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

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Background
Introduction

Intimate Partner Violence (IPV) is “any behavior that causes physical, psychological or sexual harm to those in that relationship”¹.
IPV is a global health and human rights problem with severe impacts on physical and mental health.²
Intimate Partner Violence

❖ Primarily centered on male perpetrator/female victim relationships³
   ➢ LGBTQ+ individuals experience IPV at similar or higher rates⁴
   ➢ Unique aspects of LGBTQ+ relationships related to IPV⁵

❖ Primarily conducted on North American populations⁶
   ➢ Increasing awareness on the importance of exploring IPV outside of North America
   ➢ Latin America and the Caribbean (LAC) as a region of interest
There has been no systematic review of the literature on IPV among LGBTQ+ adults in LAC to date.
Objectives

Prevalence

What is the prevalence of IPV among LGBTQ+ adults in LAC?

Measurement

How is IPV measured among LGBTQ+ adults in LAC?

Risk & Protective Factors

What are the risk and protective factors for experiencing IPV among LGBTQ+ adults in LAC?

Interventions

What interventions exist for LGBTQ+ adults experiencing IPV in LAC?
Methods
Search Strategy

10 databases
PubMed, PsycInfo, Web of Science, SCOPUS, LILACS, SciElo, VHL Regional Portal, Genderwatch, LGBT Life, Women’s Studies International

4 languages
English, Spanish, Portuguese, French

3 key search areas
‘LGBT’, ‘Violence’, ‘Latin America’/’Caribbean’
Inclusion Criteria

Published after 2000

Any form of IPV

LGBTQ+ adults over 18 in LAC

Data on at least one of the four key areas
Figure 1. PRISMA Diagram of Search, Screening and Selection Processes

Record identified from:
- Databases (n = 10)
- Registers (n = 1234)

Duplicate records removed (n = 212)

Articles with title/abstract screened (n = 1022)

Ineligible articles excluded (n = 894)

Full-text articles assessed for eligibility (n = 128)

Full-text articles excluded:
- Irrelevant topic (n = 52)
  - Not IPV focused
- Irrelevant population (n = 37)
  - Not LGBTQ+
  - Youth/adolescents
  - Not LAC
- Irrelevant study design (n = 12)
  - History, policy, or literature focused
  - Duplicate (n = 5)

Studies included in review (n = 22)
Data Extraction and Analysis

Data were extracted into Excel, synthesized and analyzed descriptively for themes and gaps.

Summary estimates for prevalence data were generated using Cochrane’s Revman Software.

Quality assessment was conducted with the applicable Joanna Briggs Institute Tool.
Results
## Results

<table>
<thead>
<tr>
<th>22 Studies</th>
<th>27 countries</th>
<th>Sample size</th>
<th>Variety of Study Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Prevalence (n=20)</td>
<td>- Brazil (n=6)</td>
<td>- Range: 15 - 24,654 individuals</td>
<td>- MSM, gay men (n=9)</td>
</tr>
<tr>
<td>- Measurement (n=20)</td>
<td>- Peru (n=3)</td>
<td></td>
<td>- MSM, TGW (n=4) (n=4)</td>
</tr>
<tr>
<td>- Risk factors (n=16)</td>
<td>- Chile (n=2)</td>
<td></td>
<td>- TGW (n=3)</td>
</tr>
<tr>
<td>- Protective factors (n=3)</td>
<td>- Cuba, Guatemala, Guatemala, Jamaica, Venezuela, Puerto Rico (n=1)</td>
<td></td>
<td>- Lesbian women, gay men (n=3)</td>
</tr>
<tr>
<td></td>
<td>- 2 or more (n=6) (n=6)</td>
<td></td>
<td>- Grouped LGBTQ+ LGBTQ+ sample (n=3)</td>
</tr>
</tbody>
</table>

Love is love.
<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Studies (n)</th>
<th>Prevalence (95% CI)</th>
<th>I2 (P)</th>
<th>Studies (n)</th>
<th>Prevalence (95% CI)</th>
<th>I2 (P)</th>
<th>Studies (n)</th>
<th>Prevalence (95% CI)</th>
<th>I2 (P)</th>
<th>Studies (n)</th>
<th>Prevalence (95% CI)</th>
<th>I2 (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>8</td>
<td>24 (19, 30)</td>
<td>99% &lt;.001</td>
<td>5</td>
<td>15 (8, 22)</td>
<td>96% &lt;.001</td>
<td>6</td>
<td>12 (5, 18)</td>
<td>99% &lt;.001</td>
<td>6</td>
<td>33 (10, 55)</td>
<td>99% &lt;.001</td>
</tr>
<tr>
<td>TGW</td>
<td>3</td>
<td>16 (13, 21)</td>
<td>0% 0.37</td>
<td>2</td>
<td>8 (5, 10)</td>
<td>0% 0.34</td>
<td>2</td>
<td>2 (1, 4)</td>
<td>0% 0.91</td>
<td>2</td>
<td>6 (1, 12)</td>
<td>91% 0.001</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>4</td>
<td>46 (20, 73)</td>
<td>100% &lt;.001</td>
<td>2</td>
<td>29 (21, 36)</td>
<td>0% 0.57</td>
<td>3</td>
<td>16 (6, 26)</td>
<td>83% 0.003</td>
<td>2</td>
<td>47 (31, 63)</td>
<td>68% 0.08</td>
</tr>
<tr>
<td>All</td>
<td>13</td>
<td>28 (22, 33)</td>
<td>100% &lt;.001</td>
<td>8</td>
<td>15 (10, 20)</td>
<td>94% &lt;.001</td>
<td>10</td>
<td>11 (6, 15)</td>
<td>99% &lt;.001</td>
<td>8</td>
<td>28 (16, 40)</td>
<td>99% &lt;.001</td>
</tr>
</tbody>
</table>

*Table 1: Pooled prevalence of IPV victimization across 18 studies among LGBTQ+ populations in LAC (n=18)*
❖ **28% of individuals experienced IPV**

❖ **Samples with grouped LGBTQ+ individuals had highest IPV prevalences**

❖ **Psychological IPV rates were highest**
<table>
<thead>
<tr>
<th>Any IPV</th>
<th>Physical IPV</th>
<th>Sexual IPV</th>
<th>Psychological IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies (n)</td>
<td>Prevalence (95% CI)</td>
<td>I2 (P)</td>
<td>Studies (n)</td>
</tr>
<tr>
<td>3</td>
<td>31 (13, 49)</td>
<td>99% &lt;.001</td>
<td>3</td>
</tr>
</tbody>
</table>
IPV Measurement

❖ Standard or previously employed definition (n=10)
  ➢ Definition from previous IPV study (n=6)
  ➢ WHO definition (n=2)
  ➢ Definition from previously validated scale (n=2)
❖ Unique definition (n=9)
❖ Open-ended question (n=1)
IPV Measurement

**Definition**
- General (n=8)
- vs. behavioral (n=6)

**Recall Periods**
- Lifetime (n=7)
- Past 5 years (n=2)
- 12-months (n=1)
- One or more (n=3)

**Partner(s)**
- Current/previous partner (n=3)
- Last three partners (n=2)

**Severity & Frequency**
- Severity (n=1)
- Frequency (n=1)
IPV Risk Factors

Alcohol use (n=6)  Discrimination (n=5)

Transactional sex (n=4)  Childhood & adolescent experiences of violence (n=3)
## Other Risk Factors

<table>
<thead>
<tr>
<th>Drug Use</th>
<th>Bidirectional IPV</th>
<th>Adherence to traditional gender norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender, gender diverse diverse individuals</td>
<td>Condomless receptive anal anal intercourse</td>
<td>Depression</td>
</tr>
<tr>
<td>Stable relationships</td>
<td>STIs/HIV status</td>
<td>Lack of conflict resolution skills</td>
</tr>
<tr>
<td>Mixed racial identity</td>
<td>Unstable administrative situations</td>
<td>Economic stress</td>
</tr>
<tr>
<td>High number of sexual partners in the last 12 months</td>
<td>Lack of knowledge/resources</td>
<td>Victimization in medical care care</td>
</tr>
<tr>
<td>Lower education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- High number of sexual partners in the last 12 months
- Lack of knowledge/resources
- Economic stress
- Victimization in medical care care
IPV Protective Factors

**Gay Men**
- Younger age (18-24)
- Low alcohol consumption

**Lesbian Women**
- Student status
- Higher education
- Seeking counseling, legal and healthcare services
IPV Correlates

1. Anxiety, Emotional distress, Transactional sex, Vulnerability to IPV, Physical and sexual trauma, Restricted access to legal, health and social services

2. Depression, Condomless receptive anal intercourse
Discussion/Conclusion
Discussion: Prevalence & Measurement

❖ 28% overall IPV victimization is similar to LAC IPV rates of 29.8% among women\textsuperscript{7} and 22.7-42.7% among men\textsuperscript{8}

❖ 46% IPV victimization among grouped LGBTQ+ samples is higher than these rates

❖ Sample IPV rates ranged from 0.4-91.4%
  ➢ Measurement inconsistency
  ➢ Barriers to reporting
Discussion: Risk, Protective Factors & Correlates

- Many identified risk factors also documented in the literature
  - “Minority stress”
- Context of LAC
  - Religious and historical
- Risk factors and correlates often overlap
  - Theory of syndemics
- Little research on protective factors
Cross-sectional nature of studies

Limitations

Study heterogeneity

Convenience

Sampling
Conclusions

LGBTQ+ adults in LAC experience IPV at similar or higher rates than cisgender, heterosexual individuals.

There is a need to develop studies on bisexual individuals, transgender men, intersex people and other LGBTQ+ identifying individuals.

There is a need for more consistent and standardized IPV measurement.
Conclusions

- Risk factors act in complex ways.
- There is a need for longitudinal studies.
- There is a need for greater funding.
- There is a need for greater research on protective factors and interventions.
Thanks!

Do you have any questions?

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References


