

Abstract

Identifying factors associated with intimate partner violence among a U.S.-based sample of sexual and gender minority adolescents

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Background: Sexual and gender minorities (SGMs) report elevated rates of intimate partner violence (IPV) compared to cisgender, heterosexual counterparts (50% higher among LGB and 9x greater among transgender people). The mechanisms driving these differences remains relatively unknown, but IPV experiences have detrimental downstream effects to public health, furthering SGM health disparities. We hypothesized that SGM-specific experiences (internalized homonegativity, percentage outness to immediate family members (IFM), and family member supportiveness of SGM identity) would significantly influence the likelihood of three IPV outcomes—victimization only (VO), perpetration only (PO), and victimization/perpetration (VP).

Methods: In 2024-2025, SGM adolescents (ages 14-17) were recruited nationwide through a hybrid social media and respondent-driven sampling approach. A total of 1,408 (mean age=15.9; 28.9%BIPOC) took an online survey about sexual/relationship experiences, mental/behavioral health, and SGM minority stress. Multinomial logistic regressions estimated the relative risk (RR) ratios of experiencing IPV—controlling for demographics, anxiety, witnessing parental violence, and alcohol use.

Results: Outness to IFM was associated with increased RR of VO (RRR=1.02, $p<.001$), and VP (RRR=1.01, $p<.001$), compared to no IPV. Asexual/demisexual participants had a 59.0% lower RR of VP compared to no IPV (RRR=0.41, $p<.01$). Although internalized homonegativity did not predict any IPV outcome in preliminary models, we hypothesize this relationship will change when we account for family member supportiveness.

Conclusions: Findings indicate that SGM-specific experiences are associated with IPV among adolescents and reveal prevalence differences among SGM subpopulations. Next steps are to understanding impacts of IFM supportiveness to elucidate more robust findings about the nuance of IPV within this population.

Advocacy for health and health education Assessment of individual and community needs for health education
Diversity and culture Epidemiology Public health or related research Social and behavioral sciences

