale has demonstrated inadequate internal reliability across diverse populations. Anderson and Leigh (2010) and Yun (2011) found low Cronbach's Alpha scores for both the perpetration (.26 and .18) and victimisation (.62 and .37) sexual coercion scales amongst females in opposite-sex couples within the community. Similarly, O'Leary and Williams (2006) reported low Cronbach's Alpha scores for the sexual coercion and injury perpetration scales (<.7) amongst both men and women in a married opposite-sex couple. Lucente et al. (2001) also support the low internal consistency of the sexual coercion scale (.34) amongst a sample of females in prison. However, these undesirable findings may be impacted by low reporting of the individual behaviours that contribute to the sexual coercion scale (Anderson & Leigh, 2010).

Nonetheless, the majority of the CTS2 scales and subscales have demonstrated an acceptable level of internal reliability across different cultural, clinical and community populations, continuing to support the use of the CTS2 in a wide variety of study designs and clinical practice. Specifically, Matte and Lafontaine (2011) investigated the internal reliability of the CTS2's psychological aggression perpetration and victimisation scales in both men and women in same-sex couples. They concluded that adequate Cronbach's Alpha scores were found (.61 to .71) that were comparable to internal reliability scores of the CTS2 amongst opposite-sex couples. Whilst specific data investigating the internal reliability of additional

CTS2's scales, e.g., physical aggression, amongst same-sex couples remains outstanding, these findings begin to provide evidence that explicitly supports the reliable use of the CTS2 when measuring IPV amongst same-sex couples.

Test-Retest Reliability

Test-retest reliability refers to the extent to which a test produces the same score for an individual on different occasions (Kline, 2015). Pearson's R correlational analysis examines test-retest reliability by correlating the first test scores with the second test scores. A score of .70 is considered to be 'acceptable', with higher scores indicating stronger test-retest reliability (Kline, 2015).

The CTS2 measures dynamic behaviours, which inevitably negatively impacts its test-retest reliability. However, the CTS2's standard one year referent period provides a stable time-period that test items can be directed towards. For instance, Vega and O'Leary (2007) asked a sample of men in opposite-sex couples at the start, and at the end, of a nine-week IPV programme to complete the CTS2 in relation to the one-year period prior to beginning the programme. Pearson's R indicated that the physical aggression (.76), psychological aggression (.69), and injury (.70) scales met the level of test-retest acceptability. The authors also considered that the negotiation scale demonstrated "strong" test-retest reliability (.60). However, according to Kline (2015), this score would suggest the likelihood of large standard errors, reducing the test-retest reliability. Weak test-retest reliability was also demonstrated for the sexual coercion scale (.30).

Similarly, although Moraes and Reichenheim (2002) used Cohen's Kappa instead of Pearson's R to measure their 24-48 hour re-test period, they found scores above .75 for all scales (except sexual coercion) on a Portuguese version of the CTS2. Goodman et al. (1999) also found that men and women in opposite-sex couples with serious mental illness reported "good" consistency in scores across all abuse scales, following a two-week time interval. These findings support Vega and O'Leary's (2007) notion that overall, the CTS2 possesses good test-retest reliability. However, Goodman et al. (1999) also found a significant reduction in the consistency of scores for men who reported engaging in aggressive behaviours towards their opposite-sex partner. This suggests that the CTS2 may have greater test-retest reliability amongst women in opposite-sex couples with serious mental illness, than men.

Nonetheless, the different research methodologies and lack of standardisation in the time interval between test and retest, makes comparison of findings difficult. Kline (2015)

argues that the time interval should not be less than six months to minimise the effects of memory, practice and learning (Raykov & Marcoulides, 2011). Alternatively, maturational developments and historical changes could occur following a longer time interval, which may reduce test-retest reliability (Raykov & Marcoulides, 2011). In addition, research investigating the CTS2's test-retest reliability is limited, which further inhibits development of concrete conclusions regarding the CTS2's utility when measuring IPV in both opposite-sex and same-sex couples.

Inter-Rater Reliability

Similarly, few studies have measured the inter-rater reliability of the CTS2, despite the developers recommending that both partners be tested to compare findings (Straus et al., 1996). Inter-rater reliability concerns the extent to which different raters are consistent in their scoring of test items (Raykov & Marcoulides, 2011). O'Leary and Williams (2006) used Cohen's Kappa to compare both opposite-sex partners' ratings and found statistically significant agreement amongst all CTS2 scales. However, the strength of agreement between partner reports varied, with greater agreement amongst the physical and psychological aggression scales, and weaker agreement amongst the sexual coercion and injury scales. Self-report and partner-report bias may impact under or over reporting and contribute towards O'Leary and Williams (2006) findings. This suggests that caution is required when making judgements on the CTS2's inter-rater reliability when investigating IPV in both opposite-sex and same-sex couples, particularly when using the CTS2 to inform legal decision-making.

Validity

Content Validity

Content validity concerns the extent to which test items measure all facets of the behaviour/construct that the test was designed to measure (Kline, 2015; Raykov & Marcoulides, 2011). Accurate assessment therefore requires a clear, high quality theoretical understanding of the construct that evolves as the construct is researched and understood further (Kline, 2015; Raykov & Marcoulides, 2011).

Straus et al. (1996) outline that, based on conflict theory (Coser, 1956), the CTS2 measures different behaviours that intimate partners may use to resolve conflict. Whilst they do not state that the CTS2 directly measures IPV, they highlight that the CTS2's most frequent application is to measure violence inflicted towards a partner. The behaviours measured could

therefore be indicative of IPV in some contexts and consequently provide a framework of different types of IPV behaviours, that aligns with the World Health Organisation's (WHO) definition of IPV (WHO, 2022).

For instance, incorporation of the sexual coercion scale reflects the developed evidence base that demonstrates sexual persistence, threats or force to also be an unhealthy and harmful conflict resolution strategy. The inclusion of additional items into the original scales also recognises the wide nature of behaviours that may constitute physical or psychological aggression. Items regarding both perpetration and victimisation, and a recommendation to administer the CTS2 on both partners where possible, also signifies the often-reciprocal nature of IPV (Straus & Mickey, 2012) and further contributes towards the CTS2's high content validity.

However, the CTS2 could be updated, particularly towards its inclusion of coercive and controlling behaviours as harmful conflict resolution strategies (Alexander et al., 2022). Specifically, incorporating items regarding social media or financial control would reflect the greater recognition of financial abuse as a type of IPV and the use of social media as an additional platform to display IPV behaviours (Postmus et al., 2020). Including both psychological i.e., trauma, and physical injury, into the injury scale would also recognise the debilitating effects that IPV can have on both an individual's physical and mental health (Gehring & Vaske, 2017). Psychological harm and coercion and controlling behaviours form an integral part of the WHO's definition of IPV. These proposed revisions would thereby strengthen the CTS2's theoretical alignment and enhance its content validity when measuring IPV in both opposite-sex and same-sex couples.

In addition, although the inclusion of the phrase 'my partner' instead of specific pronouns made comprehension of the CTS2's items clearer and more applicable to different relationship dyads e.g., same-sex couples, the lack of context towards items may lead to subjective and/or incorrect interpretation, reducing its content validity (Raykov & Marcoulides, 2011). For instance, the CTS2 does not capture specific motivators, such as self-defence, that may drive certain behaviours (Alexander et al., 2022), and neither does it incorporate factors or behaviours that may be specific to same-sex IPV, such as partner's isolating an individual from the same-sex community, using stigmatised language, questioning their partner's sexual identity or threatening to disclose their partner's sexual identity without their consent (Dyar et al., 2021; Whitton et al., 2019). Lehrner and Allen (2014) also identified that mock/playful

fighting was often portrayed as IPV within the CTS2. Respondents may then be miscategorised as violent perpetrators and the frequency and severity of IPV may be over-reported. These issues indicate that additional items and greater contextual explanation needs to be incorporated into the CTS2 to enhance its content validity for same-sex and opposite-sex IPV behaviours, and/or the CTS2 should be used in conjunction with additional measures when investigating IPV, such as past IPV convictions, to ensure all information necessary to conflict resolution strategies, the IPV construct, and the study aims are captured.

Construct Validity

Construct validity relates to the quality of the measure i.e., how *well* does the test measure the intended behaviour (construct)? (Raykov & Marcoulides, 2011). It can be assessed through: (1) correlational analyses that measure how similar (convergent validity) and dissimilar (divergent validity) the intended construct is from alternate constructs that it should and should not correlate with based on theoretical background (Kline, 2015; Raykov & Marcoulides, 2011); (2) factor analyses that investigate the structure and underlying relationships of the construct as it is operationalised within the test measure (Raykov & Marcoulides, 2011).

Straus et al. (1996)'s preliminary psychometric data used correlational analysis to provide supporting evidence for the CTS2's construct validity. They found good (greater than .70 (Kline, 2015)) correlations between all five scales within the CTS2 and theoretically associated variables such as violence escalation, injury and social integration, particularly amongst men in opposite-sex couples, and no correlations between theoretically irrelevant variables, such as negotiation and injury. Straus (2004) extended support for the CTS2's construct validity by finding acceptable positive correlations between the CTS2 and additional theoretically related variables, such as childhood corporal punishment and dominance in dating relationships. This finding was across 33 universities in 17 countries, suggesting the CTS2 effectively distinguishes severity levels of violence in different cultural contexts. To ensure construct validity specifically amongst women in opposite-sex couples, Straus and Mickey (2012) later correlated published data regarding female physical assault victimisation with data investigating physical injury, depressive symptoms and PTSD. They found good positive relationships, supporting the continued use of the scale amongst women in opposite-sex couples worldwide. Although these studies were again conducted by the CTS2 developers

which may create bias and reduce the findings' reliability, the use of the correlational method demonstrated the CTS2 to have good construct validity when measuring IPV behaviours.

Whilst factor analytic studies conducted by multiple different researchers also provide support to the CTS2's good construct validity, the findings are less definitive. For instance, using commonly accepted factor loadings of .40 as a marker of saliency (Kline, 2015; Yun, 2011), Anderson and Leigh (2010) found no support for the CTS2's factor structure within the perpetration scale, but support for a four factor structure amongst the victimisation scale, for a sample of deaf female students in opposite-sex couples. However, the four-factor model varied from the factor structure operationalised within the CTS2, with the physical assault and injury scales creating one factor, indicating little discriminant validity. Alternatively, Yun (2011) demonstrated strong support for the five-factor structure operationalised in the CTS2, by finding good factor loadings and discriminant validity between each CTS2 scale amongst a community population of females in opposite-sex couples.

Yun (2011), however, did not find a valid distinction between the factor loadings for the minor and severe subscales within the CTS2. Whilst the validity of this distinction was not measured within Straus et al.'s (1996) preliminary psychometric findings (Moraes & Reichenheim, 2002), it forms an integral part of the CTS2's theoretical orientation and subsequently warrants consideration when analysing construct validity. Therefore, in contrast to Yun (2011), Connelly et al. (2005) found strong factor loadings and differentiation between the minor and severe subscales of the physical assault and psychological aggression scales. More recently, Sleath et al.'s (2018) factor analysis also found evidence amongst a community sample of people in opposite-sex couples, to support the construct validity of all scales and subscales operationalised within the CTS2.

Nonetheless, mixed support for the CTS2's factor structure has also been demonstrated amongst a population of females in prison. Lucente et al. (2001) found 79% of perpetration items and 90% of victimisation items loaded highly onto their respective factor operationalised within the CTS2. This provided evidence of good construct validity, suggesting each scale is measuring a different aspect of IPV. However, Jones et al.'s (2002) factor analysis demonstrated the physical assault and psychological aggression scales to correlate as one variable. This indicates that although the factor structure and construct validity of the CTS2 can have slight variations, the CTS2 is largely acceptable to continue to use when measuring IPV behaviours within both community and forensic populations.

In addition, factor analytic studies continue to support the valid use of the CTS2 across different Western cultures. Whilst slight variations in the factor structure were again found, overall, construct validity support has been provided for individual Spanish (Connelly et al., 2005), Portuguese (Moraes & Reichenheim, 2002) and Italian (Signorelli et al., 2014) versions of the CTS2. Variations in factor structure may be explained by the lack of variation in participant responses (Anderson & Leigh, 2010). For example, Anderson and Leigh (2010) found participants to report few violent perpetration behaviours in comparison to negotiation behaviours or victimisation. Some overlap between factors is also logically expected i.e., high physical assault is likely to correlate with greater injury (Lucente et al., 2001). Despite these limitations, current research has overall demonstrated the CTS2 to have good construct validity across different populations and cultures, supporting its continued use in IPV research and practice.

Specifically, Matte and Lafontaine (2011) also began to provide evidence to explicitly support the CTS2's good construct validity amongst same-sex couples. Although factor loadings were generally stronger for women (.26 to .89) than men (.17 to .76), they confirmed a one factor structure that represented both minor and severe acts of psychological aggression on both the victimisation and perpetration scales. This finding was consistent amongst both men and women in same-sex couples. This suggests that whilst additional research is needed to confirm the construct validity of additional CTS2's scales, such as physical aggression, in same-sex couples, the CTS2 may be a valid measure to use when investigating IPV in same-sex couples.

Criterion Validity

Criterion validity refers to the sensitivity and utility of the test. It can be subdivided into how similar the test results are to a current, existing test of the same nature (concurrent validity) and how the test outcome compares with a result obtained in the future (predictive validity) (Kline, 2015; Raykov & Marcoulides, 2011).

Specifically, sensitivity indicates the capacity to obtain a positive result (Kline, 2015). For instance, the more cases of IPV identified by the CTS2, the greater its sensitivity; assuming false positives are not produced i.e., reporting perpetration when it did not occur (Straus & Mickey, 2012). Whilst accurate determination of prevalence rates can be difficult, comparisons of opposite-sex IPV prevalence rates reported through the CTS2 demonstrated high rates of

perpetration amongst both men and women in opposite-sex couples, across different nations and cultures, which may signify good sensitivity amongst the CTS2 (Straus & Mickey, 2012).

The CTS2 is also often used as the comparative 'gold standard' measure when assessing the criterion validity of other related measures. For instance, Alexander et al. (2022) recently used the CTS2 to measure the criterion validity of the NorVold Abuse Questionnaire. This suggests that the CTS2's validity is well-regarded within research and practice.

Jones et al. (2002) and Signorelli et al. (2014) support the use of the CTS2 as a comparison measure, by using correlational analysis to demonstrate that the CTS2 has good concurrent validity. Jones et al. (2002) compared female participants' scores on the CTS2 with their scores on the Abusive Behaviour Checklist (ABC). They found all CTS2 scales (except negotiation), for both perpetration and victimisation, correlated positively and significantly with the ABC. Signorelli et al. (2014) correlated victimisation scores amongst a sample of women, with scores from scales relating to PTSD, depression and alexithymia. The results were largely as expected, with significant positive correlations between the violence and sexual coercion scales with the PTSD scale, and significant negative correlations between the injury and negotiation scales with the alexithymia scale. A wide variety of comparison tests were used across both studies and both studies had a sample size greater than 200, which Kline (2015) considered a necessity to ensure statistically reliable correlations are produced, that are not due to the similarity of factors. This indicates that the evidence supporting the CTS2's concurrent validity arose from high quality methodological studies.

Whilst research has not directly investigated the predictive validity of the CTS2, its predictive validity may be inferred through the predictive validity of commonly used IPV risk assessment tools. For instance, the Spousal Assault Risk Assessment (SARA) (Kropp & Hart, 2015) and the Ontario Domestic Assault Risk Assessment (ODARA) (Hilton, 2021) incorporate risk factors such as past physical assault, past sexual assault and use of weapons that are directly captured by, and measured within, the CTS2.

Van Der Put et al.'s (2019) meta-analysis on the predictive validity of IPV risk assessment tools found the SARA and ODARA to be two of the most frequently validated and utilised risk assessment tools for individuals that engage in IPV in opposite-sex couples. In addition, after reviewing multiple published studies investigating the Receiver Operating Characteristic Area Under the Curve for different IPV risk assessment tools, Messing and Thaller (2013) demonstrated all tools predicted recidivism better than chance, with the ODARA

(AUC =.666) and SARA (AUC =.628) having the greatest average predictive validity. This suggests that as the CTS2 includes items and factors similar to those included in these tools, the CTS2 may then also have high predictive validity, supporting its continued use within IPV research and practice.

However, the SARA and ODARA incorporate many other risk factors that are not captured within the CTS2, such as witness to family violence, attitudes of violence minimisation and substance abuse, which may also contribute towards the tool's high predictive validity. Moreover, these risk assessment tools incorporate clinical opinion, file review and client self-report, whereas the CTS2 is based solely on self-report. Consequently, the CTS2 has less holistic evidence to support respondents' ratings, which may reduce its accuracy and therefore potential supporting evidence for its predictive validity when investigating IPV in both opposite-sex and same-sex couples.

Normative Data

Normative data is a set of scores from a clearly defined population that provide a comparison, reference group to facilitate meaningful interpretation of future test data (Chapman & Gillespie, 2019; Kline, 2015). Straus et al. (1996) used a sample of college students in opposite-sex couples to form their reference group. Whilst they used an adequate sample size (exceeding 300 participants (Kline, 2015)), college students are not representative of the larger, wider population. Although there is an estimated 34.8% worldwide lifetime prevalence rate of any type of IPV (WHO, 2022), the prevalence rates of IPV in college students are almost double the rate of IPV in married opposite-sex couples (Straus et al., 1996), and significantly lower than the rate of IPV within forensic populations (Jones et al., 2002), indicating the differences that exist between specific populations used to develop normative data.

The CTS2 is regularly used to measure IPV behaviours amongst specific populations, such as females (Anderson & Leigh, 2010), people in prison (Lucente et al., 2001; Vega & O'Leary, 2007), people with mental health difficulties (Goodman et al., 1999) and culturally diverse populations (Alexander et al., 2022; Chapman & Gillespie, 2019). However, a lack of diverse normative samples means that data comparisons must occur between studies that investigate a similar population, rather than comparison to a specific normative reference group.

In addition, Straus et al. (1996) did not explicitly specify the nature of the relationship dyad that college students were in, i.e., opposite-sex or same-sex, when creating their reference group and subsequent normative data. However, Dyar et al. (2021) and Whitton et al. (2019) highlight that measures of IPV are largely developed and validated based on opposite-sex couples, specifically IPV from a male towards a female partner. IPV measures can therefore neglect the prospective differences in IPV behaviours between opposite-sex and same-sex couples, and disregard the appropriateness of IPV measures, such as the CTS2, when investigating IPV specifically amongst same-sex couples. Consequently, there is an absence of published normative data for the CTS2 amongst individuals in same-sex couples. Developing this normative data would further ensure that the CTS2 is an appropriate and valid measure to use when investigating IPV specifically amongst same-sex couples. This would also enhance reliable data gathering to effectively and accurately develop the same-sex IPV evidence base, policy and practice.

Specific Measures of IPV in Same-Sex Couples

Limited data investigating the psychometric properties of the CTS2 specifically in same-sex couples, and an absence of alternate IPV measures designed to specifically measure IPV behaviours in same-sex couples, has contributed towards the development of the Sexual and Gender Minority – Revised Conflict Tactics Scale (SGM-CTS2) (Dyar et al., 2021; Whitton et al., 2019).

The SGM-CTS2 is an adapted version of the CTS2 that recognises the factors, needs and experiences that may be specific to same-sex IPV. It was developed to be culturally appropriate for sexual and gender minority populations, including individuals within same-sex couples. It aimed to eliminate heteronormative assumptions from the CTS2, enhance gender minority inclusivity within the language, and improve applicability of the items to the IPV behaviours that may occur amongst sexual and gender minority individuals, particularly items on the sexual coercion scale. The SGM-CTS2 maintains all five scales of the CTS2 but includes only 74 items due to the removal of certain items on the sexual coercion scale that could not be applied to IPV amongst sexual and gender minorities.

Initial psychometric evaluation of the SGM-CTS2, amongst a sample of sexual and gender minority individuals assigned female at birth, demonstrated good construct validity with a strong five factor structure in accordance with the CTS2 (factor loadings = .50 to .96). Convergent validity was also demonstrated amongst the SGM-CTS2 with moderate to high

positive correlations between different types of IPV behaviours (.25 to .78) and other constructs such as antisocial behaviour and jealousy (.17 to .51). Despite only a weak to moderate correlation (-.09 to -.31), divergent validity was also demonstrated amongst the SGM-CTS2 by finding a negative correlation between relationship quality and all types of IPV behaviour. Good internal reliability was also found amongst each scale of the SGM-CTS2 (Cronbach's Alpha scores .71 to .84). However, consistent with data investigating the internal reliability of the CTS2 in opposite-sex couples, limitations remain regarding the internal reliability of the sexual coercion scale when using the CTS2 to measure IPV in same-sex couples (.54).

Developers of the SGM-CTS2 also recognised that the CTS2 does not incorporate IPV behaviours that may be specific to sexual and gender minority populations, such as same-sex couples (Dyar et al., 2021). Dyar et al. (2021) consequently also developed an SGM-Specific IPV Tactics Scale to use in conjunction with the SGM-CTS2 that captures five IPV experiences specific to sexual and gender minority populations. These are: threatening to 'out' a partner; 'outing' a partner; telling a partner of their loneliness due to societies non-acceptance of their sexual identity; threatening to turn people in the same-sex community against them; forcing a partner into public displays of affection. The SGM-Specific IPV Tactics Scale has also begun to demonstrate good construct validity (factor loadings = .60 to .99) and high internal reliability (Cronbach's Alpha = .85).

Initial psychometric data for the SGM-CTS2 and the SGM-Specific IPV Tactics Scale has demonstrated strong reliability and validity when investigating IPV in sexual and gender minority populations assigned female at birth, including female same-sex couples, and a promising foundation has been developed that future research can build on to ensure accurate measurement of same-sex IPV. However, there is a significant dearth of literature supporting the psychometric properties of these new measures and an outstanding need for data investigating the psychometric properties of these new same-sex IPV measures amongst sexual and gender minority populations assigned male at birth. Consequently, there is currently a lack of evidence to warrant use of these new specific same-sex IPV measures when investigating IPV in same-sex couples.

Summary and Conclusions

The current critique of the Revised Conflict Tactics Scale (CTS2) built on previously published critiques of the CTS2 by incorporating recent, additional evidence investigating the CTS2's psychometric properties to ensure that the CTS2 continues to be a reliable and valid

measure of IPV behaviours. The current critique also applied the findings directly to same-sex IPV to determine the specific utility of the CTS2 when investigating IPV in same-sex couples. This was imperative to ensure that reliable data is gathered when using self-report measures to investigate same-sex IPV to effectively and accurately develop the same-sex IPV evidence base, policy and practice.

The current critique identified that there is a large evidence base investigating the psychometric properties of the CTS2 overall. Psychometric evaluation has demonstrated that the CTS2 largely reflects current theoretical understanding of the IPV construct. However, revisions could be made to ensure that the CTS2 items capture various types of coercive and controlling behaviour, such as financial control and the use of social media (Alexander et al., 2022; Postmus et al., 2020). Consideration could also be given to using the CTS2 in conjunction with additional IPV measures, such as past IPV convictions, to ensure that when investigating IPV, the full IPV construct is assessed. This would address the identified gaps in the CTS2's content validity, in addition to the limitations associated with the CTS2 being a self-report measure and subsequent reliance on respondent integrity. The limited studies and lack of standardisation across research methodologies investigating the test-retest and inter-rater reliability of the CTS2, also highlights a need for more standardised psychometric evaluation to further support reliable use of the CTS2 overall within IPV research and practice.

Nonetheless, the CTS2 has consistently demonstrated excellent cross-cultural reliability and validity, supporting its use across diverse populations. Whilst some limitations may exist surrounding the internal reliability of the sexual coercion scale, high internal reliability and similar factor structures have continued to be reported when investigating the CTS2 amongst community, clinical and forensic populations across the world. This suggests that the CTS2 continues to be a reliable and valid measure of IPV overall.

However, there is a distinct lack of diverse normative samples for the CTS2, such as same-sex couples, which may detrimentally impact meaningful data comparison and interpretation when investigating IPV amongst same-sex couples. Specifically, only one study is known to have investigated the psychometric properties of the CTS2 amongst same-sex couples. Matte and Lafontaine (2011) have begun to provide evidence that demonstrates that the psychological aggression scale of the CTS2 is a valid and reliable measure of psychological IPV behaviours amongst same-sex couples. However, this is a relatively old and scarce study that does not provide a comprehensive understanding of the utility of the CTS2 as a measure

of the full IPV construct amongst same-sex couples. There is consequently an imperative need for additional psychometric evaluation to support and develop Matte and Lafontaine's (2011) findings, build a normative sample amongst same-sex couples and ensure that additional CTS2 scales, such as physical aggression, are reliable and valid to use when investigating IPV in same-sex couples.

Regardless, the CTS2 alone would still not measure IPV behaviours specific to same-sex couples, such as partner's isolating an individual from the same-sex community, using stigmatised language, questioning their partner's sexual identity or threatening to disclose their partner's sexual identity without their consent. This supports a need for specific measures of IPV in same-sex couples, such as the SGM-CTS2 and the SGM-Specific IPV Tactics Scale, that recognise the factors, needs and experiences that may be distinct to same-sex IPV (Dyar et al., 2021; Whitton et al., 2019). However, there is an outstanding need for research to investigate the psychometric properties of these new same-sex IPV measures to warrant their use in same-sex IPV research and practice.

Taken together, the current critique's findings therefore suggest that the CTS2 continues to be a reliable and valid measure of IPV overall, supporting its frequent and well-regarded use in IPV research and practice. Specifically, in the absence of a comprehensive psychometric evaluation of new IPV measures specific to same-sex couples, the CTS2 is an appropriate and valid measure to use when investigating IPV amongst same-sex couples. This is based on initial findings supporting the utility of the CTS2's psychological aggression scale amongst same-sex couples (Matte & Lafontaine, 2011) and the CTS2's strong psychometric properties demonstrated amongst diverse community, clinical and forensic populations around the world (Alexander et al., 2022; Anderson & Leigh, 2010; Chapman & Gillespie, 2019; Graham et al., 2019). Reliable and valid data will consequently continue to be gathered when investigating IPV amongst same-sex couples, to effectively and accurately develop the same-sex IPV evidence base, policy and practice. This will then help to ensure that individuals who experience IPV in same-sex couples receive appropriate support, tailored to the specific factors, needs and experiences associated with same-sex IPV (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023).

CHAPTER FIVE

Discussion

Overview of Thesis

Previous research has identified high IPV prevalence rates amongst same-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Dyar et al., 2021; Finneran et al., 2012; Graham et al., 2019; Kar et al., 2023; Messinger, 2011), and distinct same-sex IPV behaviours, such as threats to disclose a partner's sexual identity without consent, that can lead to significant health and economic consequences (Cotter, 2021; Dyar et al., 2021; Pereira et al., 2020). However, heteronormative attitudes and IPV myths persist towards IPV research, policy and practice that neglect the same-sex IPV prevalence rates and distinct characterisation of same-sex IPV (Brown & Herman, 2015; Dyar et al., 2021; Kar et al., 2023; Lo, 2023). Endorsement of heteronormative attitudes, amongst both professionals and individuals within same-sex couples, can prevent accurate identification of same-sex IPV and lead to an underestimation in same-sex IPV prevalence rates, particularly when heteronormative self-report measures are also used. This has contributed to an absence of IPV measures, risk assessment tools and risk-reducing interventions that are tailored to the specific factors, needs and experiences associated with same-sex IPV (Dyar et al., 2021; Rollè et al., 2018; Whitton et al., 2019). In addition, heteronormative attitudes towards IPV have contributed towards a reluctance to seek support amongst individuals that experience IPV in same-sex couples, as they may not identify same-sex IPV or may fear and perceive a negative and biased response from public help sources, such as the Criminal Justice System (CJS) (Dwyer, 2014; Guadalupe-Diaz & Yglesias, 2013; Santoniccolo et al., 2021; Scheer et al., 2023; Walters & Lippy, 2016; Whitton et al., 2023).

Consequently, the current thesis aimed to novelly synthesise literature on the attitudes that CJS professionals hold towards same-sex IPV incidents, to further support, or oppose, the beliefs held by individuals who experience same-sex IPV (Chapter Two). The current thesis also recognised that the phenomenon of IPV in same-sex couples is widely understudied and aimed to continue investigating factors that may predict same-sex IPV, specifically the concept of disinhibition, to enhance understanding and accurately inform the design and development of specific same-sex IPV risk assessment and intervention (Chapter Three). Finally, the current thesis identified that due to the impact of heteronormative IPV attitudes on professionals' under-identification of same-sex IPV, self-report IPV measures are inherent across research and practice. The current thesis therefore also aimed to critique a common IPV measure, namely the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), to determine its utility and reliability when investigating IPV in same-sex couples (Chapter Four).

The main findings of each chapter are further discussed and are synthesised together in relation to their implications for practice and future research. The strengths and limitations of the current thesis are also acknowledged. Together, the current thesis explicitly emphasises IPV in same-sex couples as its own distinct phenomenon by presenting novel insights that develop awareness and understanding of same-sex IPV and its implications within the CJS. The current thesis also informs IPV research, policy and practice to ensure that IPV within same-sex couples is not neglected and is appropriately identified and responded to through CJS professionals' attitudes and the development of specific same-sex IPV measures, risk assessment tools and risk-reducing interventions. Individuals that experience IPV in same-sex couples will consequently receive tailored support that addresses the distinct factors, needs and experiences associated with same-sex IPV. Practical implications of the current thesis' findings also aim to improve the help-seeking processes amongst individuals experiencing same-sex IPV, target pertinent risk factors, reduce the high same-sex IPV prevalence rates, mitigate recidivism and protect against the health and economic consequences associated with IPV.

Summary of Main Thesis Findings

Chapter Two

Chapter Two presented a systematic literature review that aimed to understand the attitudes that professionals within the CJS hold towards incidents of IPV in same-sex couples. This followed an identified need to determine whether the attitudes held by professionals delivering a public help source through the CJS, support the beliefs and negative expectations held by individuals who experience same-sex IPV, to guide policy and professional practice accordingly.

Breckler's tripartite ABC model of attitudes (Breckler, 1984) provided a framework to conceptualise the types of attitudes held by CJS professionals towards incidents of IPV in same-sex couples. Whilst the systematic review identified that the affective component of CJS professionals' attitudes had not previously been investigated, within both the behavioural and cognitive attitude components, the systematic review demonstrated that negative and biased attitudes towards incidents of IPV in same-sex couples are held amongst some professionals within the CJS, such as police officers and prosecutors. For instance, some CJS professionals considered same-sex IPV to be less serious and less relevant than IPV in opposite-sex couples and were therefore less likely to make an arrest or prosecute same-sex IPV incidents (Butterby

& Donovan, 2023; Cormier & Woodworth, 2008; Cox et al., 2022; Franklin et al., 2019; Hirschel et al., 2021; Russell, 2018; Russell & Sturgeon, 2019).

However, the systematic review also found that over half of the included studies demonstrated no difference between the attitudes that CJS professionals hold towards incidents of IPV in same-sex and opposite-sex couples. CJS professionals included in these studies both perceived (cognitive attitudes) and behaved (behavioural attitudes) very similarly towards IPV, regardless of the relationship dyad (Addington, 2020; Butterby & Donovan, 2023; Cox et al., 2022; Goodson, 2023; Pattavina et al., 2007; Paulson, 2009; Russell, 2018; Russell & Sturgeon, 2019; Younglove et al., 2002).

The systematic review also identified multiple factors at both the macro, systemic level and at the micro, individual level to influence CJS professionals' attitudes towards same-sex IPV. Mandatory arrest laws and their impact on reducing bias amongst CJS professionals' attitudes were frequently discussed amongst included studies, alongside the positive effect of equality laws and policies on CJS professionals' attitudes towards same-sex IPV (Addington, 2020; Hirschel et al., 2021; Pattavina et al., 2007). Endorsement of heteronormative and IPV myths were also demonstrated to increase CJS professionals' biased responses towards same-sex IPV (Butterby & Donovan, 2023; Franklin et al., 2019; Goodson, 2023; Paulson, 2009). This began to explain the different types of attitudes held by CJS professionals and specifically, the negative and biased attitudes held by some CJS professionals towards same-sex IPV.

The systematic review's findings together provided some evidence to support the fear and negative expectations that some individuals experiencing same-sex IPV have been shown to hold towards public help sources, such as the CJS (Santoniccolo et al., 2021). This suggested that their reluctance to seek support, their low confidence in CJS professionals and fear of discrimination and a biased response are warranted and understandable perceptions to hold (Brandt & Stults, 2023; Carvalho et al., 2011; Santoniccolo et al., 2021; Whitton et al., 2023). However, the systematic review also identified that negative and biased attitudes that may promote inequality are not universally held by all CJS professionals. This suggested that CJS professionals' attitudes towards same-sex IPV are improving alongside increasing liberalisation and equality laws and policies.

Chapter Three

Chapter Three considered that, in addition to an impact on help-seeking processes (Chapter Two), CJS professionals' attitudes may also impact on the prevalence rate of

individuals within the CJS who have engaged in same-sex IPV, such as through arrest and prosecution rates (Cox et al., 2022; Hirschel & McCormack, 2021). The prevalence rate of individuals within the CJS who have engaged in same-sex IPV could therefore be anticipated to increase in accordance with improving CJS professionals' attitudes towards same-sex IPV, as indicated in Chapter Two.

Chapter Three consequently proposed a pertinent need to design specific, tailored same-sex IPV risk assessment and intervention to ensure that individuals who engage in same-sex IPV receive appropriate intervention and support through the CJS, that is targeted to address the specific factors, needs and experiences that have been demonstrated amongst same-sex IPV (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023). Chapter Three also recognised a need to develop a further understanding of the factors associated with same-sex IPV, to accurately inform the content of same-sex IPV risk assessment and intervention.

A research study was therefore undertaken that aimed to guide the content of same-sex IPV risk assessment and risk-reducing interventions by continuing to investigate the high same-sex IPV prevalence rate. Specifically, the impact of disinhibition (impulsivity and risk-taking behaviours) on the likelihood of IPV behaviours was investigated, and potential differences in this effect between individuals in same-sex and opposite-sex couples were explored. Breckler's model also provided a framework that guided the research study to focus solely on the effect that the behavioural components of impulsivity and risk-taking have on IPV (Breckler, 1984).

High IPV prevalence rates were found for psychological aggression and physical aggression, and IPV prevalence rates were similar amongst individuals in same-sex and opposite-sex couples. This finding supported previous literature reviews that have concluded that IPV in same-sex couples occurs at equal *and/or* higher rates than IPV in opposite-sex couples (Decker et al., 2018; Edwards et al., 2015; Finneran & Stephenson, 2013). However, this finding contrasted the increasing number of published studies demonstrating IPV to occur at higher rates in same-sex couples than opposite-sex couples (Badenes-Ribera et al., 2016; Chen et al., 2020; Finneran & Stephenson, 2013; Graham et al., 2019; Kar et al., 2023).

Individuals in same-sex couples were found to be more disinhibited than individuals in opposite-sex couples, on a measure of both impulsivity and risk-taking behaviour. This was a new finding that, to the researcher's knowledge, had not previously been identified or investigated. Previous studies have explored specific impulsive and risk-taking behaviours

amongst individuals in same-sex couples and found that individuals who identify as LGBTQ+ are more likely to engage in risky, impulsive and self-destructive behaviours, such as unprotected sex, drug use, stealing and suicidal behaviours (Aranmolate et al., 2017; Bowring et al., 2015; Hatchel et al., 2021; Honrado et al., 2023; Travers et al., 2022). This finding therefore broadly supported this literature and expanded previous knowledge by investigating behavioural components of impulsivity and risk-taking as traits of disinhibition that overarch and capture the specific impulsive and risk-taking behaviours previously found amongst individuals in same-sex couples.

Risk-taking also significantly predicted psychological aggression. This finding supported previous literature demonstrating risk-taking to predict and be associated with IPV overall (Dowgwillo, 2016; Lipsky & Caetano, 2011; Munro & Sellbom, 2020; Romero-Martínez et al., 2021; Sica et al., 2024), and added a new perspective to the evidence base by demonstrating this effect specifically amongst psychological aggression, and not physical aggression.

The research study also identified a statistical trend that suggested that risk-taking may have a greater effect on psychological aggression amongst individuals in opposite-sex couples than individuals in same-sex couples. Although the research study recognised that further research with a greater sample size is required to enable generalisability to the wider population, the finding suggested that despite individuals in same-sex couples demonstrating greater risk-taking behaviour, risk-taking does not strongly predict the high prevalence rates of same-sex IPV. This was an additional novel finding previously unexplored within the literature.

Chapter Four

Chapter Four recognised that in addition to heteronormative IPV attitudes impacting CJS professionals' identification of same-sex IPV, the heteronormative content of IPV self-report measures can also impact on reported same-sex IPV prevalence rates. Consequently, when exploring and investigating IPV amongst same-sex couples, such as within Chapter Three, it is important to determine whether common measures of IPV behaviour in opposite-sex couples, such as the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996), are also appropriate and valid to use amongst same-sex couples. This was imperative to ensure that reliable data is gathered to effectively and accurately develop the same-sex IPV evidence base, policy and practice.

A critique of the CTS2's reliability and validity are consequently presented in Chapter Four. This built on previously published critiques of the CTS2 by first incorporating any recent, additional evidence investigating the CTS2's psychometric properties, to ensure that the CTS2 continues to be a reliable and valid measure of IPV overall. Second, the findings were applied directly to same-sex IPV to determine the specific utility of the CTS2 when investigating IPV in same-sex couples.

The CTS2 was found to largely reflect current theoretical understanding of the IPV construct and to demonstrate excellent cross-cultural reliability and validity. Although some limitations were identified surrounding the internal reliability of the CTS2's sexual coercion scale (Anderson & Leigh, 2010; Lucente et al., 2001; O'Leary & Williams, 2006; Yun, 2011), the critique found that high internal reliability and similar factor structures were frequently reported when investigating the CTS2 amongst community, clinical and forensic populations across the world.

Despite this, the critique identified a distinct lack of diverse normative samples for the CTS2, such as same-sex couples, as measures of IPV are largely developed and validated based on opposite-sex couples (Dyar et al., 2021; Whitton et al., 2019). Specifically, only one study was found to have investigated the psychometric properties of the CTS2 amongst same-sex couples (Matte & Lafontaine, 2011). Whilst this begins to support the use of the psychological aggression scale when measuring IPV in same-sex couples, the critique identified that a comprehensive understanding of the utility of the CTS2 to measure IPV amongst same-sex couples is outstanding.

Nonetheless, the critique also identified that the Sexual and Gender Minority – Revised Conflict Tactics Scale (SGM-CTS2) and the SGM-Specific IPV Tactics Scale have been developed. These measures recognise the factors, needs and experiences that are distinct to same-sex IPV, that are not captured within the CTS2, such as partner's isolating an individual from the same-sex community, using stigmatised language, questioning their partner's sexual identity or threatening to disclose their partner's sexual identity without their consent (Dyar et al., 2021; Whitton et al., 2019). Whilst initial psychometric data into these novel, specific measures of same-sex IPV demonstrated strong reliability and validity, the critique identified a need for greater diverse supportive evidence to warrant their use in same-sex IPV research and practice.

The critique concluded that the CTS2 continues to be a reliable and valid measure of IPV overall. The CTS2 was also considered to be an appropriate and valid measure to use when investigating IPV amongst same-sex couples, in the absence of comprehensive psychometric evaluation into the new same-sex IPV measures. This was based on initial findings supporting the utility of the CTS2's psychological aggression scale amongst same-sex couples (Matte & Lafontaine, 2011) and the CTS2's strong psychometric properties demonstrated amongst diverse community, clinical and forensic populations around the world (Alexander et al., 2022; Anderson & Leigh, 2010; Chapman & Gillespie, 2019; Graham et al., 2019).

Implications for Practice

Whilst each chapter within the current thesis has identified specific recommendations for practice, an integrated synthesis of the findings from each thesis chapter also provides important practical implications that are discussed below. These may be of particular interest to worldwide governments, policy makers and governing bodies of public help sources, such as the Criminal Justice System (CJS), and professionals working within the CJS such as police officers, prosecutors and psychologists, in addition to academics and the wider public. The practical implications will help to ensure that individuals who experience IPV in same-sex couples receive appropriate, tailored support targeted to the specific factors, needs and experiences associated with same-sex IPV (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023).

Maintain Awareness of IPV in Same-Sex Couples

The IPV prevalence rates demonstrated in Chapter Three highlights that IPV is a significant phenomenon that occurs irrespective of the relationship dyad, that warrants equal consideration and an appropriately tailored response within IPV practice and research. However, the negative and biased attitudes demonstrated by some CJS professionals towards same-sex IPV within Chapter Two, may reflect wider heteronormative attitudes demonstrated across IPV research, policy and practice that promote inequality towards same-sex IPV by neglecting same-sex IPV prevalence rates and specific same-sex IPV behaviours and risk markers (Brown & Herman, 2015; Dyar et al., 2021; Kar et al., 2023; Lo, 2023). This can constitute an external minority stressor for individuals that experience same-sex IPV (Meyer, 2003, 2007). This may impact on help-seeking processes (Chapter Two) (Dwyer, 2014; Guadalupe-Diaz & Yglesias, 2013; Santoniccolo et al., 2021; Scheer et al., 2023; Walters & Lippy, 2016; Whitton et al., 2023), and according to the General Aggression Model (Anderson

& Bushman, 2002) and Finkel's 'I^3 theory' (2018), may affect an individual's internal state, situation appraisal and decision-making processes.

This could have contributed to the greater disinhibition (impulsivity and risk-taking) found amongst individuals in same-sex couples and further impacted the significant main effect of risk-taking on the likelihood of psychological aggression, demonstrated within Chapter Three. The current thesis therefore strongly argues against a heteronormative lens towards IPV research and practice to help reduce minority stress and associated potential consequences on disinhibition and IPV (Ali et al., 2021; Kar et al., 2023; Lo, 2023; Meyer, 2003, 2007; Witarsa & Poerwandari, 2022). Instead, the current thesis emphasises the distinct nature of IPV in same-sex couples and argues that same-sex IPV should not be neglected and should be continuously held in mind when designing and delivering IPV policies, prevention, assessment and intervention.

Organisational Change

Organisational change is imperative to increase recognition and maintain awareness of IPV in same-sex couples. Chapter Two demonstrated how the attitudes held at an organisational, systemic level influence and shape the individual attitudes held by professionals providing support to same-sex IPV. This then impacts on professionals' identification of and responses to same-sex IPV, such as the likelihood of arrest, which can contribute to underestimated same-sex IPV prevalence rates and create a further barrier to help-seeking amongst individuals experiencing same-sex IPV. Chapter Three considered that the heteronormative organisational and subsequently individual professionals' attitudes explored within Chapter Two may also impact on the absence of appropriate resources to support and address same-sex IPV, such as specific, tailored same-sex IPV measures (Chapter Four), risk assessment and risk-reducing interventions. In addition, Chapter Three recognised a potential impact on the type of research conducted with research rarely considering potential differences in factors that may predict both same-sex and opposite-sex IPV, such as the concept of disinhibition. Similarly, a need for IPV self-report measures within same-sex IPV research and practice, the lack of data investigating the psychometric properties of the CTS2 amongst same-sex couples and the CTS2's failure to incorporate IPV behaviours distinct to same-sex couples, that were identified within Chapter Four, are further impacted by organisational and individual attitudes.

Governments and governing bodies of public help sources and academic institutions across the world consequently need to continue to introduce and enforce laws and policies that recognise IPV as an issue that stems wider than male to female violence (Hirschel et al., 2021). This will continue to help reform the heteronormative societal narrative of IPV to ensure that incidents of IPV in same-sex couples are taken seriously and are appropriately identified and responded to by CJS professionals, future researchers and through the availability of appropriate resources (Butterby & Donovan, 2023; Cox et al., 2021; Dyar et al., 2021; Rollè et al., 2018). Training for CJS professionals therefore needs to be designed within organisational changes, and academics and practitioners across organisations need to work together to develop comprehensive psychometric evaluation of same-sex IPV measures (Chapter Four), alongside an understanding of the distinct factors associated with same-sex IPV (Chapter Three). This may help to further increase understanding and awareness of same-sex IPV and inform the design and development of risk assessment tools and risk-reducing interventions that are tailored to the specific factors, needs and experiences associated with IPV in same-sex couples (Butterby & Donovan, 2023; Martin et al., 2023; Morris et al., 2019; Scheer et al., 2023; Whitton et al., 2023).

Training for Professionals within the Criminal Justice System

Training for CJS professionals on same-sex IPV would help to increase their awareness and reduce any heteronormative, negative and biased attitudes held towards IPV in same-sex couples. Chapter Two demonstrated that professionals' attitudes can differ; for instance, not all CJS professionals are less likely to arrest or prosecute individuals that engage in same-sex IPV (Cox et al., 2022; Cox et al., 2021; Russell & Sturgeon, 2019). Thus, negative and biased attitudes should not be assumed amongst all professionals in practice. Training should consequently be planned and tailored to the specific attitudes held amongst CJS professionals at a local and individual level.

The training should provide information on: the high prevalence rates of same-sex IPV demonstrated within Chapter Three; the different types of IPV behaviours conceptualised within the CTS2 in Chapter Four; and reliable self-report measures to use when investigating same-sex IPV, as reviewed in Chapter Four. The training may also wish to draw upon the concept of minority stress (Meyer, 2003, 2007), the GAM (Anderson & Bushman, 2002) and Finkel's 'I^3 theory' (2018) to explain the potential effect of heteronormative, negative and biased attitudes on individuals experiencing same-sex IPV, such as on identified prevalence

rates, help-seeking, disinhibition and IPV, that were explored across Chapters Two and Three. Similarly, the training may wish to draw upon Chapter Three's findings and use the GAM and Finkel's 'I^3 theory' to educate professionals on the specific factors associated with same-sex IPV, including the concept of risk-taking as a trait of disinhibition and its effect on the likelihood of psychological aggression in both same-sex and opposite-sex couples. Accordingly, as detailed in Chapter Three, the training should then consider drawing upon the RNR model to guide professionals on how to use and apply this information and knowledge within IPV risk-reducing interventions.

This type of training may further increase understanding of same-sex IPV, continue to improve CJS professionals' attitudes, contribute to greater accuracy within reported same-sex IPV prevalence rates, begin to address identified barriers to help-seeking and ensure that a consistent, accurate and tailored response occurs to address the individual needs and characteristics associated with same-sex IPV (Butterby & Donovan, 2023; Calton et al., 2016; Martin et al., 2023; Parry & O'Neal, 2015; Russell & Sturgeon, 2019; Scheer et al., 2023; Whitton et al., 2023).

Development of Specific Same-Sex IPV Risk Assessment and Intervention

Reviewing IPV risk assessment tools used to inform decision-making within police forces would determine their relevance and applicability to same-sex IPV and prevent the tools from increasing heteronormative, negative and biased attitudes that Chapter Two demonstrated amongst some CJS professionals (Butterby & Donovan, 2023). Designing and developing same-sex IPV risk assessment tools and risk-reducing interventions would also further ensure that the specific factors, needs and experiences associated with same-sex IPV are recognised and responded to appropriately. Chapter Three highlighted that risk assessment and intervention can draw on the GAM, Finkel's 'I^3 theory' and the RNR model to guide the inclusion and application of specific traits and factors that research has demonstrated to predict IPV, such as risk-taking significantly predicting psychological aggression (Chapter Three). Specific same-sex IPV risk assessment and intervention would also need to recognise differences in factors that predict IPV between same-sex and opposite-sex couples, and place greater emphasis on traits and factors that research has demonstrated to be stronger predictors of IPV in same-sex couples than opposite-sex couples, in addition to markers of risk that are unique to same-sex IPV, such as sexual identity insecurities and minority stress related to

discriminatory practices and/or internalised homophobia (Kar et al., 2023; Kimmes et al., 2019).

This continues to suggest that the current theoretical underpinning of HMPPS accredited IPV interventions provide a strong foundation from which CJS organisations can adapt and tailor same-sex IPV interventions to recognise and respond to the different factors, needs and experiences associated with same-sex IPV. This would ensure that the content and delivery of same-sex IPV assessment and intervention is accurately informed and underpinned by concrete evidence, helping to further prevent negative and biased attitudes amongst CJS professionals (Chapter Two), and subsequently prevent biased delivery of risk assessment and intervention for same-sex IPV. Individuals that engage in same-sex IPV may then receive appropriate intervention and support to address specific, pertinent risk factors. This is particularly imperative as Chapter Three considered that the prevalence rate of individuals within the CJS who have engaged in same-sex IPV could be anticipated to increase, in line with increasing recognition of the phenomenon and improving attitudes amongst CJS professionals (Chapter Two) (Addington, 2020; Butterby & Donovan, 2023; Witarsa & Poerwandari, 2022).

Recommendations for Future Research

Explicit recommendations for future research are also made within each chapter of the current thesis. Together, these strongly advocate that explicit investigation should continue into the distinct and important phenomenon of IPV in same-sex couples. Specifically, as indicated in Chapter Three, research needs to continue to investigate factors associated with same-sex IPV, including potential differences in factors that may predict IPV in both same-sex and opposite-sex couples. This would further develop an understanding of the high IPV prevalence rate amongst same-sex couples, and accurately inform the content of same-sex IPV risk assessment and intervention, in addition to training programmes for CJS professionals on same-sex IPV.

In accordance with Breckler's ABC model (Breckler, 1984), future research should investigate components of each key construct presented in the current thesis that were not measured, such as the affective component of CJS professionals' attitudes (Chapter Two), and cognitive and affective components within the traits of impulsivity and risk-taking (Chapter Three). This would recognise the multi-faceted nature of each construct and ensure that a rich, holistic understanding of their effects on same-sex IPV would be developed. Similarly, when

measuring IPV behaviour in the future, consideration could be given to using the CTS2 with both partners in a same-sex or opposite-sex couple, and/or in conjunction with additional IPV measures, such as past IPV convictions, to ensure that the full IPV construct is measured. This would address identified gaps within the CTS2's content validity, in addition to the limitations associated with the CTS2 being a self-report measure (Chapter Four).

When conducting research into IPV in same-sex couples, future research should also consider the use of appropriate methods and measures. For instance, it was highlighted across Chapters Two, Three and Four that research needs to aim for a large sample size that is representative of the target population to aid statistical power, confidence and generalisability in the findings. Chapter Four also emphasised a need for self-report measures within same-sex IPV research and practice, and a consequent need for further psychometric evaluation of the utility of the CTS2 amongst same-sex couples, alongside investigation into the psychometric properties of specific same-sex IPV measures, such as the Sexual and Gender Minority – Revised Conflict Tactics Scale (SGM-CTS2) and the SGM-Specific IPV Tactics Scale (Dyar et al., 2021; Whitton et al., 2019), to support and warrant their use in future same-sex IPV research. These research considerations would ensure that reliable and valid data continues to be gathered, contributing to a high quality same-sex IPV evidence base, and effectively and accurately informing same-sex IPV policy and practice.

Strengths & Limitations of the Current Thesis

The current thesis explicitly emphasised the distinct nature of IPV in same-sex couples, enhanced the evidence base and developed awareness and understanding of IPV in same-sex couples and its implications within the CJS. Specifically, the current thesis presented novel insights into the attitudes that professionals within the CJS hold towards incidents of same-sex IPV, the role of disinhibition on IPV within both same-sex and opposite-sex couples, and the utility of the Revised Conflict Tactics Scale (CTS2) (Straus et al., 1996) within same-sex couples.

Whilst the systematic literature review in Chapter Two explored CJS professionals' attitudes towards same-sex IPV, most of the included studies investigated attitudes held by police officers in the United States and therefore did not sufficiently capture the attitudes of all legal and mental health professionals who work within the CJS across the world. Similarly, the sample used within the research study in Chapter Three lacked diversity, by primarily consisting of white, female participants aged 18-24 in opposite-sex couples. These limitations

may therefore impact upon the generalisability of the current thesis' findings and conclusions. Nonetheless, Chapter Two's systematic review adopted a rigorous and structured systematic approach, and all available published studies that met the well-defined inclusion and exclusion criteria were incorporated. Chapter Three's research study also made substantial attempts to increase sample diversity during participant recruitment by not relying on the student participation scheme and directly approaching LGBTQ+ social groups and charities.

Additional strengths and limitations pertinent to the current thesis' systematic literature review and research study are discussed within their respective chapters. Despite select limitations, by enhancing the same-sex IPV evidence base with significant findings and conclusions, the current thesis informs IPV research, policy and practice. This will help to ensure that IPV within same-sex couples is not neglected and is appropriately identified and responded to through CJS professionals' attitudes and the development of specific same-sex IPV measures, risk assessment tools and risk-reducing interventions. The proposed recommendations and practice implications will help individuals who experience IPV in same-sex couples to receive tailored support that addresses the specific factors, needs and experiences associated with same-sex IPV. Consequently, dissemination of the current thesis aims to help improve the help-seeking processes amongst individuals experiencing same-sex IPV, reduce the high same-sex IPV prevalence rates, minimise recidivism and protect against the health and economic consequences associated with IPV.

Conclusion

High IPV prevalence rates continue to be demonstrated, particularly amongst same-sex couples, making it a critical area for research and intervention. The current thesis explored the understudied phenomenon of IPV in same-sex couples, focusing on the attitudes held amongst CJS professionals, the roles of impulsivity and risk-taking in predicting IPV and the utility of IPV measures when investigating same-sex IPV.

The findings within Chapter Two demonstrate that CJS professionals can hold heteronormative, negative and biased attitudes that promote inequality towards same-sex IPV. These attitudes, shaped by various macro and micro-level factors, can impact help-seeking behaviours, reduce the prevalence rate of same-sex IPV cases within the CJS, and limit available resources for individuals that have experienced same-sex IPV. Additionally, the research study within Chapter Three identified that risk-taking predicts psychological aggression, particularly amongst individuals in opposite-sex couples. However, same-sex

couples demonstrated higher levels of impulsivity and risk-taking compared to opposite-sex couples. These attitudes and traits have the potential to directly influence IPV, highlighting the importance of targeted and tailored IPV risk assessments and risk-reducing interventions.

The findings provide clear practical implications. Addressing any heteronormative and negative attitudes held amongst CJS professionals through organisational changes and targeted training is essential. Specific strategies to address risk-taking behaviours should also be incorporated into tailored IPV risk assessments and risk-reducing interventions. Existing IPV measures, risk assessment tools and risk-reducing interventions must also be adapted to ensure accurate self-reporting of same-sex IPV prevalence rates and to address the unique behaviours and risk markers associated with IPV in same-sex couples.

By addressing these issues, the current thesis aims to ensure that: same-sex IPV is recognised as its own distinct phenomenon and is not neglected within IPV policy and practice; help-seeking amongst individuals experiencing same-sex IPV improves; key same-sex IPV risk factors are addressed; and ultimately the high same-sex IPV prevalence rates reduce, recidivism is mitigated and the broader health and economic impacts associated with IPV are protected.

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Appendices

Appendix A: Database Search Strategies, Syntax and Outputs

Web of Science Core Collection

Advanced Search – Topic – All publication years (1900 - 2023)

Conducted on 17th February 2023

1.	TS=(Attitude* OR Emotion* OR Affect* OR Feel* OR Behav* OR Interact* OR Act* OR React* OR Respon* OR Cognit* OR Stereotype* OR Stigma* OR Percept* OR View* OR Thought* OR Opinion* OR Belie* OR Attribut*)	28,364,511
2.	TS=((("Criminal justice" OR "law enforcement" OR Court* OR Police* OR Prison* OR Probation*) near/3 (Profession* OR Staff* OR Practitioner* OR Officer* OR Manager*)) OR (Clinician* OR Psychiatrist* OR Psychologist* OR Therapist* OR "Social worker" OR Lawyer* OR Barrister* OR Solicitor* OR Attorney*))	420,396
3.	TS=("Intimate partner violence" OR "IPV" OR (Violen* OR abus* OR assault*) near/2 (domestic OR relationship* OR spous* OR partner* OR couple*))	45,289
4.	TS=("same sex" OR homosexual* OR "Men who have sex with men" OR "Women who have sex with women" OR LGBT* OR gay* OR lesbian* OR bisexual* OR trans* OR queer* OR intersex* OR asexual*)	14,317,969
5.	#1 AND #2 AND #3 AND #4	217

PsychINFO Ovid

APA PsychInfo (1967 – January week 5 2023)

Advanced Search – Keyword & Subject Heading

Conducted on 17th February 2023

1.	(Attitude* or Emotion* or Affect* or Feel* or Behav* or Interact* or Act* or React* or Respon* or Cognit* or Stereotype* or Stigma* or Percept* or View* or Thought* or Opinion* or Belie* or Attribut*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	3803416
2.	((Criminal justice or law enforcement or Court* or Police* or Prison* or Probation*) adj3 (Profession* or Staff* or Practitioner* or Officer* or Manager*)) or (Clinician* or Psychiatrist* or Psychologist* or Therapist* or Social worker or Lawyer* or Barrister* or Solicitor* or Attorney*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	328029
3.	((Intimate partner violence or IPV or (Violen* or abus* or assault*)) adj2 (domestic or relationship* or spous* or partner* or couple*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	34916
4.	(same sex or homosexual* or Men who have sex with men or Women who have sex with women or LGBT* or gay* or lesbian* or bisexual* or trans*	704063

	or queer* or intersex* or asexual*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word]	
5.	domestic violence/ or intimate partner violence/	24002
6.	exp legal personnel/	19362
7.	professional personnel/ or clinicians/ or exp psychologists/ or exp therapists/	91277
8.	exp lgbtq/	36194
9.	"homosexuality (attitudes toward)"/	5105
10.	exp attitudes/	424139
11.	1 or 10	3821209
12.	2 or 6 or 7	352691
13.	3 or 5	34916
14.	4 or 8	704063
15.	11 and 14	565229
16.	9 or 15	565229
17.	12 and 13 and 16	447

ProQuest Social Sciences Premium Collection

Abstract or Title – All publication dates (1977 – 2023)

Conducted on 17th February 2023

1.	(abstract(Attitude* OR Emotion* OR Affect* OR Feel* OR Behav* OR Interact* OR Act* OR React* OR Respon* OR Cognit* OR Stereotype* OR Stigma* OR Percept* OR View* OR Thought* OR Opinion* OR Belie* OR Attribut*) OR title(Attitude* OR Emotion* OR Affect* OR Feel* OR Behav* OR Interact* OR Act* OR React* OR Respon* OR Cognit* OR Stereotype* OR Stigma* OR Percept* OR View* OR Thought* OR Opinion* OR Belie* OR Attribut*))	6,369,845
2.	(abstract((("Criminal justice" OR "law enforcement" OR Court* OR Police* OR Prison* OR Probation*) NEAR/3 (Profession* OR Staff* OR Practitioner* OR Officer* OR Manager*)) OR (Clinician* OR Psychiatrist* OR Psychologist* OR Therapist* OR "Social worker" OR Lawyer* OR Barrister* OR Solicitor* OR Attorney*)) OR title((("Criminal justice" OR "law enforcement" OR Court* OR Police* OR Prison* OR Probation*) NEAR/3 (Profession* OR Staff* OR Practitioner* OR Officer* OR Manager*)) OR (Clinician* OR Psychiatrist* OR Psychologist* OR Therapist* OR "Social worker" OR Lawyer* OR Barrister* OR Solicitor* OR Attorney*)))	323,587
3.	(abstract("Intimate partner violence" OR "IPV" OR (Violen* OR abus* OR assault*) NEAR/2 (domestic OR relationship* OR spous* OR partner* OR couple*)) OR title("Intimate partner violence" OR "IPV" OR (Violen* OR abus* OR assault*) NEAR/2 (domestic OR relationship* OR spous* OR partner* OR couple*)))	64,299
4.	(abstract("same sex" OR homosexual* OR "Men who have sex with men" OR "Women who have sex with women" OR LGBT* OR gay* OR lesbian* OR bisexual* OR trans* OR queer* OR intersex* OR asexual*) OR title("same sex" OR homosexual* OR "Men who have sex with men"	840,419

	OR "Women who have sex with women" OR LGBT* OR gay* OR lesbian* OR bisexual* OR trans* OR queer* OR intersex* OR asexual*))	
5.	1 AND 2 AND 3 AND 4	108

Scopus

Article Title, Abstract, Keywords – All publication dates (before 1960 – present)

Conducted on 17th February 2023

1.	TITLE-ABS-KEY (attitude* OR emotion* OR affect* OR feel* OR behav* OR interact* OR act* OR react* OR respon* OR cognit* OR stereotype* OR stigma* OR percept* OR view* OR thought* OR opinion* OR belie* OR attribut*)	38,145,793
2.	TITLE-ABS-KEY ((("Criminal justice" OR "law enforcement" OR court* OR police* OR prison* OR probation*) W/3 (profession* OR staff* OR practitioner* OR officer* OR manager*)) OR (clinician* OR psychiatrist* OR psychologist* OR therapist* OR "Social worker" OR lawyer* OR barrister* OR solicitor* OR attorney*))	639,360
3.	TITLE-ABS-KEY ("Intimate partner violence" OR "IPV" OR (violen* OR abus* OR assault*) W/2 (domestic OR relationship* OR spous* OR partner* OR couple*))	52,231
4.	TITLE-ABS-KEY ("same sex" OR homosexual* OR "Men who have sex with men" OR "Women who have sex with women" OR lgbt* OR gay* OR lesbian* OR bisexual* OR trans* OR queer* OR intersex* OR asexual*)	19,464,102
5.	1 AND 2 AND 3 AND 4	381

Appendix B: Sample Email Sent to Authors

To _____,

I am a Trainee Forensic Psychologist currently completing a Doctorate in Forensic Psychology at the University of Birmingham in the United Kingdom.

As part of my thesis I am conducting a systematic literature review on professionals' attitudes towards intimate partner violence in same-sex couples. During my search I came across your article titled '_____', which I have identified to be integral to my review.

I am emailing you to ask whether you have any additional articles or studies that may also relate to this topic area. I would like to include all relevant research that fits my inclusion criteria. If you do have any further articles and would not mind sending them to me, I would be very grateful.

I look forward to hearing back from you.

Kind regards,

Hannah Luckman

Appendix C: Articles Excluded that Could Not be Accessed in Full

Author & Publication Date	Title of Publication	Type of Article
Brown (2016)	Intimate partner violence in same-sex versus heterosexual couples and by female versus male aggressors.	Doctoral Dissertation

Appendix D: Inclusion/Exclusion Form

Instructions

For any marked with '?' to indicate information is 'unclear', clarification should be sought.

Where "Yes" and "No" are marked for the same criteria, e.g., professionals' attitudes towards IPV in opposite-sex couples are recorded but as a comparison group to same-sex couples, the group not meeting the criteria should be ignored and only the relevant variables are to be considered and discussed within the review

Where a "No" is marked for one or more criteria, the study should be excluded from the current review.

Where a "Yes" is marked for each criterion, the study should be included in the current review.

Article Title:				
Author(s):				
Date:				
Population	Legal or mental health professionals who: - Work within the criminal justice system in any country. - AND/OR - Work with people who engage in/alleged to have engaged in same-sex IPV	Yes	No	?
Intervention	Quantitative or qualitative research design.	Yes	No	?
Comparator	Non-professionals e.g. the public. Opposite-sex or heterosexual couples. Male-male or female-female couples. Victims of same-sex IPV. Studies without a comparator.	Yes	No	?
Outcome	Attitudes towards same-sex IPV incidents. Attitudes that map onto Breckler's ABC model: - Affect = feelings reported e.g. disgust - Behaviour = interaction e.g. arrest rates, discrimination, access to intervention - Cognition = beliefs/stereotypes e.g. perceptions on risk	Yes	No	?
Study Type	Published in English language. Any time period. Empirical studies. Published journal articles. Doctoral theses.	Yes	No	?

Appendix E: Articles Excluded from Initial Search After Inclusion/Exclusion Criteria Applied to Full Article

Author & Publication Date	Title of Publication	Reason for Exclusion
Alhusen, Lucea & Glass (2010)	Perceptions of and experience with system responses to female same-sex intimate partner violence.	Population was survivors of same-sex IPV.
Alston, Cowan, Neal & Mahon (2021)	The experience of licensed clinicians counselling Lesbian, Gay, Bisexual and Queer survivors of intimate partner violence.	Professionals were clinicians who provided services to LGBQ individuals who were victims of IPV.
Ard & Makadon (2011)	Addressing intimate partner violence in lesbian, gay, bisexual and transgender patients.	Written review – perspective of the authors views. Did not include any empirical research.
Balfour (2003)	The practice of law as structured action: the role of lawyers in the criminalisation of violent men and women.	Focused on violent crimes in general, not specifically IPV. Focused on experiences of aboriginal men and women, did not breakdown by sexual orientation.
Bernstein & Kostelac (2002)	Lavender and blue: attitudes about homosexuality and behaviour toward lesbians and gay men among police officers.	Did not focus on attitudes towards same-sex IPV specifically.
Blasko (2009)	Prototypical assessment of same-sex and opposite-sex intimate partner violence using a control-based typology.	Professionals were psychologists who worked with "clients who had issues with IPV", but did not specify whether they work within the CJS or work with those who engage in/alleged to have engaged in or victims of IPV.
Blasko, Winek & Bieschke (2007)	Therapists' prototypical assessment of domestic violence situations.	Professionals were marriage and family therapists who had encountered clients in domestic violence situations, but did not specify whether they worked within the CJS or worked with those who engage in/alleged to have engaged in or victims of IPV.
Briones-Robinson, Powers & Socia (2016)	Examination of reporting, perception of police bias, and differential police response.	Focused on the victims' attitudes towards the police response in same-sex IPV.
Brown (2004)	Gender as a factor in the response of the law-	Focused on attitudes towards different genders in IPV rather than sexual orientation.

	enforcement system to violence against partners.	
Bryant (2018)	Therapists' experiences of domestic violence among African American lesbians.	Focuses on therapists' attitudes towards working with African American lesbians who are victims of IPV.
Canning (2021)	Writing up or writing off crimes of domestic violence? A transitivity analysis of police reports.	Focuses on police reports of domestic violence but does not specifically consider gender/sexual orientation as factors within this.
Cumrine (2016)	Providing equal justice to LGBTQ victims of intimate partner violence.	Magazine article.
DeJong, Burgess-Proctor & Elis (2008)	Police officer perceptions of intimate partner violence: an analysis of observational data.	Did not specify whether police officer perceptions of IPV were towards opposite sex or same-sex couples.
Eaves (2004)	Women as batterers: Perspectives on lesbian partner abuse.	Attitudes towards same-sex IPV were not provided. Instead provided therapists perspectives on explaining and treating lesbian partner abuse.
Eisikovits & Bailey (2011)	From dichotomy to continua: towards a transformation of gender roles and intervention goals in partner violence.	Attitudes towards same-sex IPV are not gathered.
Fleming & Franklin (2021)	Predicting police endorsement of myths surrounding intimate partner violence.	Focused on attitudes towards IPV in heterosexual couples.
Froberg & Strand (2018)	Police students' perceptions of intimate partner violence in same-sex relationships.	Police students – not considered a trained professional working within the CJS or working with those who engage in/alleged to have engaged in same-sex IPV.
Goodson (2021)	Heterosexual and same-sex intimate partner violence: Police attributions of victim culpability.	Doctoral dissertation that was later published as an empirical study. Empirical study version included (Goodson, 2023).
Greenberg (2020)	Best practices in policing.	Book chapter.
Islam, Suzuki & Mazerolle (2024)	Police responses to IPV incidents involving children: exploring variations in actions and concerns in an Australian jurisdiction.	Outcome focused on attitudes towards IPV incidents in opposite-sex couples with and without children present.
Istar (1996)	Couple assessment: Identifying and intervening in domestic violence in lesbian relationships.	Did not conduct empirical research. Provided outline of strategies that protect victims.

Lyons, Anthony, Davis, Fernandez, Torres & Marcus (2005)	Police judgments of culpability and homophobia.	Focused on police officer attitudes towards LGBT offenders in general, not within IPV context.
Mallory, Hasenbush & Sears (2015)	Discrimination and harassment by law enforcement officers in the LGBT community.	Report detailing pre-existing published studies, not an empirical study.
Miller (2016)	Pre-Licensed MFT mental health provider's perceptions toward same-sex intimate partner violence.	Focused on pre-licensed marriage and family therapists and excluded those who had already begun to work in a related professional field. Also did not specify whether the therapists worked with those who engage in/alleged to have engaged in or victims of same-sex IPV.
Nicholson (2018)	Mental health trainees' perceptions of intimate partner violence within diverse same-sex couples.	Population was post-graduate students who only some had received training on IPV and no report of whether students had experience working with those who engage in/alleged to have engaged in same-sex IPV.
Nieves (2008)	Homophobia, social work and public policies in Puerto Rico: The case of Law 54 for the prevention of domestic violence	Not published in English language.
Olsson, Larsson & Susanne (2023)	Social workers' experiences of working with partner violence.	Outcome centred on experiences of the effects of working with IPV, not attitudes towards the specific IPV incidents.
Potoczniak, M, Murot, Crosbie-Burnett, Potoczniak, D (2003)	Legal and psychological perspectives on same-sex domestic violence: A multisystemic approach.	Literature review, not an empirical study.
Ragatz & Russell (2010)	Sex, sexual orientation and sexism: what influence do these factors have on verdicts in a crime of passion case?	Population consisted of the general public and not professionals.
Russell (2012)	Effectiveness, victim safety, characteristics and enforcement of protective orders.	Literature review, not an empirical study.
Russell, Chapleau & Kraus (2015)	When is it abuse? How assailant gender, sexual orientation, and protection orders influence perceptions of a case of intimate partner abuse.	Population consisted of students and not professionals.

Russell & Kraus (2016)	Perceptions of partner violence: how aggressor gender, masculinity/femininity and victim gender influence criminal justice decisions.	Population consisted of students and not professionals.
Russell, Kraus, Chapleau & Oswald (2019)	Perceptions of blame in intimate partner violence: the role of the perpetrator's ability to arouse fear of injury in the victim.	Did not focus on intimate partner violence in same-sex couples.
Russell & Torres (2020)	Identifying and responding to LGBT+ intimate partner violence from a criminal justice perspective.	Book chapter.
Russell, Ragatz & Kraus (2009)	Does ambivalent sexism influence verdicts for heterosexual and homosexual defendants in a self-defence case?	Population consisted of the general public and not professionals.
Russell, Ragatz & Kraus (2010)	Self-defence and legal decision making: The role of defendant and victim gender and gender-neutral expert testimony of the battered partner's syndrome.	Population was mock jurors, not legal or mental health professionals.
Russell, Ragatz & Kraus (2012)	Expert testimony of the battered person syndrome, defendant gender and sexual orientation in a case of duress: evaluating legal decisions.	Population consisted of the general public and not professionals.
Simpson & Helfrich (2007)	Lesbian Survivors of Intimate Partner Violence: Provider Perspectives on Barriers to Accessing Services.	Professionals worked with survivors of same-sex IPV. Attitudes were focused on barriers to accessing services.
Tesch, Bekerian, English & Harrington (2010)	Same-sex domestic violence: Why victims are more at risk	Attitudes towards same-sex IPV were not gathered. Gathered police officers' general knowledge, experiences and training in same-sex IPV.
Wallen (2015)	5-0 is not coming to save you: Examining the lack of police intervention in LGBTQ intimate partner violence.	Master's level thesis.
Yomtoob (2001)	A comparison of psychologists' identification, conceptualization, and treatment of domestic violence in heterosexual, gay, and lesbian couples.	Professionals were psychologists, but did not specify whether they work within the CJS or work with those who engage in/alleged to have engaged in same-sex IPV.

Appendix F: Articles Included After Inclusion/Exclusion Criteria Applied to Full Article

Author & Publication Date	Title of Publication	Reason for Inclusion
Addington (2020)	Police response to same-sex intimate partner violence in the marriage equality era.	Police Quantitative (regression) Comparisons between two types of same-sex and two types of opposite-sex IPV Arrest made or not (behaviour) Published empirical study in English language.
Butterby & Donovan (2023)	The impact of police 'process driven responses' on supporting lesbian, gay, bisexual and/or transgender plus victim-survivors of domestic abuse in England.	Police officers and police staff. Qualitative. Comparisons between police staff, staff in victim support organisations and victim-survivors. Outcome – cognitions = perceptions of IPV in same-sex relationships & behaviour = police responses to IPV incidents. Published empirical study in English language.
Cormier & Woodworth (2008)	Do you see what I see? The influence of gender stereotypes on student and Royal Canadian Mounted Police (RCMP) perceptions of violent same-sex and opposite-sex relationships.	Police officers. Quantitative (ANOVAs and MANOVA). Comparisons between police and students and between same-sex and opposite-sex couples. Outcome - cognitions = perceptions of abuse severity. Published empirical study in English language.
Cox, Meaux, Stanziani, Coffey & Daquin (2021)	Partiality in prosecution? Discretionary prosecutorial decision making and intimate partner violence.	Criminal prosecutors within the United States. Quantitative (regression). Comparisons between different genders and sexual orientation within relationship dyads. Outcome – behaviour = prosecutorial decision making. Published empirical study in English language.
Cox, Daquin & Neal (2022)	Discretionary prosecutorial decision-making: gender, sexual orientation, and bias in intimate partner violence.	Criminal prosecutors within the United States. Quantitative (regression). Comparisons between four different relationship dyads.

		Outcome – behaviour = severity of punishment given. Published empirical study in English language.
Franklin, Goodson & Garza (2019)	Intimate partner violence among sexual minorities: predicting police officer arrest decisions	Police officers. Quantitative. Comparisons between different sexual orientations. Outcome – behaviour = arrest likelihood. Published empirical study in English language.
Goodson (2023)	Police officers' attributions of victim culpability in scenarios of same-sex intimate partner violence.	Police officers. Quantitative. Comparisons between two types of same-sex couples (male and female). Outcome – cognition – victim culpability. Published empirical study in English language.
Hirschel & McCormack (2021)	Same-sex couples and the police: A 10-year study of arrest and dual arrest rates in responding to incidents of intimate partner violence	Police officers. Quantitative. Comparisons between same-sex and opposite-sex. Outcome – behaviour – arrest rates. Published empirical study in English language.
Lantz (2020)	Victim, police, and prosecutorial responses to same-sex intimate partner violence: A comparative approach.	Police and prosecutors. Quantitative. Compared victim refusal to cooperate, police arrest rates and prosecution decision between two types of same-sex and opposite sex couples. Outcome – behaviour ^. Published empirical study in English language.
Pattavina, Hirschel, Buzawa, Faggiani & Bentley (2007)	A comparison of the police response to heterosexual versus same-sex intimate partner violence.	Police officers. Quantitative. Compared same-sex to heterosexual couples. Outcome – behaviour – arrest decisions. Published empirical study in English language.
Paulson (2009)	Perceptions of same sex and opposite sex interpersonal violence: A comparison of	Psychologists and law enforcement personnel.

	psychologists and law enforcement personnel.	Comparisons between the different professionals' views and comparisons between views on same-sex and opposite sex couples. Outcome – cognition – perceptions of IPV (broken down into 8 factors). Doctoral dissertation.
Russell (2018)	Police perceptions in intimate partner violence cases: the influence of gender and sexual orientation.	Police officers. Quantitative. Compared four types of same-sex and opposite-sex couples. Outcome – cognition – (perceptions of IPV, broken down into 4 factors). Published empirical study in English language.
Russell & Sturgeon (2019)	Police evaluations of intimate partner violence in heterosexual and same-sex relationships: Do experience and training play a role?	Police officers. Quantitative. Compared four types of same-sex and opposite-sex couples. Outcome – behaviour = arrest and referrals and cognition – perceptions of fairness and victim severity. Published empirical study in English language.
Younglove, Kerr, Vitello (2002)	Law enforcement officers' perceptions of same sex domestic violence: Reason for cautious optimism.	Police officers. Quantitative. Comparisons between three types of couples (lesbian, gay, heterosexual). Outcome – cognition – perceptions on same-sex IPV. Published empirical study in English language.

Appendix G: Adapted MMAT Quality Assessment Checklist

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	[redacted]				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5 Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. [redacted] Is there complete outcome data?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix H: Data Extraction Form

Data Extraction Field	Information Extracted
Author	Who published the research study?
Year	When was the study published?
Aims or Research Questions	What were the overall aims of the study? What were the research questions?
Population	What type of criminal justice professional were attitudes gathered from? Which country did the criminal justice professionals work in? What was the sample size of the professional population?
Study Design	What type of study was conducted? How was the study published? E.g. journal article, doctoral dissertation. How was data collected? How was data analysed?
Comparator	Were comparisons made between any groups? If so, what comparisons were made?
Outcome	Using Breckler's ABC model, what type of attitudes were gathered? What did the study find? / What attitudes did professionals display? Were any factors identified that may influence professionals' attitudes?
Strengths and Limitations	What strengths did the study identify? What limitations did the study identify?
Implications and Recommendations	What implications of findings did the study note? What recommendations did the study make?