

VIOLENCE TO SELF AND OTHERS: THE RELATIONSHIP BETWEEN MINORITY
STRESS, INTIMATE PARTNER VIOLENCE PERPETRATION, AND SUICIDAL
IDEATION

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by

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ABSTRACT

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Sexual minority individuals are at an elevated risk for suicidal ideation (SI) and intimate partner violence (IPV) compared to their heterosexual counterparts (Haas et al., 2010; Messinger, 2017). SI and IPV perpetuation generally co-occur (Blosnich & Bossarte, 2011), and while they share similar risk factors (e.g., Franklin et al., 2017), LGB+ people might have a unique relationship between SI and IPV due to minority stress. Minority stress is associated with greater levels of SI and IPV perpetration in sexual minority people (Baams et al., 2015; Longobardi & Badenes-Ribera, 2017). Past research has explored these variables, but it has not analyzed how minority stress might explain a co-occurrence of SI and IPV in sexual minority individuals.

The current study analyzed the relationship between the propensity to use physical IPV, SI, and minority stress in a sample of 270 LGB+ university students in Southeast Texas. Propensity for physical IPV was expected to directly predict SI. Additionally, minority stress was expected to partially mediate the relationship between the propensity for physical IPV and SI. Structural equation modeling tested the hypotheses. Contrary to predictions, direct and indirect pathways were not statistically significant. Of note, the study included primarily bisexual women, which could prevent these findings from generalizing to sexual minority individuals more broadly. Future studies could diversify their samples, use different measures, and analyze longitudinal data to further explore this research question.

KEY WORDS: Suicidal ideation, Intimate partner violence perpetration, Sexual minority populations.

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CHAPTER I

Introduction

Suicide is a critical concern for young adults. In 2020, it was the 12th leading cause of death in the United States, the second leading cause of death for people aged 25-34, and the third leading cause of death for people aged 15-24 (Centers for Disease Control and Prevention, 2022). The number of people who experience thoughts about death and/or killing themselves (i.e., suicidal ideation or SI) who do not go on to die by suicide is even greater (Duffy et al., 2019). Over 22% of college students experience SI in their lifetime and 6% make plans, whereas 3% of students attempt suicide (Mortier et al., 2018). With such high rates of distress and potential mortality, extensive research has focused on exploring predictors and theories surrounding SI, including studies focusing on college-aged individuals.

Intimate partner violence (IPV) is also a pervasive issue on and off university campuses (Decker et al., 2018; Edwards et al., 2015; Peterman & Dixon, 2003). IPV includes physical violence, sexual violence, stalking, and psychological/verbal aggression toward current or past romantic partners (Breiding et al., 2015). College students' IPV prevalence rates range from 10-50% (Kaukinen, 2014). LGB+ people are consistently at an equal or greater risk for IPV compared to heterosexual people despite the varying reported rates (Edwards et al., 2015; Rollè et al., 2018; Graham et al., 2019; Whitfield et al., 2021). Around 35% of sexual minority students perpetrate physical IPV (Edwards et al., 2013).

Minority stress theory might explain why LGB+ people are at a heightened risk for SI and IPV perpetration. This theory posits external stressors like identity-based

social rejection and discrimination lead to internalized negative beliefs about the self (i.e., internalized homophobia). These added identity-based stressors create unique risks for LGB+ people (Meyer, 2003), although the effects of sexual orientation on SI and IPV remain relatively unexplored.

The current study explored the relationship between physical IPV perpetration motives and SI in a sample of LGB+ college students. The goal was to highlight the risk for self- and other-directed harm in sexually diverse groups by exploring the relationship between propensity for physical IPV perpetration and SI. Minority stress was explored as a mediator of these behaviors.

Suicidal Ideation & Intimate Partner Violence in General Populations

Suicide & Suicidal Ideation

In 2021, 47,646 Americans died by suicide (Centers for Disease Control and Prevention, 2022; Curtin et al., 2022). The number of suicide attempts are even greater, as 1.2 million Americans attempted suicide in 2020. Between 8% (Bakken et al., 2021) and 14% (Shim & Jeong, 2018) of college students experience SI in a one-year timespan. Certain student populations are at an elevated risk for SI. For example, students with mental health concerns like depression (Bakken, 2021; Casey et al., 2022; Shim & Jeong, 2018), anxiety (Casey et al., 2022; Shim & Jeong, 2018), substance abuse (Bakken, 2021; Toprak et al., 2011), and non-suicidal self-injury (Bakken, 2021) experience more SI than peers without these mental health concerns. Most mental illnesses first emerge between 18 and 25 years of age, which is typically when individuals attend college. Thus, individuals vulnerable to psychiatric disturbance are at risk for SI during their time at university (Casey et al., 2022; Kessler et al., 2007). LGB+ people (Bakken, 2021; Hill &

Pettit, 2012; Salway et al., 2019), sexual assault survivors (Bakken, 2021), and/or abuse survivors (Casey et al., 2022) divulge greater SI rates compared to other college students. These additional risk factors, combined with typical life stressors and mental health concerns, may lead to greater SI in LGB+ people (Casey et al., 2022; Keyes et al., 2012).

SI does not inevitably result in suicide (Casey et al., 2022; Duffy et al., 2019). Some people who make attempts or die by suicide deny ever experiencing SI. These people might intentionally underreport their SI, or they may not experience it until the moments before their suicidal gestures (Obegi, 2021). Although SI does not always predict suicide attempts, it is still a critical indicator of a person's well-being. SI is associated with poor mental health functioning and aversive life experiences, even when people do not make an attempt to die by suicide (Casey et al., 2022; Duffy et al., 2019). SI is also a risk factor for parasuicidal behaviors, including self-harm (Chamberlain et al., 2009; Nock et al., 2008; Scott et al., 2015).

Numerous theories attempt to explain suicide and SI (Ribeiro et al., 2013). The interpersonal theory of suicide (Joiner, 2005) is one empirically-supported explanation for why some people experience only SI while others go on to die by suicide. Two interpersonal concepts, thwarted belongingness (i.e., feeling lonely and disconnected) and perceived burdensomeness (i.e., a person's subjective belief that they are a burden for their loved ones), increase the likelihood of experiencing SI. To escalate from SI to a suicide attempt, a person must first overcome pain, their innate sense of self-preservation, and their fear of death. Thus, ultimately dying by suicide requires an acquired capability for suicide. Exposure to painful life events increases a person's capability for suicide, and the source of the pain can vary (e.g., non-suicidal self-injury and childhood

maltreatment). Thwarted belongingness and perceived burdensomeness lead to lethal or near-lethal suicide attempts when combined with this acquired capability (Joiner, 2005; Van Orden et al., 2010).

Intimate Partner Violence

IPV includes a variety of behaviors like physical violence, sexual violence, stalking, and psychological/verbal aggression toward current or past romantic partners (Breiding et al., 2015). Relational abuse is a widespread problem, and 47.3% of women and 44.2% of men in the United States report IPV victimization in their lifetime. Physical violence is one of the most common IPV forms, and it includes hitting, pushing, choking, and other forms of physical aggression (Leemis et al., 2022). Two in five people in the United States are physically abused (Leemis et al., 2022), but it is unclear whether men and women perpetrate physical IPV at equal rates (Cho, 2011; Straus, 2011).

Researchers' general focus on female survivors and male perpetrators highlights the need for further research, as IPV is not limited to female survivor/male perpetrator dyads (Cho, 2011; Straus, 2011).

IPV can occur throughout life, but relational violence in university students has garnered specific attention (e.g., Straus, 2006). IPV rates at universities vary from 4.8% (Musa et al., 2021) to as much as 52% (Fantasia et al., 2018), and approximately 29% of students worldwide physically abuse their partners each year (Straus, 2006). Most student perpetrators utilize relatively minor forms of physical IPV (e.g., slapping their partners), but others employ relatively severe forms of abuse (e.g., punching, choking, or attacking their partner with weapons; Straus, 2004).

Numerous risk factors predict physical IPV perpetration. These factors range from social and structural risks to individual and interpersonal risks. Developmental and social experiences like childhood abuse, witnessing others being abused during childhood, having violent peers, and receiving limited social support are associated with IPV perpetration later in the lifespan. Mental illnesses, substance misuse, low self-esteem, and relationship conflicts also predict IPV perpetration (Capaldi et al., 2012). Perpetrators are a heterogenic group, however, and there is not one single abuser prototype. For example, some research differentiates between impulsive, emotionally charged IPV compared to premeditated and calculated IPV. Theories like feminist theory, attachment theory, and neurobiological theories try to explain IPV perpetration across these different perpetrator types (Chesworth, 2018). Other theories specifically explore unique risk factors for different IPV perpetrators (e.g., sexual minorities; Messinger, 2017) and how IPV relates to aversive outcomes like SI and suicide (e.g., Chan et al., 2008).

The Link between Suicidal Ideation & Intimate Partner Violence

IPV perpetrators have a greater risk for both suicide and SI (Blosnich & Bossarte, 2011; Chan et al., 2008; Conner et al., 2002). For example, different types of physical IPV perpetration positively correlated with SI (r s ranging from .32-.49) in an international university sample (Chan et al., 2008). In a family court IPV perpetration intervention, 45.5% of abusive men voiced SI in the past (Conner et al., 2002).

SI and IPV perpetration share overlapping risk factors. Mental health concerns (Birkley & Eckhardt, 2015; Franklin et al., 2017; Lamis et al., 2013), childhood abuse (Bahk et al., 2017; Clare et al., 2021; Roberts et al., 2010), and substance use (Clare et al., 2021; Field et al., 2004; Franklin et al., 2017) increase the likelihood of both IPV

perpetration and SI. The relationship between physical IPV and SI exists even when controlling for these mutual risk factors (Ilgen et al., 2009). Consistent with the interpersonal theory of suicide (Joiner, 2005), greater levels of hopelessness, perceived burdensomeness, and thwarted belongingness also predict increases in both SI and IPV perpetration. People who abuse their partners are not necessarily more likely to experience SI than people who already endorsed interpersonal theory-related factors. Rather, IPV perpetrators might be at an increased risk for SI, and greater levels of the interpersonal theory factors act as the most proximal risk explaining eventual suicide attempts (Lamis et al., 2013). IPV perpetration and SI may, therefore, have unique connections along with having similar risk factors (Ilgen et al., 2009).

There are several theories attempting to explain the relationship between self-directed and other-directed harm. For example, a two-step model of countervailing forces explains how impulsivity leads to self-harm and aggression. In this model, an outside stressor creates an impulsive and aggressive urge, and other factors direct the aggression towards the self (e.g., factors like depression) or towards another person (e.g., factors like impulsivity; Plutchik & Van Praag, 1989). If factors leading to suicide and aggression are both present, a person could harm both themselves and other people (Hillbrand, 2001). Another model attempting to explain this behavior is the dual-harm model. Dual-harm is a cognitive-emotional model that consists of biological and environmental factors that shape an individual's personality development, including maladaptive emotion regulation and poor interpersonal skills. These resulting personality factors, along with external stressors (e.g., bullying and arguments) and the expectations for violence (e.g., believing aggression will bring emotional relief), lead to dual-harm behaviors—non-suicidal self-

injury and aggression toward others. Dual-harm behaviors thus serve to regulate the perpetrator's emotions and communicate their distress to others (Shafti et al., 2021).

Suicidal Ideation & Intimate Partner Violence in LGB+ People

Suicidal Ideation & LGB+ People

Suicide is an international concern, and LGB+ people are especially vulnerable. LGB+ people consistently experience more SI than their heterosexual peers (Haas et al., 2010; King et al., 2008), and they are twice as likely as heterosexual people to report SI (King et al., 2008). Sexual minority college students also experience more SI than heterosexual college students. Bisexual college students experience the most SI, even when compared to lesbian and gay students (Hill & Pettit, 2012; Salway et al., 2019).

Discrimination at least partially explains why LGB+ students experience greater SI rates. Sexual minority people face homophobia, harassment, and alienation from strangers, society at large, and loved ones. People who experience this social rejection and harassment also experience greater SI compared to people who do not face the rejection (Meyer, 2003; Salway et al., 2019). Some people internalize these homophobic attitudes, and people with internalized homophobia also report elevated SI rates (Rogers et al., 2021).

Intimate Partner Violence & LGB+ People

Sexual minority people experience unique or exacerbated IPV perpetration risk factors. For example, internalized homophobia and hiding one's sexual orientation are risk factors for IPV perpetration in LGB+ relationships (Badenes-Ribera et al., 2016; Messinger, 2017; Moskowitz et al., 2020). IPV perpetrators may use forms of identity abuse specific to LGB+ members, including disclosing (or threatening to disclose) a

partner's sexuality without their consent (i.e., "outing"), belittling their partners' gender or sexual orientation, using homophobic slurs, and isolating partners from other members of the LGB+ community (Woulfe & Goodman, 2021).

Minority Stress Theory

Members of minority groups often experience deleterious outcomes related to identity-based stigmatization. Minority stress theory is a broad conceptualization of the distress and maladjustment related to repetitive identity-based discrimination, rejection, and aggression. External, identity-based discrimination from others increases the risk for depression and other aversive mental health outcomes while exacerbating more subjective, internal thoughts and beliefs about the self (e.g., internalized homophobia). People from minority groups learn to expect rejection, conceal their identities, and internalize stigma, which further increases their overall levels of stress associated with their minority status (Meyer, 2003).

Research exploring minority stress in the LGB+ community demonstrates that LGB+ members experience discrimination-based stress leading to detrimental outcomes. Family members, friends, and society reject, ostracize, and harass LGB+ people (Carastathis et al., 2017; Meyer, 2003). This discrimination, as well as the expectation for more discrimination, leads to worse mental health outcomes (e.g., depression, anxiety, and PTSD; Carastathis et al., 2017; Descamps et al., 2000; Szymanski, 2006), increased substance use (Felner et al., 2020; Lehavot & Simoni, 2011), diminished perceived relationship quality (Balsam & Szymanski, 2005; Mohr & Daly, 2008; Otis et al., 2006), and greater levels of internalized homophobia (Hoy-Ellis, 2016; Szymanski, 2006).

LGB+ Minority Stress & Suicidal Ideation

Minority stress also is associated with SI (Baams et al., 2015; McLaren, 2016; Meyer, 2003). Hate crimes, heterosexism, and harassment positively correlate with SI (Ferlatte et al., 2015). LGB+ people who experience this external discrimination and have greater levels of depression (Michaels et al., 2016) and internalized homophobia (Rogers et al., 2021) experience even more SI.

Interpersonal aspects of minority stress may also help explain the increased SI risk for sexual minority individuals. In line with the interpersonal theory of suicide, LGB college students experience greater levels of SI and perceived burdensomeness compared to heterosexual students, and perceived burdensomeness partially explains the greater levels of SI (Hill & Pettit, 2012). Perceived burdensomeness also mediates the relationship between minority stress, SI (Baams et al., 2015; Fulginiti et al., 2020), and suicide attempts (Fulginiti et al., 2020) in LGB youth. The interaction between thwarted belongingness and perceived burdensomeness predicts a history of suicide attempts in non-heterosexual women (Velkoff et al., 2016).

Marginalized LGB+ people's minority stress might generate feelings of thwarted belongingness and perceived burdensomeness. LGB+ people often feel like they do not belong after loved ones and society reject them (Plöderl et al., 2014; Russon et al., 2022). They can also feel like their sexual orientation burdens their loved ones (Baams et al., 2015) and embarrasses their family (Díaz et al., 2001). LGB+ women who harbor negative feelings towards their sexual orientation and feel disconnected from the LGB+ community also feel perceived burdensomeness (Velkoff et al., 2016).

LGB+ Minority Stress & Intimate Partner Violence

Minority stress is also a risk factor for IPV perpetration in the LGB+ community. Different minority stress components, including internalized homophobia, the degree of being open about one's sexuality, stigma consciousness, and discrimination based on sexual orientation, are linked to IPV in LGB+ couples (Harris & Mahalik, 2023; Longobardi & Badenes-Ribera, 2017). IPV perpetrators often engage in identity concealment and internalized homonegativity, which demonstrates internalized minority stress (Edwards & Sylaska, 2013; Edwards et al., 2015). Intersectional aspects of identity are also factors. For example, sexual orientation and racial stressors are associated with IPV perpetration in gay men. Other forms of minority stress (e.g., racism) compound sexual minority stress and further increase a person's likelihood of perpetrating IPV (Stephenson & Finneran, 2017).

Minority stress correlates with decreased relationship quality (Frost et al., 2022; Frost & Meyer, 2009; Messinger, 2017) and confidence in one's ability to communicate and cooperate effectively (Stachowski & Stephenson, 2015). Society also marginalizes sexual minorities and makes them feel powerless. To reassert some degree of power and control, some LGB+ people dominate and physically abuse their romantic partners. People who experience rejection and prejudice may also have diminished interpersonal and emotional regulation skills. These deficits increase the chances of using maladaptive, abusive tactics to address the conflict and emotions that minority stress already exacerbates. Internalized homophobia may even lead LGB+ people to think other sexual minority individuals deserve abuse because of their sexual orientation (Messinger, 2017).

Current Study

The current study explored the relationship between SI and the propensity to perpetrate physical IPV in LGB+ college students. No known studies have explored the direct relationship between these variables in LGB+ people, and the current work tested if a relationship exists. The present study also evaluated the role of minority stress in SI and IPV in LGB+ people. Minority stress was positioned as a partial mediator in a structural equation model to determine if it explained aspects of the relationship between these two factors. Although there are complex models of SI and IPV perpetration (e.g., Plutchik & Van Praag, 1989; Shafti et al., 2021), these studies were conducted in predominantly heterosexual samples. The current work endeavored to establish initial simple relationships in LGB+ people so future work can build upon these findings.

SI and IPV often co-occur in general populations (Chan et al., 2008; Seedat et al., 2005; Wolford-Clevenger et al., 2016). LGB+ people appear to be at an elevated risk for co-occurring forms of aggression (Shafti et al., 2021) that share similar risk factors (e.g., Franklin et al., 2017). It was, therefore, predicted that propensity for physical IPV would predict SI (hypothesis 1). LGB+ people experience unique and exacerbated risk factors for internalized and externalized aggression due to minority stress (Baams et al., 2015; Ferlatte et al., 2015; McLaren, 2016). These risk factors are associated with maladaptive relationship behaviors, IPV (Messinger, 2017), and SI (Baams et al., 2015). Minority stress was, therefore, expected to partially mediate the relationship between physical IPV and SI (hypothesis 2).

CHAPTER II

Method

Participants

Participants ($N = 1364$) were adult sexual-minority undergraduate students in the psychology department research participant pool at a Southeast Texas university.

Participants were removed if they were under 18 years old ($n = 21$), did not report their age ($n = 20$), were not a member of a sexual minority group ($n = 959$), did not answer at least 75% of the items ($n = 38$), and scored above the Personality Inventory for DSM-5 Faceted Brief Form inconsistency scale cut score of 8¹ ($n = 39$; Lowmaster et al., 2020). Two participants who provided the same answer for all items were removed. Fourteen participants were removed because they were multivariate outliers per Mahalanobis distance calculations. The final sample included 270 participants.

The final LGB+ sample ($n = 270$) was sufficient to power the SEM (e.g., Kline, 2011). Participants were further divided into LGB+ subsamples for descriptive statistical analyses, but not for structural modeling purposes. Most participants were between 18-24 years old (87.8%), women (74.1%), bisexual (61.9%), and single (51.5%). The largest racial/ethnic groups were non-Hispanic White people (41.5%) and Hispanic or Latino/a/x people (41.5%). Of note, the overall sample was predominantly non-White. Refer to Table 1 for more detailed sociodemographic information.

¹ Personality Inventory for DSM-5 Faceted Brief Form (PID-5-FBF)—Adult (PID-5-FBF; Maples et al., 2013) is a shortened version of the Personality Inventory for DSM-5 (PID-5). Only the inconsistency scale was used in this study, as the PID-5 factor structure is unstable in sexual minority groups (Boland, et al., 2022; Russell et al., 2017).

Table 1*Sociodemographic Characteristics*

Baseline Characteristic	<i>n</i>	%
Gender		
Cisgender Woman	200	74.1
TGNC	40	14.8
Cisgender Man	30	11.1
Sexual Orientation		
Gay or Lesbian	52	19.3
Bisexual	167	61.9
Pansexual	20	7.4
Queer	17	6.3
Asexual Spectrum	12	4.8
Prefer to Self-describe	1	0.4
Race & Ethnicity		
Non-Hispanic White	112	41.5
Hispanic or Latino/a/x	112	41.5
Black or African American	21	7.8
Asian	5	1.9
American Indian or Alaskan Native	2	0.7
Multiracial	16	5.9
No Response	2	0.7
Age		
18-24 years old	237	87.8
25-34 years old	26	9.6
35-44 years old	4	1.5
45-54 years old	2	0.7
55-54 years old	1	0.4
Relationship Status		
Single	139	51.5
In a Committed Relationship	114	42.2
In a Casual Relationship	17	6.3

Note. *N* = 270. TGNC = Transgender and gender non-confirming individuals.

Measures

Demographics

Participants answered demographic questions when completing the study. The demographic items asked about sexual orientation, gender, relationship status, race, ethnicity, and age.

Proximal Antecedents of Violent Episodes (PAVE)

The PAVE (Babcock et al., 2004) measures the likelihood (1 = *not at all likely*, 6 = *extremely likely*) that participants would react aggressively to their partners in different contexts. The 20-item self-report measure addresses Violence to Control (10 items; e.g., *My partner does not include me in important decisions*), Violence Out of Jealousy (4 items; e.g., *My partner spends a lot of time with close friends of the opposite sex*), and Violence Following Verbal Abuse (6 items; e.g., *My partner threatens to leave me*). Greater scores indicate a greater propensity to use violence in specific situations. The original scale development scores were reliable in samples of men in the community and intervention facilities (Overall $\alpha = .94$, Violence to Control $\alpha = .93$, Violence Out of Jealousy $\alpha = .74$, and Violence Following Verbal Abuse $\alpha = .90$). The scales correlated with other self-reported and partner-reported physical and emotional/verbal abuse including the revised Conflict Tactics Scale (CTS2). In the current study, reliability coefficients ranged from .81 (Violence Out of Jealousy) to .89 (Violence to Control).

Suicidal Ideation Attributes Scale (SIDAS)

The SIDAS (van Spijker et al., 2014) is a brief 5-item scale measuring suicide risk. The total scores range from 0 to 50, where 0 suggests no ideation, 1-20 suggests low ideation, and ≥ 21 suggests an elevated risk of suicidal behaviors. Participants ranked the

severity of their SI's frequency, controllability, closeness to attempt, distress, and interference with daily activity during the past month on 11-point scales unique to each question. This brief instrument had predictive validity and excellent internal consistency ($\alpha = .91$) in the original study, and it had acceptable internal consistency in the current study ($\alpha = .78$).

Short Internalized Homonegativity Scale (SIHS)

The SIHS (Currie et al., 2004) assesses internalized homophobia with 12 items. It is scored using a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*). The measure can be divided into three factors, but the overall score can also measure internalized homophobia as a singular construct. The scale includes two factors from the Reactions to Homosexuality Scale (RHS; Ross & Rosser, 1996): Public Identification as Gay and Social Comfort with Gay Men. Public Identification as Gay is a 4-item-factor that measures willingness to openly acknowledge one's sexual orientation or be associated with other gay people (e.g., *I am comfortable about people finding out that I am gay*). The 4-item Social Comfort with Gay Men measures comfort levels being in gay-specific spaces or socializing/flirting with gay men (e.g., *I often feel intimidated while at gay venues*). Sexual Comfort with Gay Men, the third factor, includes four original items about negative stereotypes around gay men's sexuality (e.g., *Most gay men prefer anonymous sexual encounters*). The internal reliabilities for Public Identification as Gay ($\alpha = .73$) and Sexual Comfort with Gay Men ($\alpha = .71$) were adequate, but the internal reliability for Social Comfort with Gay Men was questionable ($\alpha = .68$) in the original structure analysis. This study replaced references to gay men with "LGB/Queer" to capture internalized homophobia outside of only gay men. The scale was also changed

to a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly disagree*), and the total scale had an acceptable internal consistency ($\alpha = .78$).

Heterosexist Harassment, Rejection, & Discrimination Scale (HHRDS)

The HHRDS is a 14-item scale measuring heterosexist mistreatment based on views that heterosexuality is the norm (Merriam-Webster, n.d.). It includes three subscales (Szymanski, 2006). The Harassment and Rejection subscale measures harassment and rejection from family, friends, and people in general (7 items; e.g., *How many times have you been rejected by friends because you were a LGBTQ individual?*). The Workplace and School Discrimination subscale includes heterosexist behavior at work or school (4 items; e.g., *How many times have you been treated unfairly by your employer, boss, or supervisors because you are a LGBTQ individual?*). Lastly, the other discrimination subscale asks about being treated “unfairly” by strangers, people in customer service, and people in helping jobs because of one’s sexual minority status (3 items; e.g., *How many times have you been treated unfairly by strangers because you are an LGBTQ individual?*; Smith et al., 2020). Participants score how often they experienced these events in the past year using a 6-point Likert-type scale (1 = *the event never happened to you*, 6 = *the event happened almost all of the time; more than 70% of the time*) where greater scores indicate a greater frequency of heterosexist victimization. The original scale had good to acceptable internal reliability ($\alpha = .89$, $\alpha = .84$, and $\alpha = .78$ respectively) but only included lesbians (Szymanski, 2006). Later studies generalized the measure to include more of the LGBTQ+ community with support for a two-factor structure in a sample of LGBTQ+ people of color (e.g., Smith et al., 2020).

Procedure

Participants were recruited from a public university in Southeast Texas. Undergraduate students from a psychology department participant pool completed the study on Qualtrics (<https://qualtrics.com>) to receive course credit for their participation in Sona. The study took about one hour to complete on average (Median = 57.33 minutes). Participants completed the demographic items first, but the remaining instruments were counterbalanced to prevent order effects.

Data Analytic Plan

The data were analyzed with Statistical Package for Social Sciences, Version 27 (SPSS; IBM Corp., 2020) and AMOS Version 27 (Arbuckle, 2020). The data were cleaned, and the missing data were accounted for with mean substitution. Descriptive analyses were first conducted to analyze central tendencies, variance, shape/spread, and normality of the data with SPSS. Correlations between the instruments were included. Mahalanobis distance detected multivariate outliers, and participants who answered all items the same were removed from the dataset.

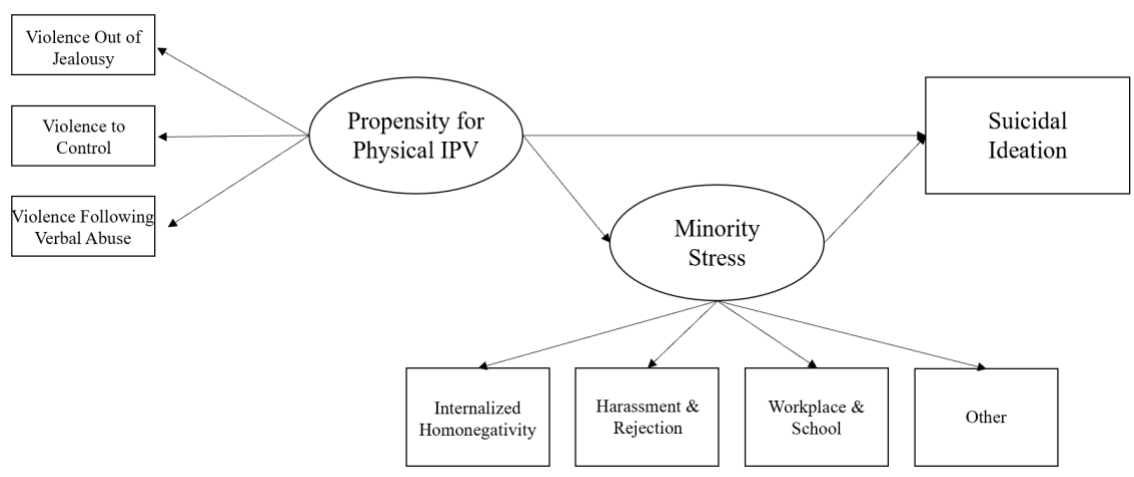
AMOS was used to test the hypothesized SEM. The model included one distal latent variable, propensity for physical IPV, based on the PAVE's three types of physical IPV scenarios: Violence to Control, Violence Out of Jealousy, and Violence Following Verbal Abuse. Minority stress was a proximal latent variable comprised of four factors that mediated the relationship between the distal risk factor and outcome variable. The SIHS measured internal minority stress, and HHRDS measured external minority stress (harassment and rejection from family, friends, and people in general; workplace and school discrimination; and other/being treated "unfairly" by strangers, people in customer

service, and people in helping job). The outcome latent variable was SI, which was an observed variable measured by the SIDAS' total score.

Paths were drawn between the distal risk latent variable and outcome observed variable, the distal latent variable and proximal latent variable, and the proximal latent variable and the outcome observed variable (See Figure 1). Poorly loading variables (standardized $\beta < .50$) were trimmed after analyzing the hypothesized model. Model fit was determined using Comparative Fit Index (CFI) $\geq .90$, the Normed Fit Index (NFI) $\geq .90$, and the Root Mean Square Error of Approximation (RMSEA) $\leq .08$ (Bentler & Bonett, 1980).

Figure 1

Hypothesized Model



Note. Hypothesized model showing a partial mediation relationship between propensity for physical IPV, minority stress, and SI for LGB+ participants.

CHAPTER III

Results

Table 2 includes central tendencies, variance, shape/spread, normality, and internal reliabilities for the variables included in the proposed model. The means, standard deviations, and internal reliability for the measures were consistent with previously tested samples. Cronbach's α ranged from acceptable to good ($\alpha = .75-.89$). Most participants endorsed low SI rates (71.5%), with near equal rates of no ideation (12.6%) and elevated ideation (15.9%). Propensity for physical IPV and experiencing external sources of minority stress were not normally distributed (i.e., exceeded skew and kurtosis thresholds of 1.96). Less than 5% of data were missing for each scale used, and the data were missing completely at random according to the Little's MCAR test, $\chi^2(580) = 578.87, p = .51$.

Table 3 lists the Pearson's r correlation matrix for the included variables. The PAVE subscales did not correlate with suicidal ideation or heterosexist mistreatment, but they weakly correlated with internalized homonegative attitudes, r range = .19-.22, $p < .01$. Suicidal ideation weakly correlated with only the Harassment and Rejection HHRDS scale, $r = .19, p < .01$. Internal homonegative attitudes measured with the SIHS total score only weakly correlated with the Workplace and School Discrimination scale from the HHRDS, $r = .12, p < .05$.

Table 2*Descriptive Statistics Study Variables*

Variable	<i>M</i>	<i>SD</i>	Range	Possible Range	Skew	Kurtosis	α
Proximal Antecedents of Violent Episodes (PAVE)							
Violence Out of Jealousy	1.49	0.75	1-5.25	1-6	1.81	3.33	.81
Violence to Control	1.59	0.71	1-4.70	1-6	1.76	3.11	.89
Violence Following Verbal Abuse	1.37	0.63	1-4.00	1-6	2.03	3.96	.87
Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)							
Harassment and Rejection	1.97	0.89	1-4.86	1-6	1.00	0.33	.86
Workplace and School	1.25	0.52	1-3.75	1-6	2.47	5.54	.83
Other	1.41	0.70	1-4.33	1-6	1.95	3.24	.75
Short Internalized Homonegativity Scale (SIHS)							
SIHS Total	2.14	0.59	1.17-4.67	1-5	0.60	0.70	.76
Suicidal Ideation Attributes Scale (SIDAS)							
SIDAS Total	9.05	9.57	0-40	1-50	1.38	0.90	.78

Table 3*Intercorrelation Matrix*

	PAVE Violence Out of Jealousy	PAVE Violence to Control	PAVE Violence Following Verbal Abuse	SIDAS	SIHS	HHRDS Harassment & Rejection	HHRDS Workplace & School	HHRDS Other
PAVE Violence Out of Jealousy	--							
PAVE Violence to Control	.84**	--						
PAVE Violence Following Verbal Abuse	.88**	.87**	--					
SIDAS	.05	.10	.10	--				
SIHS	.20**	.19**	.22**	.07	--			
HHRDS Harassment & Rejection	-.10	-.07	-.04	.19**	-.04	--		
HHRDS Workplace & School	.03	.04	.10	.08	.12*	.64**	--	
HHRDS Other	.00	.04	.07	.10	.01	.71**	.79**	--

Note. PAVE = Proximal Antecedents of Violent Episodes. SIDAS = Suicidal Ideation Attributes Scale. SIHS = Short Internalized

Homonegativity Scale. HHRDS = Heterosexist Harassment, Rejection, and Discrimination Scale.

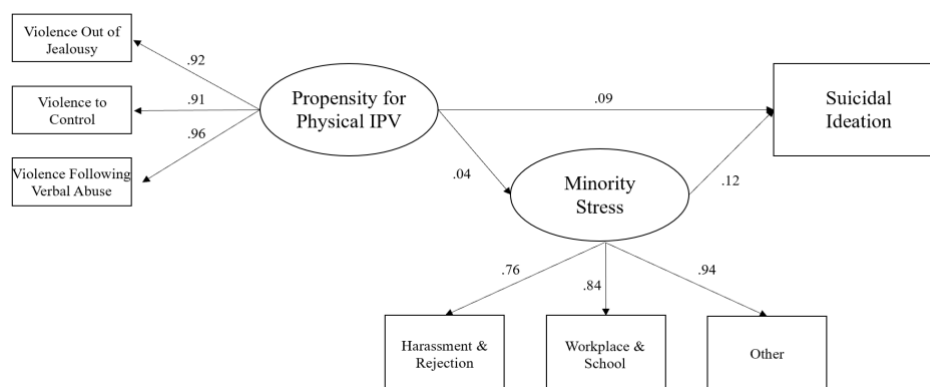
*Pearson correlation is significant at the 0.05 level (2-tailed). **Pearson correlation is significant at the 0.01 level (2-tailed).

The hypothesized model was tested (Figure 1). The data were not normally distributed, so maximum likelihood analyses were analyzed with bootstrapped confidence intervals (500 draws). Internalized homonegativity did not significantly load onto minority stress (standardized $\beta = .04, p > .05$), so it was removed from the model. All other factors adequately loaded on their associated latent variables (standardized $\beta > .50$), and there was no evidence of cross-loading variables in the modification indices.

The final model fit the data well, $\chi^2 (12) = 26.74, p = .01, CFI = .99, NFI = .98, RMSEA = .07, RMSEA 90\% CI [.03-.10]$ (Figure 2). However, propensity for physical IPV's direct and indirect path to SI and minority stress' pathway to SI were not significant ($p > .05$), contrary to the study's hypotheses. Indeed, only the factor loadings on the latent variables were significant ($p < .01$). The model accounted for just 2% of the variance in SI ($R^2 = .02$). Table 4 includes the total effect, direct effect, and minority stress mediated effects on SI. Table 5 lists the unstandardized and standardized regression weights for the latent variable estimates and structural equation model.

Figure 2

Final Model



Note. Factor loadings are standardized. One poorly loading variable from the proposed model was trimmed (standardized $\beta = .04, p > .05$).

Table 4

Standardized Beta Weights for Direct and Mediated Effects on Suicidal Ideation

Propensity for Physical IPV	
Total Effect	.092 [-.028-.219]
Direct Effect	.087 [-.035-.207]
Indirect Effect Mediated by Minority Stress	.005 [-.011-.040]

Note. None of the effects are significant ($p > .05$). 95% confidence intervals are indicated

in brackets. Percent Mediation (PM) = An effect size interpreted as the percent of the total effect accounted for by the indirect effect (indirect effect/total effect). Percent Mediation by (PM) Minority Stress = .054. Minority Stress Total Effect on Suicidal Ideation = .119 [.001-.243].

Table 5*Unstandardized and Standardized Regression Weights for Structural Equation Model*

Parameter Estimate	Unstandardized	Unstandardized Standard Error	Standardized
Latent Variable Estimates			
Propensity for Physical IPV → Violence Out of Jealousy	1.16 [1.05-1.24] ^a	0.047	.92 [.87-.95]
Propensity for Physical IPV → Violence to Control	1.08 [0.99-1.15] ^a	0.042	.91 [.85-.94]
Propensity for Physical IPV → Violence Following Verbal Abuse	1.00 [1.00-1.00]	N/A	.96 [.93-.98]
Minority Stress → Harassment & Rejection	1.03 [0.88-1.22] ^a	0.091	.76 [.69-.83]
Minority Stress → Workplace & School Discrimination	0.67 [0.54-0.78] ^a	0.058	.84 [.75-.90]
Minority Stress → Other	1.00 [1.00-1.00]	N/A	.94 [.87-.98]
Structural Model			
Propensity for Physical IPV → SI	1.39 [-0.56-3.59]	1.011	.09 [-.04-.20]
Propensity for Physical IPV → Minority Stress	.043 [-0.11-0.23]	0.087	.04 [-.10-.20]
Minority Stress → SI	1.74 [-0.05-3.67]	0.994	.12 [.001-0.24]

Note. 95% confidence intervals indicated in brackets.

^a Denotes statistically significant pathways ($p < .05$).

Bonferroni-corrected mean differences between sexual orientations were calculated for the model's variables to explore reasons the model did not have significant paths (Table 6). These comparisons also served to explore potential differences among LGB+ subgroups considering the disproportionate representation of non-monosexual (i.e., bisexual and pansexual) participants in this sample. Participants were grouped into gay, lesbian, or queer ($n = 69$); bisexual and pansexual ($n = 187$); and asexual spectrum (i.e., asexual and demisexual; $n = 13$). Bisexual and pansexual students ($M = 1.55$) had significantly greater scores than the gay, lesbian, and queer participants ($M = 1.26$) on the Violence Out of Jealousy PAVE scale. Asexual spectrum participants (Violence to Control $M = 2.08$; Violence Following Verbal Abuse $M = 1.79$) had significantly greater scores than the gay, lesbian, and queer participants (Violence to Control $M = 1.46$; Violence Following Verbal Abuse $M = 1.23$) on the remaining two PAVE scales. There were no group differences for suicidal ideation or internalized homonegativity. For external sources of minority stress, gay, lesbian, and queer participants (Harassment & Rejection $M = 2.50$; Workplace & School $M = 1.45$; Other $M = 1.73$) had significantly greater scores than the bisexual and pansexual participants on all three scales (Harassment & Rejection $M = 1.79$; Workplace & School $M = 1.17$; Other $M = 1.29$). They also had greater scores on the Harassment and Rejection scale compared to the asexual spectrum participants ($M = 1.84$). Asexual spectrum findings are likely less reliable due to the small sample size, however.

Table 6
Sexual Orientation Categories' Mean Scores

	Gay, Lesbian, & Queer (<i>n</i> = 69)	Bisexual & Pansexual (<i>n</i> = 187)	Asexual Spectrum (<i>n</i> = 13)
PAVE Violence Out of Jealousy	1.26 _a	1.55 _b	1.79 _{a,b}
PAVE Violence to Control	1.46 _a	1.60 _{a,b}	2.08 _b
PAVE Violence Following Verbal Abuse	1.23 _a	1.39 _{a,b}	1.79 _b
SIDAS	7.90 _a	9.32 _a	10.92 _a
SIHS	2.16 _a	2.14 _a	1.87 _a
HHRDS Harassment & Rejection	2.50 _a	1.79 _b	1.84 _b
HHRDS Workplace & School	1.45 _a	1.17 _b	1.31 _{a,b}
HHRDS Other	1.73 _a	1.29 _b	1.31 _{a,b}

Note. Bonferroni-corrected mean differences between sexual orientations were calculated. Values in the same row not sharing the same subscript are significantly different at $p < .05$. One participant reported having a sexual orientation not listed, but they did not self-describe their orientation. PAVE = Proximal Antecedents of Violent Episodes. SIDAS = Suicidal Ideation Attributes Scale. SIHS = Short Internalized Homonegativity Scale. HHRDS = Heterosexist Harassment, Rejection, and Discrimination Scale.

CHAPTER IV

Discussion

In past research, SI and IPV perpetration co-occurred (Chan et al., 2008; Seedat et al., 2005; Shafti et al., 2021) and had statistically significant associations even when controlling for shared risk factors (Ilgen et al., 2009). Sexual minority college students often have an increased risk for both IPV (Whitfield et al., 2021) and SI (Salway et al., 2019). Minority stress, or distress from external and internalized discrimination due to a minority status (Meyer, 2003), is associated with both elevated SI and IPV in LGB+ people (Longobardi & Badenes-Ribera, 2017; McLaren, 2016). This study examined if minority stress would, therefore, mediate the relationship between IPV and SI in a sexual minority college sample.

The results did not support the current study's hypotheses. The propensity for physical IPV did not directly predict SI (hypothesis 1). Minority stress did not mediate the relationship between the propensity for physical IPV and SI (hypothesis 2) primarily because it was not related to an increased propensity for physical IPV or SI. None of the pathways between propensity for physical IPV, SI, and minority stress were statistically significant in the model, and correlations between study variables were weak.

Internalized homonegativity also did not load with external minority stressors onto the minority stress latent variable. Outside of the model, internalized homophobia correlated with a propensity for physical IPV and workplace and school discrimination. Suicidal ideation only correlated with family, friends, and people in general's harassment and rejection.

These results are surprising considering these associations have been found previously in adult and college student heterosexual and sexual minority samples (e.g., Baams et al., 2015; Edwards et al., 2013; Ilgen et al., 2009). Social rejection is also typically associated with experiencing internal homonegative attitudes (Hoy-Ellis, 2016; Szymanski, 2006). Theories such as the dual-harm model (Shafti et al., 2021) and interpersonal theory of suicide (Lamis et al., 2013) support the previously found associations between self-directed and externally directed harm. The current findings could suggest that traditional conceptualizations of SI and IPV present differently in sexual minority populations, and future research should test and develop models in LGB+ groups, specifically.

Specific reasons for the differences between the current sample and previous findings cannot be determined by these data, but the low occurrence of SI and limited support for IPV motives in the current work seems aberrant. The current sample also included students with fewer LGB+ minority stressors that predict SI and IPV, demonstrated by low mean scores on the HHRDS and SIHS. These results also seem unusual. One explanation for these findings could be that the current sample involved an overrepresentation of non-White participants. The study's minority stress variables were specific to LGB+ people, and it is possible racial and ethnic minority stressors override sexual orientation minority stressors. Indeed, belonging to multiple marginalized groups further exacerbates minority stress (Pollitt & Mallory, 2021). Intersectionality and compounding minority stress also worsen SI (Stephenson & Finneran, 2017) and overall mental health (Sutter & Perrin, 2016). The current model likely failed to capture a complete picture of these participants' minority stress. Follow-up studies could consider

how multiple sources of minority stress relate to IPV perpetration and SI. Finally, the sample was also primarily composed of bisexual women aged 18-24. The most common self-reported sexual minority orientation is bisexuality, with 57% of LGB+ US citizens reporting being bisexual based on Gallup's 2020 poll (Jones, 2023). The current sample was comprised of 61.92% bisexual people, which appears to be an overrepresentation of bisexual participants. This potential overrepresentation limits the generalizability of the study's findings, and a more diverse sexual minority sample may better capture the study's phenomena.

Differences between sexual minorities existed on some, but not all, variables measured. Sexual minority groups' SI did not differ, and in general, participants endorsed low levels of SI overall. Other studies have found bisexual college students tend to endorse more SI than other sexual minority individuals (Hill & Pettit, 2012; Salway et al., 2019), which was inconsistent with this study's results. There were also no group differences for internalized homonegativity across sexual orientations. Internalized homonegativity correlates with SI in past studies (Rogers et al., 2021), and the equal rates of internalized homonegativity could partially explain the SI consistencies.

Of note, gay, lesbian, and queer participants reported more heterosexist mistreatment than other sexual minority participants in the current work, which is contrary to previous findings. They experienced significantly more harassment and rejection from friends, family, and people in general; workplace and school discrimination; and unfair treatment from strangers, people in customer service, and people in helping jobs because of their sexual minority status relative to bisexual and pansexual people. Previous work demonstrated bisexual people often experience

heightened minority stress due to their non-monosexuality (Feinstein & Dyar, 2017). Non-monosexual individuals experience specific negative attitudes (e.g., biphobia) from heterosexual people and monosexual sexual minorities. For example, heterosexual, gay, and lesbian people may assume that bisexual people are promiscuous, attention-seeking, or experiencing a phase (Anderson & McCormack, 2016). These attitudes and social rejection are associated with negative outcomes (e.g., depression and substance misuse), and they can compound generalized homophobia (Wandrey et al., 2015). The current study found the opposite, as bisexual people reported less minority stress relative to gay, lesbian, and queer participants. A bisexual or pansexual person's relationships status and sexual orientation visibility could explain the less severe external minority stress in bisexual people. Bisexual women who date heterosexual cisgender men experience less discrimination than bisexual women who are in relationships with women or bisexual cisgender men (Hall et al., 2021). For these reasons, it would be worthwhile to consider participants' relationship status and their partners' gender and sexuality when researching minority stress and suicidal ideation in future work.

Information on IPV perpetration rates among sexual minority subgroups is limited, but non-monosexual students in the current sample scored differently compared to other LGB+ groups. Non-monosexual participants scored greater on the Violence out of Jealousy PAVE subscale compared to the gay, lesbian, and queer participants. Biphobia and perceived infidelity predict bisexual people's IPV victimization and perpetration (Dyar et al., 2020; Turell et al., 2018). Jealousy, therefore, might be an important consideration for researching and addressing IPV with non-monosexual people.

Limitations & Future Directions

The study included limitations future research could address. The current study did not directly measure retrospective rates of physical IPV. Rather, it analyzed the participants' propensity to physically assault their romantic partners in various situations. This information provides critical contextual and proximal risk information when analyzing IPV risk, and propensity for physical IPV correlates with retrospective accounts of self- and partner-reported physical IPV in other studies (e.g., Babcock et al., 2004). However, the instruments used in the current research may not fully depict people's actual IPV perpetration. The use of cross-sectional data also limits the study's findings. IPV perpetration might lead to an increased risk for SI (Lamis et al., 2013), but longitudinal data would better reflect directionality and changes in SI and IPV perpetration over time. The current research also included online and self-reported data. Online data collection limits researcher oversight and control of data collection, and self-reported data can be less reliable than other data types (e.g., physiological data). Steps were taken to ensure data quality (e.g., assessing inconsistent responding, excluding extreme scores), but some degree of interpretive caution is warranted.

While the current findings are somewhat disappointing, future research can build upon this work to determine the role of minority stress on SI and IPV in LGB+ people. This study should be replicated in a sample that is more representative of the LGB+ population. The current sample was predominantly comprised of bisexual women, which is not consistent with prevalence rates of bisexuality in the United States. Additional research could also include different proximal and distal risk factors to better capture SI and IPV (e.g., directly integrating the dual-harm model or the interpersonal theory of

suicide). The current study also does not account for intersectional sources of minority stress, and future work could include several sources of minority stress. Belonging to multiple marginalized groups can further exacerbate minority stress (Pollitt & Mallory, 2021), and factors related to race, ethnicity, and culture could be included in future studies.

Conclusions

The goal of the current study was to analyze if minority stress mediated the relationship between SI and propensity for physical IPV perpetration in sexual minority college students. Contrary to expectations, the study found that minority stress did not mediate the relationship between propensity to use IPV and SI and in sexual minority college students, and there was not a significant direct relationship between propensity to use IPV and SI. Future research should explore this question with a more representative LGB+ sample, different IPV measures, and longitudinal data. These unexpected findings highlight the importance of researching SI and IPV models within sexual minority samples to test how well they generalize to this group.

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VITA

Hadley R. McCartin**EDUCATION**

-
- 2021 – Present **Doctoral Program | Clinical Psychology**
 Sam Houston State University, Huntsville, TX
 Advisor: Tiffany Russell, Ph.D.
 4.0 GPA
 Master's Thesis: *Violence to Self and Others: The Relationship between Minority Stress, Intimate Partner Violence Perpetration, and Suicidal Ideation*
- 2015 – 2019 **Baccalaureate | Psychology B.S. & Sociology B.A.**
 Mercer University, Macon, GA
 Minor: Criminal Justice
 University Honors College | Summa Cum Laude | 4.0 GPA
 Sociology & University Honors Thesis: *Eating Away at the Death Penalty: The Relationship between Diet and Support for the Death Penalty*
 Honors Psychology Thesis: *Fighting for Control: The Effects of Locus of Control and Modeling on Aggression*

RESEARCH EXPERIENCE

-
- 2021 – Present **Violence, Identity, and Personality Lab Graduate Research Assistant**
 Sam Houston State University, Huntsville, TX
 Tiffany Russell, Ph.D.
- Assists with study development: Creates new instruments, submits IRB applications, analyzes data, and prepares manuscripts.
 - Managed the lab by leading lab meetings, supervising research assistants, updating the lab website, and handling administrative tasks with a co-lab manager from 2021-2022.
 - Studies in progress:
 - Factor Structure of Static and Dynamic Risk Assessment of Sexual Offending Over Time
 - Hiding in Plain Sight: Catfishing as an Extension of Coercion
 - Validating the Masculine Dominance Index & Ambivalence in Sexual Situations Index
 - The Spectrum of Attraction: Measuring Sexual Orientation Fluidity on A Dimensional Scale
- 2021 – 2024 **Honorary Fellow**
 University of Wisconsin-Madison, Madison, WI

Morton Ann Gernsbacher, Ph.D.

- Assists with study completion and manuscript writing for projects worked on while Lab Manager.

2019 – 2021

Gernsbacher Lab Manager

University of Wisconsin-Madison, Madison, WI

Morton Ann Gernsbacher, Ph.D.

- Oversaw five research studies: Conducted literature searches, created and revised coding schemes, contributed to data collection and analysis, submitted IRB applications, and compiled and organized data.
- Hired, trained, and supervised 10 research assistants, student hourlies, and staff.
- Budgeted \$60,000+ grants and awards.

2019 – 2019

Stress, Trauma, and Evolving Resilience Lab Manager

Mercer University, Macon, GA

Hanan Trotman, Ph.D.

- Supervised and scheduled data collection and stored saliva samples.
- Trained and recruited new research assistants and led lab meetings.

Summer 2018

Biomedical Scholars Training Initiative Research Assistant

Mercer University, Macon GA

Hanan Trotman, Ph.D.

- Full time paid research position continuing the Stress, Trauma, and Evolving Resilience lab research experience.

2017 – 2018

Stress, Trauma, and Evolving Resilience Research Assistant

Mercer University, Macon, GA

Hanan Trotman, Ph.D.

Data entry and cleaning in SPSS.

- Assisted with study development: Amended and submitted IRB applications, assisted with creating and writing research protocols, and conducted literature reviews.
- Trained in clinical assessment administration (WASI; SCID).

2017 – 2019

Forensic Psychology Lab Manager

Mercer University, Macon, GA

Sara Appleby, Ph.D.

- Created coding schemes and coded qualitative and quantitative data.
- Recruited attorney participants.
- Trained and supervised research assistants.

PUBLICATIONS

Russell, T., Johnson, T., Callahan, A., Benemann, H., **McCartin, H.**, Concannon, A., & Tayebi, S. (in press, 2023). OCD comorbidities. In C. Lack (Ed.), *Obsessive-compulsive disorder: Etiology, phenomenology, and treatment* (2nd ed.). Onus Books.

Benemann, H., **McCartin, H.**, Russell, T., Cash, D., & King, A. (2023). Sadistic masculinity: Masculine honor ideology mediates sadism and aggression. *Personality and Individual Difference*, 206, 112118.
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McCartin, H. R., Benemann, H. E., Norton-Baker, M., Russell, T. D., Cash, D. K., & King, A. R. (2022). Boys round here: The relationship between masculine honor ideology, aggressive behavior, race, and regional affiliation. *Journal of Interpersonal Violence*, 38(5-6), 4537-5369.
<https://doi.org/10.1177%2F08862605221120890>

Appleby, S. C., and **McCartin, H. R.** (2019). Effective assistance of counsel? An empirical study of defense attorneys' decision-making in false-confession cases. *Cardozo Law Review de•novo*, 123-165.

MANUSCRIPTS & CHAPTERS IN PREPERATION

Davis, B., Brown Spivey, R., Hernandez, S., **McCartin, H.**, Tourville, T., & Drislane, L. *Reliability generalization of the TriPM* [Manuscript submitted for publication]. Department of Psychology and Philosophy, Sam Houston State University.

ACADEMIC PRESENTATIONS

Spenard, K. D., Houseman, C., **McCartin, H.**, Lopez, A., Johnson, K., Varela, I., Grant, J., Cash, D. K., Russell, T. R. (2023, April 5-8). *Differences between online versus in-person sexual grooming behaviors* [Poster presentation]. 69th Annual Southeastern Psychological Association Conference, New Orleans, LA, United States.

Benemann, H. E., **McCartin, H. R.**, Russell, T. D., Cash, D., & King, A. R. (2023, March 28-April 2). *Sadistic masculinity: Masculine honor ideology mediates sadism and aggression* [Poster presentation]. Society for Personality Assessment Annual Convention, Austin, TX, United States.

Davis, B., Brown Spivey, R., Hernandez, S., **McCartin, H.**, Tourville, T., & Drislane, L. (2023, March 28-April 2). *Reliability generalization of the TriPM* [Poster presentation]. American Psychology-Law Society Conference, Philadelphia, PA, United States

Davis, B., Brown Spivey, R., Hernandez, S., **McCartin, H.**, Tourville, T., & Drislane, L. (2023, March 16-18). *Reliability generalization of the TriPM* [Poster presentation]. Society for Personality Assessment Annual Convention, Austin, TX, United States

McCartin, H. R., Benemann, H. E., Norton-Baker, M., Russell, T. D., & King, A. R. (2022, November 17-20). *'Boys round here: The relationship between masculine*

honor ideology, aggressive behavior, and regional affiliation [Poster presentation]. Association for Behavioral and Cognitive Therapies Annual Conference, New York, NY, United States.

Appleby, S. C., **McCartin, H. R.**, & Lemon, K. (2022, March 17-19). *Prosecutorial decision-making in false confession cases* [Paper presentation]. American Psychology-Law Society 2021 Annual Conference, Denver, CO, United States.

McCartin, H. R., Appleby, S. C., & Lemon, K. (2022, March 17-19). *Prosecutors' trial predictions and strategies in disputed confession cases* [Poster presentation]. American Psychology-Law Society 2021 Annual Conference, Denver, CO, United States.

McCartin, H. R., Russell, T. D. (2022, March 9-13). *The effect of borderline personality disorder traits & aversive relationship maintenance tactics on sexual violence perpetration* [Flash presentation]. 2022 Society for Personality Assessment Conference, Chicago, IL, United States.

McCartin, H. R., Russell, T. D. (2022, March 9-13). *The effect of borderline personality disorder traits & aversive relationship maintenance tactics on sexual violence perpetration* [Poster presentation]. 2022 Society for Personality Assessment Conference, Chicago, IL, United States.

Appleby, S. C., **McCartin, H. R.**, Yoon, Y. S., and Ross, N. A. (2019, March 14-16). *Effective assistance of counsel? Defense attorneys' perceptions of disputed confessions*. [Paper presentation]. American Psychology-Law Society 2019 Annual Conference, Portland, OR, United States.

McCartin, H. R., Appleby, S. C., Yoon, Y. S., and Ross, N. A. (2019, March 14-16). *Effective assistance of counsel? Defense attorneys' trial strategies in disputed confession cases*. [Paper presentation.] American Psychology-Law Society 2019 Annual Conference, Portland, OR, United States.

McCartin, H. R. (2018, April 4-7). *Eating away at the death penalty: Factors explaining student attitudes toward capital punishment*. [Paper presentation.] Southern Sociological Society 2018 Annual Meeting, New Orleans, LA, United States.

CLINICAL EXPERIENCE

2022 – Present

Graduate Student Clinician

Psychological Services Center, Huntsville, TX

Supervisors: Chelsea Ratcliff, Ph.D.; Tiffany Russell, Ph.D.

- Provides telehealth and in-person individual therapy and assessments to adults at the doctoral program's community training clinic.
- Conducts competency to stand trial evaluations under Mary Alice Conroy, Ph.D.'s supervision.

Spring 2018

Baccalaureate Intern

Central State Prison, Macon, GA

- Shadowed therapy sessions, crisis interventions, risk assessments, mandatory medication appeals, and housing rounds.

Spring 2018

Baccalaureate Intern

Mercer Family Therapy Clinic, Macon, GA

- Conducted intake interviews and participated in group supervision and observation.

Fall 2018

Baccalaureate Intern

The Methodist Home for Children and Youth, Macon, GA

- Led a six-week long psychological education group for nine girls 8-14 years old.
- Completed safety plans, maximum watchful oversight forms, and placement applications.
- Staffed psychiatrist appointments and Individualized Education Program reviews.

TEACHING EXPERIENCE

2022 – 2023

Instructor | Introduction to Psychology

Sam Houston State University, Huntsville, TX

Fall 2018

Preceptor (Teaching Assistant & Writing Instructor)

Mercer University, Macon, GA

VOLUNTEERING & STUDENT ORGANIZATIONS

2022 – 2023

Graduate Student Peer Mentor

Sam Houston State University, Huntsville, TX

2021 – 2023

Clinical Psychology Program Diversity Committee Member

Sam Houston State University, Huntsville, TX

- Community Outreach Liaison starting August 2022.

2021 – 2023

Graduate Student Psychology Organization Member

Sam Houston State University, Huntsville, TX

2015 – 2018

Sexual Assault Hospital Response Advocate

Crisis Line and Safe House of Central GA, Macon, GA

HONORS AND AWARDS

2023

Society for Personality Assessment Student Travel Grant (total \$430)

2022 – 2023

Sam Houston State University Student Travel Grant (total \$1,961)

2019

Outstanding Researcher Award in Psychology

2018

Hendricks Outstanding Senior in Psychology

2018

William Fielding Ogburn Award

2015 – 2019

Mercer University Dean's List (8 semesters)

2015 – 2017 Mercer University President's List (5 semesters)

JOURNAL REFEREE

2023 International Journal of Developmental Science

PROFESSIONAL AFFILIATIONS

2022 – Present Association for Behavioral and Cognitive Therapies
2022 – Present Society for Personality Assessment
2022 – Present American Psychology-Law Society

COMPUTER SOFTWARE PROFICIENCY

- *Therapy & Assessment Practice Software*: CarePaths, Point and Click Solutions, TheraNest, Therasoft, Titanium, and Q-global
- *Research Related Programs*: AMOS, Sona, SPSS, and Qualtrics
- *Spreadsheet Programs*: Excel, Google Sheets, and Numbers
- WordPress