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Intimate Partner Violence Among Lesbian, Gay, and Bisexual Adults: A Cross-Sectional Survey in Hong Kong

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Abstract

Purpose: This study investigated the prevalence rates of various types of intimate partner violence (IPV) among lesbian, gay, and bisexual (LGB) adults in Hong Kong and examined the associations between IPV and different addictive behavior and mental health problems.
Methods: A total of 759 LGB adults completed an online cross-sectional survey between November 2021 and February 2022. Data on past-year IPV and LGB-specific tactics (whether perpetrated or experienced by participants), addictive behavior, anxiety, depression, and demographics were collected and analyzed with descriptive statistics and logistic regressions.
Results: Psychological aggression was the most common type of IPV within an LGB relationship (22.1%), followed by physical assault (10.8%) and IPV-related injury (4.1%). LGB-specific tactics were experienced by 39.0% of the LGB adults. Depression, anxiety, and frequent gambling were significantly associated with specific types of IPV and LGB-specific tactics.
Conclusion: IPV was prevalent in the LGB population. Findings on correlates provided insights for future development of IPV detection and intervention.

Keywords: addiction, anxiety, depression, intimate partner violence, LGB

Introduction

Intimate partner violence (IPV), a ''major public health problem'' as described by the World Health Organization,[1] can exist within any kind of intimate relationships regardless of one's gender and sexual orientation.[2] Yet, most current efforts to address the problem have targeted heterosexual relationships and, to a certain extent, neglected same-sex relationships.[3] Compared to the heterosexual population, the lesbian, gay, and bisexual (LGB) population often faces greater challenges across various life domains, which may lead to more adverse outcomes, including an increased risk of IPV.[4,5] Previous findings demonstrated that LGB IPV resembles IPV within heterosexual relationships in some ways, and occurs at equivalent or even higher rates than the latter.[6–9]

Despite the many aspects of IPV that are similar between LGB and heterosexual populations, some aspects can be unique to the LGB experience. In particular, outing may constitute a specific tool of IPV as well as an obstacle to seeking help among LGB individuals.[10] Abusive individuals may take advantage of the threat of homophobia that their LGB partners face in their communities and use violent tactics within an intimate relationship that leverage systematic oppression to harm the partner.[11] LGB-specific violent tactics may include identity abuse such as questioning whether a partner is ''real'' LGB, threatening to out a partner's sexual

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orientation to others, and forcing a partner to show affection in public.[12] Findings from a Hong Kong study showed that approximately one in every three LGB individuals had been directing one of those tactics to a partner and/or experiencing one of them enacted by a partner.[13]

Like IPV within heterosexual relationships, the underlying mechanisms of LGB IPV and its adverse consequences are complex. Research on the former has addressed various risk factors for and predictors of IPV.[14] Addictive behavior, including alcohol use, substance use and problem gambling, and mental health problems, such as anxiety and depression, are often found to be robust predictors of IPV perpetration (IPV-P) and IPV victimization (IPV-V).[15–17] There has been evidence that LGB individuals might have greater problems with gambling, alcohol, drugs, anxiety, depression, as well as a wide range of negative health behavior.[17] However, there is no existing research linking these addictive behavior and mental health problems to IPV among the LGB population.

This study attempted to fill the research gap and extend current knowledge by exploring the prevalence and health correlates of IPV among the LGB population in Hong Kong. Having been a British colony in the past, Hong Kong has a sociopolitical context infused with Western and Chinese culture influences. Although sexual minority people are increasingly supported in the more open Western culture, they are in general not accepted as part of the social norm in Chinese societies. A recent study demonstrated that social attitudes among Hong Kong citizens toward homosexuality are mixed: About 53% accept homosexuality, whereas 34% regard it as abnormal and wrong.[18] The varying levels of LGB friendliness may lead to greater reluctance of LGB individuals in Hong Kong to disclose their sexual orientation to others, which possibly makes LGB-specific IPV more invisible than in other societies.

Methods

Participants and procedures

With the assistance of seven LGB-friendly organizations in Hong Kong, an online survey was conducted between November 2021 and February 2022. Local residents aged 18 years or older who identified themselves as lesbian, gay, bisexual, transgender, and queer or had been in a same-sex relationship were recruited. To maximize the sample size, a snowball sampling procedure was used.

After giving informed consent, participants filled in an online questionnaire, in which they reported their experience of IPV and LGB-specific tactics, whether used by themselves and/or by their partners, in the past year. In this study, all partners within the intimate LGB relationships (e.g., long-term, fleeting, current, past, etc.) in the past year were included. All research procedures were approved by the Research Ethics Committee at the Hong Kong Polytechnic University.

Measures

IPV was measured with three subscales from the Revised Conflict Tactics Scales (CTS2),[19] including psychological aggression (12 items), physical assault (8 items), and injury (6 items). Participants reported the frequency of the specified violent tactics perpetrated by themselves (i.e., IPV-P), as well as those victimized in any of their intimate relationship in the past year (i.e., IPV-V). Items of the CTS2 were rated on a 7-point scale, from ''0'' (never) to ''6'' (more than 20 times).

LGB-specific tactics were assessed with an 11-item scale adopted from other same-sex IPV studies.[15] As with the case of IPV, both tactics perpetrated and/or experienced by the participants within any intimate LGB relationship in the past year were measured. Items were rated on a 7-point scale, with item scores ranging from ''0'' (never) to ''6'' (more than 20 times).

In this study, both IPV and LGB-specific tactics were measured in terms of one's experience of perpetration or victimization within any of their relationship in the past year; that is, the violent tactics might be perpetrated against or by different partners of the participants.

Addictive behavior of the participants was captured using three single items. Participants indicated the frequency of their (1) gambling, (2) alcohol drinking, and/or (3) tobacco use with item scores ranging from ''0'' (never) to ''9'' (once daily).

Anxiety and depression of the participants were measured with the 14-item Hospital Anxiety and Depression Scale (HADS).[20] Participants rated their feelings in the past week on a 4-point scale, with higher scores indicating more severe symptoms of anxiety or depression.

Demographic variables, including participants' gender identity (male, female, or other), sexual orientation (gay, lesbian, bisexual, or other), and employment status, were also recorded in the survey.

Statistical analysis

Demographic variables of the sample, and prevalence rates of different types of IPV and LGB-specific tactics perpetrated and/or experienced by the participants were summarized using descriptive statistics. To facilitate the computation of prevalence of IPV, all positive responses in the CTS2 and the LGB-specific tactics scale (i.e., from ''1'' to ''6''), as well as the addictive behavior (i.e., from ''1'' to ''9'') were recoded as ''1'' to indicate the presence of the specified behavior. To explore the relationships between IPV-P, IPV-V, addictive behavior, anxiety, and depression among LGB individuals, structural equation modeling (SEM) was conducted using the R package lavaan. To deal with the non-normality and missing data, robust maximum likelihood methods (MLR) and a full information maximum likelihood estimation were used. Bootstrapping method with 10,000 samples was used to generate confidence intervals (CIs) for unstandardized and standardized path coefficients.

Results

Table 1 summarizes the demographic background and the prevalence of addictive behavior of the sample. Participants were aged 18–55 years old, with a mean of 28.99 years (standard deviation = 7.75). Of the 759 participants, 36.5% self-identified themselves as male, 61.3% as female, and 2.2% as other gender. The majority was gay or lesbian (30.6% and 39.4%, respectively), followed by bisexual (26.1%) and sexual orientation other than LGB (4.0%).

Prevalence rates of the various types of IPV and LGB-specific tactics are presented in Table 2 according to the directions of violence perpetration and victimization. Psychological aggression was the most commonly reported type of IPV. Over two fifths of participants (22.1%) reported

Table 1. Demographic Characteristics of the Sample ($N=759$)

Characteristic	n *(%) or M (SD)*
Age	28.99 (7.75)
Gender identity	
Male	277 (36.5%)
Female	465 (61.3%)
Other	17 (2.2%)
Sexual orientation	
Gay	232 (30.6%)
Lesbian	299 (39.4%)
Bisexual	198 (26.1%)
Other	30 (4.0%)
Employment status	
Employed, or self-employed	492 (64.8%)
Addictive behavior	
Gambling	240 (31.6%)
Alcohol drinking	601 (79.2%)
Tobacco use	180 (23.7%)

SD, standard deviation.

experiences of psychological aggression in their relationship. On the contrary, ~10.8% of the participants reported physical assault; while 4.1% experienced injury in the past year. Across all types of IPV studied, experiences of bidirectional IPV were most prevalent (2.0%–17.8%). Almost two in every five LGB participants (39.0%) in this study had experienced LGB-specific tactics in their relationship in the past year, and most of these experiences were bidirectional (22.4%).

Due to the high correlations among different types of IPV (ranging from 0.47 to 0.86), the structural model in this study specified two latent variables for IPV: IPV-P and IPV-V, with psychological aggression, physical assault, and injury as indicators in each latent variable.

Table 3 presents the results of the SEM path analysis. The final model showed a good model fit ($\chi^2=901.353$, $df=247$, Comparative Fit Index = 0.927, Tucker Lewis Index = 0.911, Root Mean Square Error of Approximation = 0.059, Standardized Root Mean Residual = 0.054). Significant positive associations were observed between IPV-P and gambling behavior ($B=0.151$ [95% CI = 0.059 to 0.890], $p<0.05$); between LGB-identity salient tactics perpetration and depression ($B=0.039$ [95% CI = 0.024 to 0.055], $p<0.001$) as well as anxiety ($B=0.041$ [95% CI = 0.018 to 0.055], $p<0.001$); and between LGB-identity salient tactics victimization and anxiety ($B=0.019$ [95% CI = 0.000 to 0.035], $p<0.05$).

Discussion

This study provided empirical updates on the prevalence of different types of IPV-P and IPV-V among LGB individuals in Hong Kong. In line with previous research,[6–8] this study revealed comparable prevalence rates of LGB IPV (whether perpetrated or experienced by the participants) to heterosexual IPV. Psychological aggression was the most prevalent, with a rate of 22%, which resembled those in previous research (21%–70%).[21] Similarly, almost 40% of the LGB adults had been exposed to LGB-specific tactics in the past year, a prevalence equivalent to the rate demonstrated in a previous Hong Kong study.[13]

Prevalence of physical assault, on the other contrary, was lower than that shown in the same-sex IPV literature. While review studies indicated a range of 20%–42%,[21] this study demonstrated a rate of 11%. The lower rate of physical IPV observed may suggest a true difference in prevalence between the Hong Kong LGB population and their Western counterparts. Alternatively, it may also reflect a possible underreporting of the problem, which can be broadly attributable to fear of legal consequences, purposeful concealment due to privacy concerns, embarrassment, or shame.[22]

Our findings showed that anxiety and depression were specifically associated with LGB-specific violent tactics but not with the more general IPV-P or IPV-V among LGB individuals. As a unique type of psychological violence, LGB-specific tactics might resemble other types of psychological or emotional IPV in their strong associations with negative mental health outcomes. For example, a recent meta-analysis demonstrated positive effects of emotional IPV on anxiety ($r=0.22$–0.30) and depression ($r=0.23$–0.28).[23] It is often suggested that psychological IPV may cause more severe emotional distress and can be more damaging to mental health than any other type of IPV.[24] Current findings that only LGB-specific psychological violent tactics, instead of the broader IPV in general, were associated with anxiety and depression may provide supportive evidence for the claim that psychological/emotional abuse may have its unique contributions to one's mental health problems.

Frequent gambling had a robust association with IPV-P in the LGB population, which is in line with the findings in research on heterosexual IPV.[17] Although the precise nature of the association between gambling and IPV was yet to be determined, researchers have posited several possible explanations. For example, some suggested that gambling is a direct or indirect result of IPV-P and IPV-V through the mediating effects by relevant stressors (e.g., loss in financial resources,

Table 2. Past-Year Prevalence of Intimate Partner Violence and Lesbian, Gay, and Bisexual Identity Salient Tactics ($N=759$)

	n *(%)*			
Type of violence	*Total*	*Perpetration by participants only*	*Perpetration by partners only*	*Bidirectional*
IPV				
Psychological aggression	168 (22.1)	17 (2.2)	16 (2.1)	135 (17.8)
Physical assault	82 (10.8)	14 (1.8)	16 (2.1)	52 (6.9)
Injury	31 (4.1)	7 (0.9)	9 (1.2)	15 (2.0)
LGB-specific tactics	296 (39.0)	69 (9.1)	57 (7.5)	170 (22.4)

IPV, intimate partner violence; LGB, lesbian, gay, and bisexual.

Table 3. Estimation Results of the Structural Equation Modeling (N=759)

Path		B	*SE* (B)	*95% CI*	β	*SE* (β)	*Boot CI*
Depression	← IPV-P	−0.017	0.018	−0.084 to 0.044	−0.098	0.434	−0.442 to 0.262
Anxiety	← IPV-P	−0.008	0.021	−0.063 to 0.078	−0.039	0.301	−0.292 to 0.391
Gambling	← IPV-P	0.151*	0.073	0.059 to 0.890	0.297*	1.241	0.114 to 1.609
Alcohol	← IPV-P	0.045	0.050	−0.116 to 0.329	0.064	0.276	−0.156 to .443
Tobacco	← IPV-P	0.057	0.091	−0.320 to 0.347	0.063	0.319	−0.333 to 0.355
Depression	← IPV-V	0.004	0.013	−0.044 to 0.055	0.035	0.493	−0.338 to 0.378
Anxiety	← IPV-V	−0.006	0.016	−0.073 to 0.033	−0.040	0.328	−0.472 to 0.206
Gambling	← IPV-V	−0.098	0.053	−0.684 to −0.037	−0.265	1.430	−1.589 to −0.108
Alcohol	← IPV-V	−0.007	0.037	−0.229 to 0.116	−0.015	0.294	−0.394 to 0.201
Tobacco	← IPV-V	0.024	0.061	−0.168 to 0.341	0.037	0.343	−0.242 to 0.440
Depression	← LGB-P	0.039***	0.008	0.024 to 0.055	0.246***	0.048	0.148 to 0.339
Anxiety	← LGB-P	0.041***	0.008	0.018 to 0.064	0.219***	0.044	0.136 to 0.306
Gambling	← LGB-P	−0.004	0.020	−0.042 to 0.037	−0.007	0.041	−0.088 to 0.075
Alcohol	← LGB-P	0.003	0.030	−0.055 to 0.063	0.005	0.046	−0.084 to 0.094
Tobacco	← LGB-P	0.051	0.040	−0.022 to 0.135	0.060	0.047	−0.026 to 0.157
Depression	← LGB-V	0.002	0.007	−0.013 to 0.016	0.014	0.047	−0.080 to 0.102
Anxiety	← LGB-V	0.019*	0.009	0.000 to 0.035	0.108*	0.054	0.000 to 0.208
Gambling	← LGB-V	0.022	0.018	−0.010 to 0.065	0.049	0.041	−0.023 to 0.136
Alcohol	← LGB-V	0.037	0.029	−0.015 to 0.098	0.058	0.045	−0.025 to 0.152
Tobacco	← LGB-V	−0.027	0.035	−0.097 to 0.046	−0.033	0.044	−0.116 to 0.055
Covariance							
IPV-P	↔ IPV-V	12.793***	2.665	7.775 to 18.195	0.893***	0.071	0.729 to 0.991
PSA-P	↔ PSA-V	10.256***	1.460	7.197 to 13.031	0.763***	0.053	0.657 to 0.875
Anxiety	↔ Depression	0.255***	0.022	0.211 to 0.297	0.792***	0.024	0.741 to 0.837
Anxiety	↔ Gambling	−0.011	0.038	−0.089 to 0.064	−0.011	0.039	−0.091 to 0.065
Anxiety	↔ Alcohol	−0.012	0.058	−0.127 to 0.102	−0.009	0.043	−0.094 to 0.075
Anxiety	↔ Tobacco	0.069	0.064	−0.054 to 0.197	0.039	0.036	−0.031 to 0.112
Depression	↔ Gambling	−0.016	0.033	−0.082 to 0.051	−0.018	0.042	−0.095 to 0.060
Depression	↔ Alcohol	−0.055	0.052	−0.160 to 0.046	−0.046	0.044	−0.134 to 0.040
Depression	↔ Tobacco	−0.001	0.056	−0.109 to 0.109	0.000	0.036	−0.070 to 0.074
Gambling	↔ Alcohol	0.641***	0.141	0.370 to 0.918	0.175***	0.036	0.104 to 0.246
Gambling	↔ Tobacco	0.544**	0.189	0.177 to 0.948	0.115**	0.042	0.039 to 0.200
Alcohol	↔ Tobacco	1.732***	0.256	1.236 to 2.228	0.265***	0.035	0.197 to 0.333

*$p<0.05$; **$p<0.01$; ***$p<0.001$.

Alcohol, alcohol use; CI, confidence interval; IPV-P, intimate partner violence perpetration; IPV-V, intimate partner violence victimization; LGB-P, LGB-specific tactics perpetration; LGB-V, LGB-specific tactics victimization; PSA-P, psychological aggression perpetration; PSA-V, psychological aggression victimization; SE, standard error; Tobacco, tobacco use.

domestic conflicts, etc.),[25] while the other suggested factors may serve as a strategy for victims to cope with or escape from IPV experiences.[26,27]

Limitations

Several study limitations were noted. First, the use of an online survey in the Chinese language with a snowball recruitment method might limit the generalizability of the findings to individuals who did not have access to the internet or who did not participate in this study. Second, other types of IPV, such as sexual violence and coercive control, were not included in this study. Also, due to the limited time and manpower resources, this study did not include other possible correlates. Future research may expand the analysis to include more types of IPV and more relevant variables as predictors.

Third, this study only assessed participants' current gender identity but did not assess their sex assigned at birth, which precluded disaggregated analysis by sex assigned at birth. In addition, disaggregation by gender identity and sexual orientation was not conducted since the rates of IPV (especially physical IPV and injury) were relatively low and the sample would be too small for the analysis. A larger sample size may be needed for future research to achieve this. Fourth, this study did not achieve a balanced response rate from men and women. Extra efforts may be needed to oversample men in future studies. Finally, there might be a difference in the severity of violent tactics within the CTS2 subscales. Yet, this study did not differentiate between severe IPV and minor IPV when reporting the prevalence rates. It might be possible for an overcalculation of the proportion of interpersonal conflicts in the LGB relationships in the sample.

Conclusion

This study demonstrated that IPV was not a rare phenomenon in the LGB population in Hong Kong. The high prevalence of IPV and LGB-specific tactics warrants immediate attention and appropriate actions to support LGB IPV perpetrators and survivors. The findings that depression, anxiety, and frequent gambling were associated with different types of IPV among LGB adults provide valuable insights for the development of LGB IPV detection and intervention in the future.

Confirmation Statement

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Authors' Contributions

E.Y. and I.P.Y.L. designed the study, I.P.Y.L. and A.S.W.C. collected the data, R.S. analyzed the data, and E.Y., A.W., and H.K.L.N. prepared the article.

Author Disclosure Statement

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