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COMMUNITY SAFETY & WELL-BEING

Edinburgh 2019: Never more timely and never more urgent

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With the release of this issue 4(2) of the *Journal of Community Safety & Well-Being* [CSWB], we begin our lead-up to the 5th International Conference on Law Enforcement and Public Health [LEPH2019]. This coming October, several hundred multi-disciplinary professionals and academics will gather, some again and many for the first time, with shared hopes of continuing to advance collaborative and innovative solutions to some of global society's most urgent and pressing problems and opportunities.

We will publish another lead-up issue in advance of the event, and we will dedicate at least one subsequent issue, and likely several more, to featuring the great range of international work showcased, discussed, and refined throughout that week in Scotland. The agenda is shaping up to be epic in its scope, and we consider it fortunate that over 100 of the scheduled presenters and panellists have expressed an interest in publishing their papers with us. Our publishing team has begun an active outreach in hopes of securing many of those papers, and we are encouraging all involved to consider publishing early to be part of the pre-conference buzz.

Two of the papers featured in this current issue fall directly into that buzz category. One originates from a research team in Australia addressing unique challenges related to investigating intimate partner violence among LGBTQ communities. The other is from a team in Wales showcasing their emerging and innovative work providing training to police on adverse childhood experience (ACE)- and trauma-informed interventions.

The other two papers originate from Canada and are not directly tied to LEPH. However, it is worth noting that both of these papers also take aim on some of the urgent themes that will be explored in Edinburgh: one approaches location patterns in intimate partner violence from a new theoretical angle, hoping to bring greater understanding to the subject; the other highlights some of the challenges and unintended consequences of emerging drug decriminalization policy, inspired by Canada's legalization of cannabis less than a year ago. As always, we are grateful to all of these authors

and researchers for permitting us to bring their work to our growing international audience.

Our Journal team is also very honoured to have been selected to design and moderate a Major Session to be delivered at the upcoming LEPH2019 conference. Under the session title *Learning from Canada's Accelerating Journey toward Collaborative CSWB*, the 90-minute segment will trace the early adoption and rapid proliferation of multi-sector, whole-of-government solutions over the past decade, through to the recent legislated mandate requiring all municipalities in the province of Ontario to complete collaborative community safety and well-being plans. It will feature some of the key champions whose work has helped to shape the necessary policy and practice frameworks to make these approaches both possible and sustainable in a Canadian context. It will also feature case studies delivered by those directly involved in community-level CSWB.

For this Editor-in-Chief, there is a somewhat poetic tone to the opportunity to be part of LEPH Edinburgh and to lead this session before an international audience gathered in Scotland. Nine years ago, much of the early thinking that would soon become the CSWB movement across Canada gained considerable early inspiration from what a dozen of us Canadians learned and witnessed during a one-week field study we conducted in Glasgow and Edinburgh. We look forward to being reacquainted with some of those gracious and generous hosts. We are also excited to meet many more of our authors, reviewers, and readers from around the globe. And we look forward to constructing new knowledge together to ensure that collaborative solutions continue to grow at a time when our world needs them more than ever.

CONFLICT OF INTEREST DISCLOSURE

The author has continuing business interests that include providing advisory services to communities, police services, and related human service agencies.

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TRUST

The politics of pot in Canada: Consumers, enforcers, and profiteers

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The Canadian federal government legalized recreational cannabis on October 12, 2018, marking the beginning of a new policy era influenced by classical libertarianism, bringing new challenges of balancing profits with public safety. Legalizing cannabis has been a revolutionary event for some Canadian provinces, but Canada is not a lone actor in this space. According to MacIver (2017), twenty-one countries and jurisdictions have legalized cannabis, either partially or fully, recreationally or for medicinal purposes, worldwide.

Some countries and states have been more cautious than others with implementing pot policy. For example, the federal government in India bans cannabis; however, several individual states have legalized it for various purposes. The situation is similar in Argentina, Jamaica, and Poland; however, most countries are still instituting partial legalization for medicinal use only. MacIver (2017) found that only a small minority—Canada, the Netherlands, and Uruguay—have decriminalized, either formally with changed laws or through non-enforcement practice, recreational and medical use of marijuana (Table I).

The availability of cannabis across Canada has benefitted many individuals struggling with pain management, but it has also resulted in a grey policy area around how best to regulate it, maintain accountability, and ensure public safety for the masses. Provincial and territorial governments have struggled to institute effective policies around safe cannabis consumption and appropriate rules for retailers and consumers, prior to legalization. The informality around these rules benefits some, such as retailers and governments who make money from sales, and potentially harms others, most notably consumers. This begs the question of who the real beneficiaries of legalizing cannabis are.

The Mechanics of Profit

Legalizing cannabis has resulted in substantial profits for government through "sin taxes," which are levies that are collected on any potentially harmful substance such as cannabis, alcohol, tobacco, and gambling, to name a few (Mintz, 2018). The rationale for profitable taxation stems from an attempt to discourage access and control public safety. Economist Jack Mintz (2018) argues that heavy taxation is less about preserving public safety and more about

government profit, asserting that the sub-text behind institutionalizing sin taxes is government taking advantage of insatiable markets that would have otherwise been exploited by organized crime. The argument here is that Canadians living at, or near, the poverty line are often the ones who struggle with substance abuse. Instead of focusing on connecting them with the appropriate resources for treatment or behaviour avoidance, as in the case of unhealthy fast foods, cannabis consumption, or alcoholism, these individuals are instead disproportionately penalized by being forced to pay higher prices when purchasing cannabis. In their article on

TABLE I Countries that have legalized marijuana as of June 29, 2018

Jurisdiction	Status on Cannabis
Argentina	Partial medical legalization
Australia	Medical legalization
Chile	Medical legalization
Colombia	Medical legalization
Croatia	Medical legalization
Czech Republic	Medical legalization
Germany	Medical legalization
India	Legal in some states
Israel	Medical legalization
Italy	Medical legalization
Jamaica	Partial medical legalization
Macedonia	Medical legalization
Mexico	Medical legalization
Netherlands	Legalized (medical and recreational)
Philippines	Medical legalization
Poland	Partial medical legalization
Puerto Rico	Medical legalization
Turkey	Medical legalization
USA	Legal in some states
Uruguay	Legalized (medical and recreational)

equity impacts of price policies, Sassi et al. (2018) note that high-income households outpace low-income households when it comes to spending on products that are potentially harmful if consumed in excess. However, low-income households still bear a heavier burden from these taxes, since the expense represents a relatively higher share of their overall household expenditures (Sassi et al., 2018).

In the 2016/17 fiscal year, Canada's federal government collected $11.9 billion worth of sin taxes from revenue, excise, and customs duties related to alcohol alone. Mintz (2018) notes that this number jumps to $28 billion if tobacco sales are factored in. According to the Canadian Center for Substance Abuse and Addictions (2019), most of these taxes are paid by Canadians struggling with addictions. Governments' profits from these products are so substantial that they are comparable to Canada's overall Goods and Services Tax (GST) revenues, so it is easy to see the appeal in legalizing cannabis, which, to date has been under-regulated.

In Manitoba, for example, marijuana users are required to pay provincial sales tax on non-medical marijuana, as well as the federal GST on both medical and non-medical marijuana (Manitoba Government, 2019). Kavanagh (2018) explains that, at the same time, marijuana retailers are required to pay the provincial government six per cent of all their revenues under a social corporate responsibility tax. According to Young (2018), while taxation may be a deterrent to consumption, regulating certain behaviours and slowing down consumption for some, it is generally less effective than other remedies, which target treatment and focus on prevention.

The Process of Building Proactive Policy

Normalizing recreational cannabis in the mainstream continues to challenge our values and raise questions around the future of harm prevention and harm reduction. There are multiple ways to take in this substance, but smoking remains the most common method. However, oral ingestion, in the form of food and candy, has been gaining popularity, particularly among younger users. This is potentially concerning, Webster (2019) explains, from a medical standpoint, given the lack of understanding of the impacts of edible cannabis on the human brain. What's more, retailers are rapidly responding to the growing market of edibles, further blurring the line between what is safe or potentially dangerous.

In his article on the cannabis retail market, Paul Webster (2019) explains that Health Canada and its provincial and territorial counterparts have not done enough to educate the public on the adverse effects of cannabis or to encourage prevention-type policies. The federal government does not currently control the subcategory of cannabis edibles. This means there is a lack of regulation on the dosage of the active ingredient, tetrahydrocannabinol (THC), in food and other body products. According to the Government of Canada (2018), they can be lethal if uncontrolled since THC determines how the brain and body respond to cannabis, including the high and intoxication. This has caused confusion for many consumers around what is a safe amount of chocolate, gummy bears, or even THC-based body ointment. For others, it has made it easier to develop and sell products, free of regulatory hurdles and administrative obstacles.

The federal government has only recently begun to think about regulating the distribution of cannabis in its various forms, but these safeguards are not keeping up with demand. This is a problem in schools, where children can bring in cannabis as contraband, in its various consumable forms, including baked goods or vaporizers, which are often undetectable. This was evident in feedback received from police officers, who report that it is already a growing concern. Furthermore, cannabis may also be consumed through homemade or commercial products containing concentrated extracts and oils and can be masked in any number of products from edible foods to lip gloss and creams.

An obvious remedy for the lack of regulation around edibles and body products, in particular, includes a greater role for government to support research in this emerging market. An example includes devoting more cannabis-related tax revenue to study how edible cannabis impacts the brain, as well as explicit laws to govern the edibles industry. While the physiological effects of cannabis are beyond the scope of this article, it is fair to say that there are some negative effects associated with overuse, another aspect that authorities will need more time to research and assess.

Forest (2018) found that police and prosecutors across the country have rushed to create bulletproof policies to protect public safety and the rights of all involved, and hopefully withstand the inevitable court challenges that will flow from new charges related to legalization. The Federation of Canadian Municipalities (FCM, 2018) funded research, creating a comprehensive "Municipal Guide to Cannabis Legalization: A roadmap for Canadian local governments," which states that, "If a local government is concerned about the impact of Bill C-46 (The Cannabis Act), consultation with local police forces and the RCMP is recommended."

However, police agencies across Canada are struggling to develop policies of their own, not only with respect to enforcement and control, but also their own human resources policies. The first round of rules governing consumption within emergency services ranges from absolute prohibition to the requirement for police officers to be "fit for duty." This means that consumption, like alcohol use, is not prohibited but it must not affect officers' ability to perform their roles. These rules will be challenging, though, as scientific opinions about the effects of residual cannabis and how long it lingers in the human body are mixed. Policing strategists are particularly sensitive to the potential of making bad case law that could bind law enforcement agencies across Canada to difficult enforcement policies. For example, if the roadside sobriety tests, which are being developed in haste, are challenged and are ruled unlawful, what tools are the police left with to ensure road safety? This is a concern, as people *will* drive impaired and there are real and significant public safety issues associated with impaired driving.

Other jurisdictions are already dealing with the inescapable effects of legalization, and Canada can learn from their experiences. In Colorado, for example, HIDTA (2017) noted that the impacts of the partial legalization of cannabis in 2013 have been measured in detail. They report, "Marijuana-related traffic deaths when a driver was positive for marijuana more than doubled from 55 deaths in 2013 to 125 deaths in 2016" (HIDTA, 2017, p. 1). The report further highlights a 66 percent increase in marijuana-related traffic deaths in the four-year average from 2013 to 2016, over the four year average prior to legalization, from 2009 to 2012

(HIDTA, 2017, p. 1). HIDTA (2017, p. 3) explains that another troubling statistical finding in Colorado was a 72% increase in cannabis-related hospitalizations in the three years following legalization. Furthermore, the state experienced an 11% increase in crime from 2013 to 2016 in the years following legalization (HIDTA, 2017, p. 5). These outcomes have important implications for our justice, health, and education systems, among others, that will need to be pre-emptive in their remedies. One positive effect of legalization, however, may be the increased researchable data that will flow from legal pot sales. This new information may lead to discoveries about the social impacts of cannabis use and inform new policy directions in the future.

CONCLUSIONS

Legalizing cannabis has cast Canada as a liberal democracy of new proportions in the international context. The long-term impacts of cannabis possession and consumption will not be known for several decades. In the meantime, however, our focus should be on research and development around various ingestibles and their impacts on the developing or developed brain, as well as eliminating the grey areas that still exist in our policies.

Canadians, in many ways, can feel proud to stand among the ranks of other progressive democracies with strong reputations for pioneering social change, like cannabis legalization. At the same time, perhaps we need to tread cautiously, heeding the wisdom of our Indigenous elders, and "think seven generations into the future." How will we protect our youth from the potential impacts of what we do today? The current and future well-being of our communities must be our fundamental priority as we both temper and meet the needs and goals of all the stakeholders: the consumers, the enforcers and the profiteers.

CONFLICT OF INTEREST DISCLOSURE
The authors have no conflicts of interest to declare.

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TRUST

A systematic review on LGBTIQ Intimate Partner Violence from a Western perspective

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ABSTRACT

Intimate Partner Violence (IPV) as experienced by minority populations is poorly understood. Within the Western world, the Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer or Questioning LGBTIQ population is one such group which suffers from misrepresentations and misunderstandings. In Western nations, IPV is primarily constructed as perpetrated by men and experienced by women. However, for the LGBTIQ population, this dichotomous view of IPV is inaccurate and invalidating. A systematic review was conducted to investigate the level of LGBTIQ inclusivity within IPV discourses in the Western world as discussed in peer-reviewed literature. In particular, the review sought to understand how media, advocacy, policy, and legislation shape LGBTIQ IPV experiences and resulting discourses. The literature search was conducted between June 2018 and January 2019. The search included five electronic databases in psychology, health, and social sciences. Of the 206 articles identified by the search, 21 were reviewed. The review analyzed literature using a thematic approach. Eight key themes emerged, indicating media, legislation, policy, and advocacy are not entirely inclusive concerning LGBTIQ IPV. The review found that pervasive attitudes like heterosexism, cissexism, homophobia, transphobia, and biphobia reinforce institutional barriers and limited LGBTIQ IPV reporting. In addition, the review found low service and provider competency levels, and more broadly, the research was limited. It is likely that heteronormative frameworks and discourses mean many aspects of LGBTIQ IPV are still under-researched. Without a more robust inclusion of diversity in discourses on IPV, services and supports for LGBTIQ people will continue to be limited and based on heteronormative frameworks of victimhood.

Key Words: Intimate partner violence; criminal justice; LGBTIQ; inclusion; media; policy; legislation; advocacy.

INTRODUCTION

Violence is a far too common experience across all demographic groups (Horsley, Moussa, Fisher, & Rees, 2016). However, some groups are subjected to more frequent instances of violence due to negative constructions about their identity (Barner & Carney, 2011). Without the benefit of "fitting in" within the norms of society (Bell & Naugle, 2008), those who do not "fit" are more likely to suffer from subjugation, marginalization, and repeat victimization throughout their lives (Carvalho et al., 2011; Caman, Kristiansson, Granath, & Sturup, 2017). For instance, Horsley et al. (2016) indicate that lesbian, gay, bisexual, transgender, intersex, and queer or questioning (LGBTIQ) people account for eleven percent of the population, and they are more likely to experience a lack of acknowledgement of LGBTIQ violence, including both domestic violence (DV) and intimate partner violence (IPV), due to the smaller amounts of police reporting, data collection, inclusive legislation/advocacy, and public attitudes relative to their population size.

Moreover, the statistics surrounding LGBTIQ IPV do not reflect the true prevalence of IPV due to underreporting and limited forms of data collection by legal and social organizations (Campo & Tayton, 2015). This lack of information makes it hard to investigate and address the needs of LGBTIQ people with regard to IPV (Campo & Tayton, 2015). Ball (2013) explains that IPV within LGBTIQ relationships is gaining greater social recognition in areas with a high concentration of LGBTIQ individuals, for example in Sydney's Inner West (in Australia), which is known to be very LGBTIQ-friendly. However, there is still extraordinarily little known about the experiences of IPV in general amongst LGBTIQ people. Whilst knowledge is growing in some areas, there is limited understanding of LGBTIQ IPV, in Australia more generally and among all Western nation-states (Duffy, 2011; Messinger, 2017). Therefore, this review seeks to investigate the level of LGBTIQ inclusivity within IPV discourses in the Western world. The review aims to explore how LGBTIQ people experience IPV as discussed in peer-reviewed literature. This exploration hopes to inform future research, with a view to

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elevating the profile of LGBTIQ victims within IPV advocacy, policy, and legislation.

Background

LGBTIQ-identifying people include gay, lesbian, bisexual, transgender, and intersex people, and those who feel no need to identify with a socially constructed gender or sexuality (Ali, Dhingra, & McGarry, 2016). LGBTIQ-identifying people are often colloquially and collectively referred to as "queer," a term which has historically held negative connotations, but which has recently become a term of empowerment (Ball, 2016). Queer people all over the world, and indeed in Australia, continue to be defined by many as deviants and thus experience prejudice and discrimination (Ball 2016). The social construction of LGBTIQ people results in this group experiencing all types of violence, exclusion, and lack of acknowledgment across all areas of life (Ball, 2016; Messinger, 2017). Unsurprisingly, then, the experiences and needs of LGBTIQ people who are victims, and perpetrators, of IPV are often ignored and undermined, and crime is underreported (Lawson, 2012). It is therefore pertinent to wonder whether IPV discourses as presented by media, policy, legislation, and advocacy are LGBTIQ inclusive.

A Systematic Review

To address this gap in information, a systematic review was conducted to identify peer-reviewed research that investigated IPV amongst LGBTIQ populations internationally and domestically (see Table I). In particular, the review explored the role of media, advocacy, policy, and legislation in shaping LGBTIQ IPV experiences and the resulting discourses.

Search Strategy

The literature search included five electronic databases in psychology, health, and social sciences: PsycINFO, ProQuest Central, CINAHL, SocIndex, and Infomit. Between June 2018 and January 2019, a search for published peer-reviewed literature was undertaken by the primary researchers to narrow down the search terms and inclusion criteria for this systematic review. The preliminary search used ProQuest Central to identify the key words contained in study titles and abstracts and to ascertain index terms used to describe articles. Following Dune, Caputi, and Walker (2018), a step-by-step search strategy was employed (see Figure 1). Pertinent key words were discussed, expanded upon, and refined by the primary researchers. A second search, using all identified key words, was conducted across the five databases indicated. Finally, the reference lists of all included studies were examined for additional literature. Details of the search strategy, including the search terms and combinations, are summarized in Table II.

Data Synthesis

The review analyzed literature using a thematic approach developed by Thomas and Harden (2008) to extract, synthesize, analyze, and interpret the findings of the included literature. Three steps were followed: 1) line by line coding of the results, discussion, and conclusion sections of the primary studies; 2) development of descriptive themes; and 3) generation of analytical themes towards a synthesized presentation of results. The first author completed a preliminary synthesis of primary data followed by a review and disagreement resolution with the primary supervisor.

Results

From the 206 potentially relevant articles identified, 21 articles were included in the systematic review (see Figure 1).

Sample (n = 21)

The characteristics of each study are summarized in Table I. The studies each offered different perspectives and methodological approaches to the general study of IPV. Just over half of the studies (n=12, 57%) did not focus on a specific LGBTIQ group nor did they collect primary data from LGBTIQ people. Of these studies, two were literature reviews, two were book reviews, one was a government report, one was a commentary, one was a case study, and five did not specify their article type. LGBTIQ groups were participants in the remaining 43% (n=9) of the studies. This included seven (31%) studies that explored the experiences of lesbians, four on gay men (18%), three on bisexual people (13%) and one on transgender people (4.5%). Of these studies, one was a comparative study between heterosexual and lesbian, gay and bisexual experiences of IPV. One paper focused on counsellors' experiences of service delivery to lesbian women. The vast majority of research was conducted in the United States (86.4%), with the remainder being from Australia (13.6%).

Research Foci and Theoretical Approach

The studies primarily focused on critiquing existing literature (3), industry professionals' experiences (1), comparing experiences of heterosexual and LGB experiences (1), LGBTIQ experiences (1), and the experiences of lesbian and bisexual mothers (1) (33%). The remaining 14 studies (77%) did not have a particular focus on a specific LGBTIQ group. All studies implicitly or explicitly aimed to make recommendations about the experiences of LGBTIQ-identifying people as victims of IPV. Only seven studies (33%) explicitly indicated the use of a theoretical approach to guide the research. The theories used in those instances were: Health Belief Model, Emancipatory Theory, Post-Structural Feminist Theory, Queer Theory and Sociology of Gender Theory together with Intersectionality Theory, Stress Process Theory, IPV Theory, and Domestic Violence (DV) Theory. The remaining 14 articles (77%) did not explicitly state the use of any theory.

Research Design and Methodology

Only seven studies indicated the use of a methodological framework, where the authors advised that the use of a methodology informed their data collection process within their article. Seven studies (33%) used quantitative methodology, with the use of surveys cited as the most common data collection strategy. Three studies (14%) used qualitative approaches, with interviews being the most common method. Given the emphasis on quantitative methods, a variety of statistical analyses were applied to this review, including bivariate analysis, constant comparative method, thematic analysis, structural equation modelling, content analysis, and multilevel modelling. Qualitative studies used thematic or content analyses. Thirteen (61%) studies did not specify the analytical approach used (see Table I).

TABLE I Characteristics of included studies

No.	Authors/Year	Country of Study	Sample/Size	Media, Legislation, Advocacy and Policy	Type of Violence	Study Design/Data Collection Method	Data Analysis	Theoretical Approach
1	Calton, Cattaneo, & Gebhard, 2016	USA	No participants	Legislation Policy	Physical Psychological	Literature review	Does not specify	Does not specify
2	Campo & Tayton 2015	Australia	No participants	Media Legislation Advocacy Policy	Physical Psychological	Government report	Does not specify	Health Belief Model
3	Cannon & Buttell 2015	USA	No participants	Media Legislation Advocacy Policy	Physical	Does not specify	Does not specify	Emancipatory Theory
4	Cannon, Lauve-Moon, & Buttell (2015)	USA	No participants	Media Legislation Advocacy Policy	Physical Psychological	Does not specify	Does not specify	Post-Structural Feminism, Queer Theory, and the Sociology of Gender
5	Carcirieri 2017	USA	No participants	Policy	Does not specify	Book review	Does not specify	Does not specify
6	Crumrine, 2019	USA	No participants	Does not specify	Does not specify	Commentary	Does not specify	Does not specify
7	Fileborn & Horsley, 2015	USA	No participants	Policy	Physical	Does not specify	Does not specify	Does not specify
8	Frankland & Brown, 2014	Australia	184 participants: 105 lesbian women; 79 gay men	Policy	Physical Psychological	Survey/Quantitative	Hierarchal Cluster Analysis using Wards Linkage method	Does not specify
9	Hill, Woodson, Ferguson, & Parks, 2012	USA	No participants	Policy	Physical Psychological	Systematic Literature Review	Does not specify	Intersectionality Theory
10	Ijoma, 2018	USA	No participants	Legislation Policy Advocacy	Physical Psychological	Case Study	Does not specify	Does not specify
11	Leonard–Mitchell, Pitts, & Patel, 2008	Australia	390 LGBT participants	Legislation Advocacy Policy	Physical Psychological Economical	Survey/Quantitative	Thematic analysis	Does not specify
12	Mason, Lewis, Gargurevich, & Kelley, 2016	USA	342 lesbian women	Advocacy	Physical Psychological	Quantitative	Structural equation modelling	Does not specify
13	Miller & Irvin, 2017	USA	4,674 heterosexual participants & 95 LGB participants	Policy	Physical Psychological	Quantitative	Chi-squared tests and t tests against bivariate analysis	Stress Process Theory
14	Morin, 2014	USA	No participants	Legislation Advocacy Policy	Physical Psychological Economical	Does not specify	Does not specify	Does not specify
15	Morrow & Hawxhurst, 1989	USA	No participants	Advocacy Policy	Physical Psychological Economical	Does not specify	Does not specify	Does not specify
16	Oswald, Fonseca, & Hardesty, 2010	USA	22 lesbian mothers & 2 bisexual mothers	Advocacy Policy	Physical Economical	Qualitative in-depth interviews 20–120 min	Descriptive Thematic Analysis	Does not specify

TABLE I Continued

| No.	Authors/Year	Country of Study	Sample/Size	Media, Legislation, Advocacy and Policy	Type of Violence	Study Design/Data Collection Method	Data Analysis	Theoretical Approach
17	Rose, 2003	USA	229 lesbian women & 242 gay men	Media Legislation Advocacy Policy	Physical Psychological	Survey/Quantitative	Does not specify	Does not specify
18	Russell & Sturgeon, 2018	USA	273 police officers	Policy	Physical	Online surveys with case studies	Content analysis	Does not specify
19	Simpson & Helfrich, 2005	USA	6 women – Professional industry experience	Media Legislation Advocacy Policy	Physical	In-depth interviews 60–90 min	Constant Comparative Method	Intimate Partner Violence Theory
20	Simpson & Helfrich, 2014	USA	20 Black lesbian women	Legislation Advocacy Policy	Physical Psychological	Narrative interviews	Constant Comparative Method	Domestic Violence Theory
21	Wurtzburg 2013	USA	No participants	Policy	Does not specify	Book review	Does not specify	Does not specify
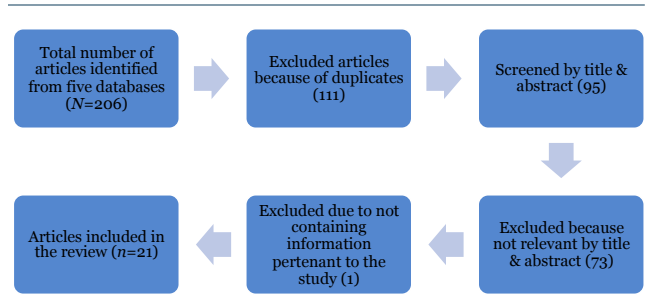
FIGURE I Article selection process

Systematic Literature Review: Results & Discussion

Following line-by-line coding of the extracted results and discussion sections from each individual study, eight themes emerged: *Characteristics of LGBTIQ IPV Victims and Perpetrators; Societal Attitudes and Current Approaches Towards LGBTIQ IPV; Institutional Barriers and Facilitators; Criminal Justice Approach to Reporting and Responding to LGBTIQ IPV; Supports Provided for LGBTIQ IPV; LGBTIQ Cultural Competence; Public Discourse of LGBTIQ IPV in Legislation, Policy, Advocacy, and Media;* and *Future Directions for LGBTIQ IPV Research.* These themes, which are extensive, not only capture a broader picture of the diverse ways the LGBTIQ community experience IPV, but also highlight the different approaches to addressing their experience. In the interest of brevity and readability, the major findings are accompanied by only a few example citations.

Characteristics of LGBTIQ IPV Victims and Perpetrators

Few studies presented robust data about the proportion of LGBTIQ victims across a range of demographic characteristics (Morin, 2014; Ijoma, 2018; Simpson & Helfrich, 2014; Frankland & Brown, 2014). Further, little was said about the perpetrators of violence in any robust and specific way with regard to their demographic characteristics. Within the literature, those experiencing IPV from minority groups remain hidden, even within the LGBTIQ community (Ijoma, 2018; Simpson & Helfrich, 2014). In addition to the general invisibility they experience from the mainstream, these individuals face barriers due to their age, race and ethnicity, geographical location, and education levels (Ijoma, 2018; Simpson & Helfrich, 2014). For example, Black lesbians discussed limited levels of education within their communities that promoted homophobic attitudes (Simpson & Helfrich, 2014). These women also explained that because of the intersection of race, sexuality, socioeconomic status, and education level within their communities, the disclosure of their identity might also invite danger from the broader community (see Miller & Irvin, 2017; Simpson & Helfrich, 2014). As such, many lesbians did not disclose their sexuality for fear of being ostracized from their social supports (Miller & Irvin, 2017).

In terms of age, Morin (2014) found that LGBTIQ people between the ages of 15 and 29 were at particular risk of IPV, as they are at an increased risk of bullying, family difficulties, and financial instability, making them not only extremely vulnerable but also hidden. Morin (2014) also discussed a unique lesbian experience where both victim and perpetrator can access the same shelter—this effect is more limited for

TABLE II Summary of inclusion/exclusion criteria and key words

Parameters	Inclusion	Exclusion	Key Words
Location	International	None	N/A
Language	Written in English	Other languages	Select for English only
Time	Any	None	N/A
Population	Literature which discusses LGBTIQ people	Literature which does not discuss LGBTIQ people	(Abstract) lesbian OR gay OR bisexual OR trans OR intersex OR queer OR LGBT OR homosexual
Phenomena/Target	Studies concerned with IPV and the role of media, advocacy, legislation, and policy	Not concerned with IPV and the role of media, advocacy, legislation, and policy	AND (Title) Intimate partner violence OR partner violence OR partner abuse OR psychological abuse OR financial abuse OR physical violence AND (Abstract) media OR policy OR legislation OR advocacy
Study/literature type	Published primary research including qualitative, quantitative, and mixed method designs	Published literature which does not include qualitative, quantitative, and mixed methods of data collection and analysis	N/A

male victims, as there are fewer male shelters for DV/IPV (Morin, 2014). Gay men, according to Campo and Tayton (2015), have difficulty understanding the violence they experience as IPV. This may be reflective of the broader society's inability to acknowledge the prevalence and impact of IPV on men (Morin, 2014).

Transgender IPV is the most violent, according to Campo and Tayton (2015), due to the severity of violence and is further exacerbated by systematic discrimination. Campo and Tayton (2015) found that transgender people may experience discrimination within the health and medical fields at higher rates than other populations. Several studies concurred that LGBTIQ IPV research is growing within the field of academia; however, transferable knowledge to the broader public still meets with resistance (see Campo & Tayton, 2015; Calton, Cattaneo, & Gebhard, 2016). A robust study of the experiences of bisexual people was missing in any of the included literature on the characteristics of IPV, suggesting bisexual people still occupy a precarious position under the LGBTIQ umbrella. Intersex and gender non-conforming identities were also absent from peer-reviewed discourses. Future research should focus on these populations and their experiences of IPV.

Societal Attitudes and Current Approaches to LGBTIQ IPV

There are many negative societal attitudes towards LGBTIQ people as reported in the included literature, including transphobia, homophobia, biphobia, sexism, heterosexism, cissexism, and detrimental attitudes to LGBTIQ masculinity and femininity. In several studies, the role of these attitudes on current understandings of LGBTIQ IPV impeded societal recognition of the diverse experiences of LGBTIQ people (Rose, 2003; Hill, Woodson, Ferguson, & Parks, 2012; Frankland & Brown, 2014; Calton et al., 2016). Importantly, the noted societal attitudes create a gender and sexuality hierarchy which promotes heteronormativity within IPV public discourse.

Heteronormativity also exists in the models used to address IPV. Several studies indicated that while the experiences of IPV vary greatly between heterosexual and LGBTIQ groups, a one-size-fits-all approach to all victims of DV known as the Duluth treatment model is most famous (see Cannon & Buttell, 2015; Cannon, Lauve-Moon, & Buttell, 2015). Cannon et al. (2015) noted that this approach has been under consistent criticism for its failure to meet the needs of LGBT people (their study focused primarily on lesbian, gay, bisexual and transgender populations), as the Duluth model reinforces pervasive heteronormative bias and subsequent oppression of LGBT people. The Duluth model fails because it assumes that heterosexual men are always the aggressor and heterosexual women are always the victims. Cannon and Buttell (2015) also emphasize the limits of this approach, which does not consider other victim/offender dynamics.

The apparent heterosexism/cissexism within the Duluth model is exemplified in discrepancies between arrest patterns by police officers (e.g., Leonard, Mitchell, Pitts, & Patel, 2008; Russell & Sturgeon, 2018). Notably, Russell and Sturgeon (2018) found that some police officers were more lenient in punishing heterosexual women offenders. Furthermore, the study indicated that some lesbian victims and offenders, as well as gay victims and offenders, had their experience treated as mutually consensual abuse. Conversely, these same police officers were more punitive towards offenders who were heterosexual men, suggesting that heterosexual IPV and male offenders are more serious than the other offences and offenders presented in the study. Russell and Sturgeon's (2018) research into how police respond to IPV indicates that police officers may be taking IPV perpetration by gay men and heterosexual women as a less pressing issue. It could also be that heteronormativity frames men as superior and aggressive, while women are submissive and gentle. Underpinning this ideology is the idea that a current feminine construct is applicable to anyone who is not a heterosexual male or who

fails to act like a man. As a result, the remainder are considered feminine and should thus receive delicate treatment.

Another standard model for DV/IPV management is through feminist theory (Cannon & Buttell, 2015). While feminist theory is focused on empowering women's voices and experiences, LGBTIQ IPV researchers criticize its use (Cannon & Buttell, 2015). Some authors feel that feminist theory is not able to holistically explain the victim experiences of lesbians nor their offending behaviours. With this contradiction, those like Cannon and Buttell (2015) indicated that feminist theory cannot adequately explain LGBTIQ IPV.

Current approaches to understanding IPV that use the Duluth model are heavily influenced by feminist theory. According to Cannon and Buttell (2015), this approach impedes the recognition of other victims, such as the LGBTIQ population. Furthermore, LGBTIQ IPV inclusivity is no small task, and no straightforward option was put forth by the authors in these studies to operationalize the inclusivity of the LGBTIQ population (e.g., Leonard et al., 2008; Cannon & Buttell, 2015; Cannon, et al, 2015; Russell & Sturgeon, 2018). However, there was a consensus among these authors that there should not be any privileging of sexuality as a factor which influences current approaches to IPV.

Institutional Barriers and Facilitators

Institutional barriers were the most significant theme to emerge from this systematic review. A majority of articles specify the significant barriers LGBTIQ people face, including compounded discrimination for individuals of colour, lack of community engagement, lack of LGBTIQ inclusive services, reinforcement of heterosexist attitudes that promote heterosexual women's experiences only (see Morin, 2014; Miller & Irvin, 2017; Oswald, Fonseca, & Hardesty, 2010; Simpson & Helfrich, 2005; Simpson & Helfrich, 2014; Calton et al., 2016; Campo & Tayton, 2015, and Fileborn & Horsley, 2015). The literature suggests that this discrimination is extended to trans and intersex people, who are consequently made invisible (Calton et al., 2016). However, the most significant problem, according to Campo and Tayton (2015), is society's inability to view IPV outside of a heterosexual framework. Poor recognition of LGBTIQ family and sexual violence means those people face barriers to accessing the justice system and support services, such as the police or emergency accommodation (Fileborn & Horsley, 2015). These services are often geared solely towards the needs of heterosexual women (Fileborn & Horsley, 2015).

Socioeconomic status is another significant barrier, especially for people not living in LGBTIQ-"friendly" communities. Simpson and Helfrich (2014) note the overall lack of outreach to both lesbians and women living in under-served communities. They found that, in addition to concrete barriers, there are also societal barriers which hinder LGBTIQ agency. These barriers are the result of multiple layers of oppression within society, such as cultural and political attitudes, religious beliefs, and social systems, which all reinforce heterosexism/cissexism. They further note the impact of sexism and racism as well as an individual's socioeconomic status and disability status (see also Ijoma, 2018). Breaking down these institutional and societal barriers is not a small task and is one that requires greater investigation beyond the scope of this study. However, understanding the experiences of people who fall outside of the heteronormative frameworks of Western society is vital to becoming more inclusive of LGBTIQ people and their access to services (Simpson & Helfrich, 2014; Ijoma, 2018).

Leonard et al. (2008) suggest that an impactful institutional facilitator is developing, implementing, and evaluating current government funding campaigns and, further, ensuring these campaigns advocate on behalf of LGBTIQ people, while also challenging heterosexist and homophobic attitudes. Moreover, education is a pivotal facilitator in debunking myths such as violence amongst LGBTIQ people being mutual or consensual or misrepresented as a simple fight between friends (Morrow & Hawxhurst, 1989). Several studies also reinforced the importance of promoting inclusive institutional access as a means of improving LGBTIQ IPV services equally within contemporary Western society (Morrow & Hawxhurst, 1989; Leonard et al. 2008; Morin, 2014; Oswald, Fonseca, & Hardesty, 2010; Simpson & Helfrich, 2005).

Criminal Justice Approach to Reporting and Responding to LGBTIQ IPV

Police reporting as considered within this systematic review highlighted that the LGBTIQ community faces barriers to reporting IPV to police. While it is acknowledged there has been progress made in reporting, there is still deep mistrust between the LGBTIQ population and police. Notably, LGBTIQ treatment within Australia and abroad is a critical barrier to reporting, as victims do not believe their IPV incident will be treated in the same way it would for their heterosexual and cisgender counterparts (Campo & Tayton, 2015; Leonard et al., 2008; Simpson & Helfrich, 2014). For example, Morin (2014) found that the history of criminalized LGBTQ lives is still felt among these communities today, particularly for LGBTQ people of colour, transgender people, youth populations, and immigrant communities. Prevailing attitudes within the LGBTIQ population exacerbate the underreporting of IPV incidents, further impacting statistical data collection, thus restricting the legal system's acknowledgment of and ability to support victims (Morin, 2014). Particular groups within the LGBTIQ paradigm, including transgender and gender non-conforming individuals, note they experience detrimental treatment from police officers (Morin, 2014; Ijoma, 2018). The included research also noted that there is still a proclivity to associate LGBTIQ people with sexual deviance and criminal activity (e.g., Simpson & Helfrich, 2014; Leonard et al., 2008; Morin, 2014), thus restricting acceptance of the validity of their experiences of violence and appropriate police responses to it (Morin, 2014).

Morin (2014) suggests that "police officers are generally more likely to view violence between LGBTIQ individuals, especially partners of the same gender, as mutual or consensual abuse" (p. 484). This attitude, Morin explains, demeans progressive understandings of partner violence, and reinforces the heteronormative beliefs held within many Western nations (Leonard et al., 2008; Campo & Tayton, 2015; Simpson & Helfrich, 2014). While this attitude may not be reflective of the entire police force, it may indicate a deep-seated stance reflective of the current societal attitude towards LGBTIQ people generally (Leonard et al., 2008). Morin (2014) also found that "many police officers continue to express homophobia" (p. 484), holding these attitudes as a personal belief. In roles

where bias is not meant to be a mitigating factor, such personal biases and attitudes can continue to influence police and the way they engage with addressing and protecting victims of LGBTIQ IPV (Russell & Sturgeon, 2018).

Within the LGBTIQ population, both in Australia and abroad, detrimental treatment has problematized the relationships between this community and the police. In an attempt to rectify historical policing approaches to sexuality, police forces in Australia have taken steps in the right direction, such as the hiring of LGBTIQ Liaison officers (Campo & Tayton, 2015). However, there is still fear and mistrust of the police (Fileborn, 2012; Parry & O'Neal, 2015). Several articles note, with varying emphasis, the issues with current policing responses as persistently problematic (Campo & Tayton, 2015; Leonard et al., 2008; Russell & Sturgeon, 2018; Rose, 2003; Simpson & Helfrich, 2014; Crumrine, 2019). Campo and Tayton (2015) note that Australia has, in some states and territories, made attempts to bridge the gap between police bodies and the LGBTIQ population with LGBTIQ liaison officers as well as support events such as pride marches and the Sydney Mardi Gras.

Overall, research suggests that LGBTIQ populations still face significant discrimination and homophobic attitudes by police officers (Campo & Tayton, 2015, p. 6; Dwyer & Hotten, 2009; Kay & Jefferies, 2010; Fileborn, 2012; Parry & O'Neal, 2015). The sample of literature used in this study suggests that, while some aspects of police and LGBTIQ-community relations are improving, several areas still require attention. This slow progression towards LGBTIQ inclusivity is reflective of broader societal attitudes towards IPV victim representation and requires a broader public redress, beyond the scope of one social institution.

Supports Provided for LGBTIQ IPV Victims

Support services for the LGBTIQ community are centred around LGBTIQ enclaves (Calton et al., 2016; Oswald, Fonseca, & Hardesty, 2010). This is problematic for LGBTIQ people who do not, or cannot afford to, reside within or near these areas. One way to increase support accessibility is by having LGBTIQ competence embedded into existing general services (Oswald, Fonseca, & Hardesty, 2010) and/or increasing individual service provider competency (Calton et al., 2016). Calton et al. (2016) note that government officials have the power to regulate the quality of existing services within DV organisations—especially ones which receive state and federal funding.

In addition, this would ensure that services are under consistent review to also meet LGBTIQ service delivery standards. Calton et al. (2016) further stress that to receive ongoing funding and governmental support, DV organisations require evaluation—and this includes the training they provide their support workers. Simpson and Helfrich (2005) also noted that agencies need to take responsibility for training all staff members on working with LGBTIQ people. Once this occurs, existing support structures, no matter their location, can help LGBTIQ people even if they do not reside within LGBTIQ enclaves.

LGBTIQ Cultural Competence

There are many intersecting ways oppression manifests, both within DV agencies generally and across the broader cultural and political landscape. However, acknowledging the existence of these oppressive barriers is not enough. All of the included literature highlighted the importance of cultural competence as vital for all victims, not only LGBTIQ people, but also Aboriginal people and Culturally and Linguistically Diverse (CALD) people (Oswald, Fonseca, & Hardesty, 2010; Fileborn & Horsley, 2015; Cannon & Buttell, 2015; Simpson & Helfrich, 2014; Calton et al., 2016). Cultural competence is the ability for an individual to interact effectively with people whose culture may not be the same as their own. Cultural competence ensures that the needs of an entire and diverse community are met. Russell and Sturgeon (2018) found that police lack cultural competence when they respond to lesbian and gay IPV as mutually consensual or as a simple fight between friends. Attitudes which dismiss the experiences of LGBTIQ IPV victims require attention, just as culturally responsive, constructive, and beneficial engagement with LGBTIQ people across all facets of society requires improvement. A way to address this need is for support services and providers to become more culturally competent. Cultural competence also has a role in research, as it ensures that samples are diverse and representative of a broad range of genders, sexualities, and identities.

Public Discourse of LGBTIQ IPV in Legislation, Policy, Advocacy, and Media

LGBTIQ inclusion within legislation discourse is problematic within Australia and abroad. Currently, there appear to be areas where inclusive language is lacking, and in turn, where non-inclusive language creates and/or maintains ambiguous legislation. For example, there is a significant issue with the framing of DV/IPV as perpetrated by men and as experienced by women within a heterosexual relationship (Leonard et al., 2008; Cannon & Buttell, 2015; Morin, 2014).

Many studies have found that removing heteronormative biases from current legislation eliminates the precarious position of LGBTIQ IPV victims in current DV/IPV discourse (Leonard et al., 2008; Ijoma, 2018; Morin, 2014; Cannon & Buttell, 2015; Calton et al., 2016). Challenging heteronormative understandings eliminates what some authors call the "illusion of inclusion" (Cannon & Buttell, 2015)—language within legislation which is vague and often left open to interpretation. Ambiguous discourse within some legislation invites exclusion for not only LGBTIQ people but other marginalized populations as well (Leonard et al., 2008; Ijoma, 2018; Morin, 2014). Additionally, the inclusion of LGBTIQ persons of colour, according to Ijoma (2018), is sorely lacking. In particular, Ijoma cites the exclusion of Black lesbians and Black trans women, causing them to be hidden victims. The literature stressed the impact of multiple minority identities on representation within legislation—a scenario which overlooks the experiences and voices as survivors of LGBTIQ IPV (Calton et al., 2016; Ijoma, 2018). Morin (2018) stated that to achieve legislative inclusivity, states like Vermont and Massachusetts, in the United States, have removed referencing the gender or sexuality of the partners in IPV legislation. Legislation there now takes a gender-neutral stance to be wholly inclusive and, by extension, apply to all equally. However, given that heteronormativity is the lens through which most societies understand IPV, the lack of specifiers may serve as an erasure of LGBTIQ people from common understandings and applications of legislation.

Policy documents can offer guidance not only on who is affected by a particular issue but also how that issue should be addressed. Currently, policy is typically lacking in LGBTIQ-inclusive elements. For example, inclusive policy documentation should inform stakeholders, legislators, and government officials on any societal issue, while also advocating or setting down rules and guidelines for businesses. Additionally, many policy documents use problematic language and terminology that is not inclusive of LGBTIQ IPV victims (Campo & Tayton, 2015; Simpson & Helfrich, 2014; Calton et al., 2016). This systematic review found common themes across publications, indicating that ambiguous policies have created confusion, under-acknowledgment, and misunderstandings in policy, practice, and judicial response (Campo & Tayton, 2015; Simpson & Helfrich, 2014; Calton et al., 2016).

To operationalize inclusive policies, Calton et al. (2016) suggest using human rights organizations to advocate on behalf of LGBTIQ victims of IPV. In the United States, a recent study found that human rights organizations that lobbied for more inclusive language for LGBTIQ people were successful in supporting this population (Calton et al., 2016). Requiring inclusive language allows organizations to audit services on their LGBTQ inclusivity. For example, Simpson and Helfrich (2014) note that organizations should receive financial assistance to expand the capacity of their service. This would reinforce the social and moral responsibility of services and policy in making services inclusive of and accessible to everyone. Changing policy language to be more inclusive is exceptionally beneficial in LGBTIQ IPV advocacy and as a means of challenging heteronormative, cisnormative, and biased policies (Campo & Tayton, 2015; Simpson & Helfrich, 2014; Calton et al., 2016).

Within the systematic review results, advocacy did not feature in any of the included studies as a major theme, with only one study (Morin, 2014) alluding to the importance of advocacy. Despite this limitation, this study reinforces overall that advocacy, especially within Australia, is a major contributing factor to understanding victim representation. Further, the benefits of advocacy are numerous and require a more robust investigation, especially in terms of inclusive discourse and service delivery for LGBTIQ people and other marginalized populations.

Media, as an institution, can inform, construct, and dictate social scripts and expectations. Within the included literature, there was little discussion on the role or impact of media on LGBTIQ IPV. However, Cannon et al. (2015) mention that powerful institutions like media outlets serve to construct our current ideology of masculinity and femininity. They note that where the idea of hegemonic notions of sexuality form the basis of what is healthy (heterosexual) and unhealthy (homosexual), others can use these as a form of social control. Furthermore, they suggest the media as an institution dictates what is right, healthy, natural, and normal, and in this instance, heterosexual relationships are healthy and LGBTIQ relationships are unhealthy. For this discourse, with regard to the ability for notions of gender and sexuality to change, the normalization of "alternative" identities needs to be at the forefront of the discussion. Due to the lack of commentary from current research, the media is another institution which requires more significant investigation in terms of LGBTIQ IPV messaging, representation, awareness,

and education—as the media can be a powerful institution of social control (Cannon et al., 2015).

Future Directions for LGBTIQ IPV Research

LGBTIQ IPV research remains underfunded and limited by many factors, such as the inability to recruit diverse sample sizes and capture as many experiences as possible (Frankland & Brown, 2014; Leonard et al., 2008; Simpson & Helfrich, 2005; Simpson & Helfrich, 2014). Ijoma (2018) found that most LGBTIQ IPV research focuses more on lesbian IPV, while bisexual and trans men are missing in male IPV research, suggesting that binegativity, transphobia, and transmisogyny may create unique barriers to help-seeking (Campo & Tayton, 2015). For qualitative research, researchers must work on capturing as many experiences as possible (Campo & Tayton, 2015). Within Australia, statistical institutions must incorporate sexuality in their statistical collection; otherwise, people will generally assume the victim is heterosexual (Campo & Tayton, 2015).

Qualitative research generally has smaller sample sizes, but such studies have the capacity to document the complexity of LGBTIQ experiences through the provision of rich phenomenological perspectives. However, qualitative data may be overgeneralized and misrepresented under the assumption that all LGBTIQ people experience the same forms of IPV as one another (Simpson & Helfrich, 2005; Calton et al., 2016; Cannon & Buttell, 2015; Mason, Lewis, Gargurevich, & Kelley, 2016).

Cannon et al. (2015) stress the importance of using theory to guide research, which in turn strengthens the research design and allows for critique of the applicability of the theory to explain a particular phenomenon. For example, Cannon et al. (2015) explored three theoretical approaches to explain IPV and provided guidance for how each theory could guide future research. The use of theory is vital for research, as it can help to explain or critique the experiences of diverse and unique experiences of a particular group.

The literature also suggests that limited funding is a barrier to gaining valuable and necessary insights into the issue of LGBTIQ IPV (Calton et al., 2016; Russell & Sturgeon, 2018). Calton et al. (2016) propose that if adequate funding were a reality, all aspects of violence, as well as the impact of the sexual and gender identity of both perpetrator and survivor, should be the subject of further research. Furthermore, this would also help to address the systemic inequalities and stigma that LGBTIQ individuals too often face as victims of IPV (Cannon et al., 2015).

RESULTS & DISCUSSION

Throughout this systematic review, the representation, recognition, and understanding of LGBTIQ IPV victim and offender dynamics were discussed. Many intersections of individuals' identities, for example religious status or whether someone is "in the closet" or not, would severely influence their victimization experiences. Therefore, intersectionality remains vital for understanding the experiences of LGBTIQ-identifying individuals. As Simpson and Helfrich (2014) noted, this is especially so for those who have more marginalized identities, such as Black lesbians, who may remain more invisible due to lower levels of education, socioeconomic status, and

geographical location, leading to possible exclusion from their communities and social supports. Age was another critical factor that often remains hidden, a significant problem as younger individuals are also participating in and experiencing IPV.

Current approaches to IPV are hindered by the inherent flaws of treatment models, such as the Duluth model. Underpinning this is severe heterosexism/cissexism, which influences how police respond to and treat offenders of IPV, such as viewing heterosexual male victims as less serious, and viewing gay and lesbian victims and perpetrators as mutual consenters to the abuse. Further, feminist theory cannot accurately address the nuances of LGBTIQ IPV, which may exacerbate current reporting, especially in terms of the Criminal Justice System.

The importance of having inclusive legislation, policy, advocacy, and media was highlighted above as a significant contributor to changing the current landscape of victim representation. Inclusive policy would ensure that victim services can understand and identify the experiences of LGBTIQ victims. Inclusive legislation can remove gendered hierarchy and allow for all victims of partner violence to gain social justice. These approaches would then underpin inclusive advocacy, the importance of which was alluded to in this review. Lastly, media as a social agent of change can help dispel the myths which surround who may or may not be a victim and/or perpetrator of IPV. Driving these changes would be inclusive education, with guidance from research, which in turn has more significant and more diverse sample sizes, ensuring cultural competence receives precedence in all future IPV narratives. Intimate partner violence is not a model of control exclusive to white heterosexual women as the only victims, and this review underscores the importance of ensuring that such assumptions do not damage the ability for other victims to gain equitable recognition.

CONCLUSION

The synthesis of existing evidence within this review across media, legislation, policy, and advocacy highlights that public discourses lack equal and diverse representations of LGBTIQ IPV and other minorities. The review reiterates that LGBTIQ IPV research has increased exponentially within an international context, especially within the last two decades. However, the review has found that the current climate continues to be influenced by societal attitudes, such as heterosexism, cissexism, homophobia, biphobia, and transphobia, as well as heteronormativity. These same attitudes impact personal attitudes and maintain a heteronormative/cisnormative IPV framework. It is likely that heteronormative frameworks and discourses mean that many aspects of LGBTIQ IPV are still under-researched, such as the experiences of bisexual people, trans men and women, intersex people, and non-binary conforming identities.

Within our global context, the issue of inclusivity, or lack thereof, is receiving urgent attention. However, this does not mean that an individual's identity is not essential to understanding IPV—on the contrary. The findings of this review highlight the importance of the role of intersecting identities in better understanding the experiences of IPV in the context of sexuality, sex assigned at birth, gender identity, race/ethnicity, and a vast range of other identifiers. Achieving

this level of non-dichotomous or categorical understanding of IPV may take decades to achieve, but if it is to be achieved, cultural competence must be central to the interactions that systems have with LGBTIQ people concerning IPV.

As the literature suggests, current approaches are not entirely inclusive. Importantly, diversity of experience is lacking in policy, legislation, and service delivery. This is compounded by the impact of personal biases that result in differential criminal justice responses across genders and sexual identities. Further, funding is lacking for both research and service accessibility, which are also impeded by a reliance on heteronormative or outdated models of DV and IPV management. This review also noted the lack of any consistent institutional approach, meaning that legislation and its enforcement, service providers and their services, and media agents and their messages are currently not being adequately held accountable for the roles they play, or might play, in promoting LGBTIQ inclusivity.

CONFLICT OF INTEREST DISCLOSURE

The authors have no conflicts or interests to declare.

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TRUST

Benefits of delivering Adverse Childhood Experience (ACE) training to police: An individual perspective

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ABSTRACT

Across the United Kingdom, vulnerability is the biggest area of demand for police. However, evidence demonstrates that some forces may not be equipped to respond to the volume and nature of this demand. Beyond their statutory duties, operational police are often unaware of how to best respond to vulnerability within their roles. For many police officers and staff, there is limited training available to develop the skills needed to provide frontline support to vulnerable individuals and to signpost and refer to agencies who can provide the appropriate needs-based services. The Early Action Together (E.A.T.) program is delivering transformational change across Wales to support police and partners who wish to adopt a whole-systems response to vulnerability that enables early intervention and prevention. Drawing on the evidence around Adverse Childhood Experiences (ACEs) and the impact these early experiences can have on life outcomes, training is delivered to police and partners to embed ACE- and trauma-informed approaches into everyday practice. Evaluation of the training is already evidencing some key benefits of using this approach, with officers identifying and applying root-cause understanding of crime and harm and developing public understanding of existing early intervention assets and pathways of support in their local area. However, careful consideration and planning are required to ensure that these approaches continue to be embedded beyond the life of the program.

Key Words   Vulnerability; trauma; early intervention; organizational change; public health, whole systems approach.

INTRODUCTION

Across the United Kingdom, police are responding to a high level of non–crime-related demand (~83%; College of Policing, 2015), including incidents concerning public safety and welfare. Often the first point of contact, the police and the wider policing family are required to respond to a diverse range of vulnerabilities, including mental health, substance misuse, homelessness, and learning disabilities.

Although a large volume of police demand is related to vulnerability, it is becoming increasingly clear that police services are not equipped to appropriately respond to this level and type of demand, with existing responses, training, and systems targeted more towards criminality (Ford, Evans, Newbury, Meredith, & Roderick, 2017a). Whilst frontline officers attempt to address the needs of vulnerable individuals through police referrals (e.g., Public Protection Notifications [PPNS] and Multi Agency Referral Forms [MARFs]), many of these referrals do not meet statutory thresholds and

subsequently result in no further action (Ford et al., 2019). This leads to a high level of repeat demand on police services, with vulnerable people unable to receive the support they need. Officers have reported challenges engaging with these individuals and identifying the right pathways of support for them, as well as frustrations working with partner agencies which are perceived to be falling short of their responsibility to provide support (Ford et al., 2017a). Often, police are knowingly providing inappropriate responses to vulnerable individuals at a time when they fall under significant scrutiny from the media and both governing and inspecting bodies; however, this continues to be the approach with limited options available to them.

Recent data has evidenced a high prevalence of poor well-being within the police workforce (Home Office, 2018), with a recent survey highlighting that ~79% of respondents experienced mental health difficulties during the preceding 12 months (Elliott-Davies, 2018). Poor well-being can lead to a range of maladaptive coping mechanisms, including health

harming behaviours, drug and alcohol misuse, and in some cases, suicide (Mind, 2015). This suggests that often the most vulnerable people within our society are supported by professionals who themselves are vulnerable. Police well-being can be affected by the "emotional labour" of the job, including experiences of traumatic incidents with a lack of appropriate support mechanisms in place (e.g., recovery time) and "organizational stressors," including excessive workloads, organizational culture and expectations, and low level of managerial and peer support (Johnson et al., 2005).

Responding to Vulnerability

Following research on Adverse Childhood Experiences (ACEs), there has been a drive to take a more public health approach to vulnerability, recognizing the implications of early childhood experiences from a health perspective. Police frequently respond to ACEs, such as abuse (i.e., physical, emotional, or sexual abuse) and parental incarceration, mental ill-health, domestic abuse, and substance misuse. However, training on these topics tends to be limited and delivered to more specialized roles (e.g., investigative roles; Johnson et al., 2019).

There is much debate regarding the use of ACEs within policing and wider criminal justice services and the risk of potential misuse of ACEs through checklists and thresholds (Bateson, McManus, & Johnson, 2019). More specifically, there are concerns that officers might use ACE scores as criteria for referral to intervention services, rather than the preferred approach of using their understanding of ACEs and the importance of protective factors to simply inform risk assessments. Although much research has established a "dose-response relationship" between the number of ACEs and increased negative outcomes for those self-identifying as having four or more ACEs (e.g., health harming behaviour, crime, victimization, poor health), there is limited evidence regarding how ACEs should be used to inform decision making on appropriate support and interventions (e.g., Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014; Bellis et al., 2016). Furthermore, there is limited evidence of how awareness of ACEs can benefit and provide resilience to front line staff delivering first responses to vulnerable people and even less evidence of how understanding and awareness of ACEs can have a positive impact on officers as individuals outside the workplace. This is a particularly important area for consideration, with the prevalence of ACEs in the general population suggesting that many police officers and staff are likely to have ACEs of their own.

What is the Early Action Together (E.A.T) Program?

In response to the evidence on the link between ACEs, vulnerability, and everyday challenges faced by police, the Home Office funded a program of transformation designed to take a public health all-Wales approach to policing vulnerability. The program aims to embed trauma-informed practice into everyday interactions with the public, using an ACE lens to identify when someone may have experienced ACEs, how these may impact on life outcomes and presenting behaviours, and what resilience or protective factors that individual may have (see Figure 1).

The Early Action Together program (E.A.T.) was developed from findings of an initial, smaller-scale police innovation project delivered in South Wales (The Early
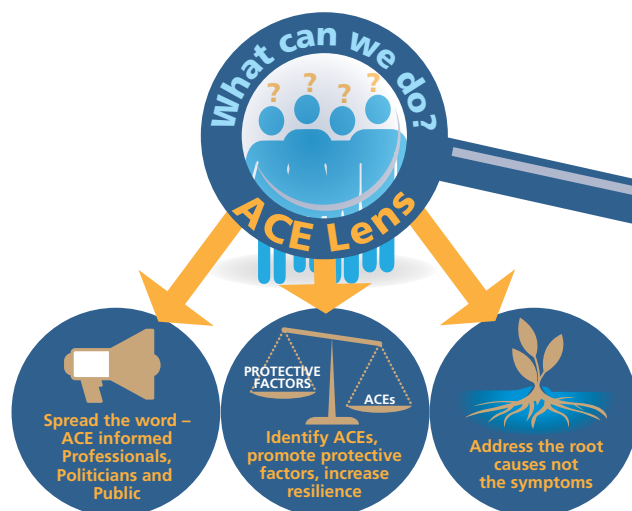

FIGURE 1 Applying an Adverse Childhood Experience (ACE) lens to practice.

Intervention Project, 2016–2018), which has now been scaled up and rolled out on a national level across the four forces and partner agencies in Wales. The E.A.T program aims to develop a Wales-wide approach to training and practice for addressing vulnerability by developing systems, processes, and interventions to enable more effective responses by police and partners through early intervention and prevention. Each force in Wales is required to deliver an ACE- and trauma-informed training program to frontline police officers and staff, embed a 24/7 single integrated service to respond to vulnerability, develop cross-sector working arrangements between police and non-statutory partner agencies, and test interventions specific to a thematic area of choice (e.g., social navigation and serious violence).

Key to achieving the above objectives is the development and implementation of a training program for professionals to ensure they have the appropriate knowledge and skills to respond to vulnerability using an ACE- and trauma-informed approach.

Adverse Childhood Experience Trauma Informed Multi-Agency Early Action Together (ACE TIME) Training

The training package has been developed in three distinct but complementary phases, including "what," understanding the issues presented, "so what," operationalizing knowledge into practice, and "now what," putting the learning into practice on a local level. The training has been developed for delivery to frontline police and partner agencies as a one-day course to provide an introduction to ACEs and trauma and further develop tactical skills to enable police to respond to individuals with trauma. This is followed up by ongoing support with training facilitators to allow the learning to be applied to practice, with guidance tailored to the local arrangements and individual roles within the force.

During interviews with police within operational roles, there was a call for training to be delivered by experts external to the police to provide a greater depth to their learning

(Ford et al., 2017b). The training is delivered through an independent ACE coordinator service positioned within Barnardo's (a UK-based children's charity) and comprised of professionals with diverse backgrounds working with vulnerability. Furthermore, the training is attended by local partners (e.g., education, health, local authority) to develop a shared understanding of ACE-informed approaches and to enable cross-agency learning.

The training allows for open discussions around vulnerability that provide a safe place for learners to share experiences of working with vulnerable individuals and the challenges of providing support within their role. Drawing on the research evidence, the training introduces the concept of ACEs, the national prevalence of ACEs, and the incremental impact they can have on health and well-being across an individual's life course. Fundamentally, it seeks to make a shift from the narrative what is "wrong" with individuals to what is "strong" with them, introducing the notion of ACEs from a strength-based rather than deficit-based position. Brain function in stressful situations is discussed in detail in efforts to demonstrate that individuals' behaviours can be a direct result of experiences they have been exposed to in earlier life, and these behaviours are often hardwired rather than intentional or deliberate. The introduction of this research evidence helps learners to realize how common ACEs are and seeks to normalize them. The training also presents opportunities to mitigate the impact of ACEs, with discussions on the importance of developing resilience to protect against negative life outcomes.

With the real and ever present risk of exposure to vicarious trauma, well-being, personal resilience, and group discussion on simple but effective coping mechanisms and de-escalation techniques are a golden thread throughout the training day.

The final element of the training covers what learners need to do differently in a policing context. Here the benefits of early intervention are emphasized, and participants discuss how they can apply learning to practice in their own local areas, understanding localized pathways and community-based assets and the difference they can make within their communities. Learning outcomes are enhanced by the use of case studies and appropriate and complementary film clips which seek to reinforce the messages.

Developing an Evidence Base: Benefits of the Training on an Individual

To ensure the training is pitched at the right level across different roles and ranks and uses appropriate mechanisms for delivery, it has been extensively evaluated. The evaluation measured the impact on the learner's knowledge and awareness, confidence, and attitudes towards working with vulnerability and captured feedback from officers in attendance. As part of the Police Innovation project, an evaluation of the initial training pilot was carried out to test the fidelity of the package delivered to 151 response and neighbourhood officers in South Wales. Findings of the evaluation informed further development and delivery, which has now been scaled up and rolled out on a national level across Wales (Newbury et al., 2019). Further testing of the training will assess delivery to a more diverse police cohort, including different force areas, roles, ranks, and policing teams. Continued evaluation allows

for efforts to be made to maximize the benefit of the training to frontline staff and to provide an evidence base to support future delivery of the training post–program life.

It is anticipated that the benefits of the training will be widespread both for vulnerable individuals within our society and for police officers and staff and the organization itself. Findings are demonstrating that, for many learners, ACEs is not a new concept; however, the training provides a conceptual framework to understanding behaviours and potential consequences arising from certain experiences (Ford, Newbury, Meredith, Evans, & Roderick, 2017c). Multi-agency delivery allows for the development of a universal understanding of the challenges faced, the underlying causes of problem behaviour, a shared language, and consistent approaches to responding to vulnerability. This can improve the quality of police referrals to partner agencies as well as partner relationships. The training can provide initial steps towards reducing frustrations between organizations and allow for a more concerted approach to responding to vulnerability.

Furthermore, it develops a greater understanding of how to support vulnerable people without re-traumatizing them, leading to more positive interactions with the public and reducing negative outcomes (e.g., use of force and punitive measures). Within the findings, the benefits of a greater understanding have also been noted in daily interactions with family and peer relationships, evidenced in open responses within the post-training questionnaire:

> At home, my 5-year-old and I have both been exposed to numerous ACEs through the course of our lives and this training has been such an eye opener as to how to give my little girl further understanding and support at home. (Communications Operator, Welsh Police Force)

> I believe my partner may have grown up in an environment where she would have four or more ACEs. But [she] has overcome them—this should help me understand and support her better. (Police Constable, Response, Welsh Police Force)

Having an improved understanding of pathways for support beyond statutory process and a bank of local resources to draw on gives learners more options and ways to support individuals. It is hoped that this will reduce the risk of those vulnerable people who do not reach the threshold for statutory intervention from falling through the gaps or placing a high demand on police services as repeat callers. In addition, attendees are demonstrating improved confidence and use of professional judgement working with vulnerability, more favourable attitudes towards providing support within their role, and greater clarity in their understanding of their role responding to vulnerability.

The training can help a force take great strides towards improving the well-being of its members. Open discussions on the challenges within their role and how these impact on their well-being start to develop a culture within the police where talking about well-being can become normalized. Furthermore, information on resources to develop personal resilience and discussion on coping strategies and access to support can empower police and partners to seek support

when needed without the barriers that have been articulated to researchers during the course of this program (Johnson et al., 2019). Ultimately, improved well-being can increase job satisfaction and result in less sickness, reduced potential for individuals to engage in health-harming behaviours, a higher degree of productivity, and greater job satisfaction.

Improved outcomes on an individual staff level can lead to wider organizational benefits. A reduction in inappropriate referrals and repeat demands can create significant savings in the cost of processing police referrals, estimated at £4 million a year (Ford et al., 2017b). Furthermore, providing more positive responses to individuals can result in a reduction in crime demand associated with ACEs (e.g., anti-social behaviour [ASB], violence, domestic abuse). This, coupled with improved information sharing between agencies and more collaborative working practices, can enable benefits beyond the police, with organizational improvements extending to wider criminal justice services (e.g., prison, probation, youth justice services) and statutory agencies (e.g., social services and health).

However, whilst there are many benefits to be noted, with the generational nature of ACEs, it is anticipated that many of the benefits of the training will not be observed within the time frame of the program, or even within the current generation.

Sustainable Delivery and Further Development

Sadly, it is often the case that the momentum built during programs of change is lost once the funding comes to an end. The appetite for sustained change will depend on the ability to demonstrate cashable and non-cashable benefits. Therefore, there is a need to ensure that the impact on individuals, as discussed, continues to be collated and shared to help leaders understand the wider, less tangible benefits that the program has achieved. The training and further work of the program are now being developed and delivered across sectors (i.e., wider criminal justice agencies, education and housing) to allow for concerted cross-agency responses to ACEs. Shared approaches will better enable sustained delivery of the learning and implementation of practice.

However, the training is just the starting point, and whilst there are many benefits to be observed, it needs to be combined with further efforts to address vulnerability through collaborative working practices and systems development. System review and process redesign will be a critical factor in embedding the learning and transformation into practice. The Early Action Together program has been delivered using the principle of building into, not on top of, existing systems and processes. Therefore, it is anticipated that the learning outcomes from the program will be sustained beyond March 2020. With further evaluation of the training to demonstrate the benefits for professionals and organizations, there is a real opportunity for this training to become part of universal core well-being or induction training for all staff which becomes embedded into policy and strategy.

CONCLUSION

To be able to deliver a program of transformation across Wales, it is integral to upskill the workforce and provide the right knowledge and tools to respond to vulnerability in the desired way. This training package aims to do just that, with further efforts to address the well-being of the police workforce and allow them to have the personal resilience needed when responding to traumatic incidents and supporting those with trauma. Extensive evaluation is underway to fully assess the impact of the training. However, early findings are already demonstrating positive results. The benefits of the training are more notable for individual officers, but there is the potential for significant benefits to organizations over a longer period of time. For this to happen, it is important to ensure practice is sustained beyond the life of the program.

CONFLICT OF INTEREST DISCLOSURE
The authors have no conflicts of interest to declare.

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The social disorganization of intimate partner violence

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ABSTRACT

Recently, scholars have begun to recognize new theoretical connections between geography and intimate partner violence (IPV). One such theory is social disorganization theory (SDT). According to SDT, crime in communities can primarily be explained as a consequence of economic disadvantage, insufficient informal social control, lack of collective efficacy, and family breakdown. SDT is typically used in the context of property crime and public violence. This article reviews this evolving literature, proposing a unique and comprehensive concept map offering insights into how neighbourhood dynamics influence IPV.

Key Words   Social disorganization theory; intimate partner violence; collective efficacy; social control; violence; neighbourhood.

INTRODUCTION

Intimate partner violence (IPV) is a global health problem. Broadly speaking, IPV includes:

> any type of physical or sexual assault, physical threat, threats with weapons, deprivation of liberty, psychological and emotional abuse, and stalking perpetrated against legally married or common-law partners, girlfriends, or female dating partners, whether the relationships are intact or estranged. (Johnson & Dawson, 2011, p. 4)

This definition is conceptually broad enough to encompass the different ways IPV manifests itself and recognizes that the majority of serious cases involving bodily harm involve women as the victims (Burczycka & Conroy, 2018).

The rate of police-reported IPV in Canada in 2015 was 309 incidents per 100,000 residents, accounting for one quarter of all violent crimes reported to police that year (Burczycka & Conroy, 2018). Even more troubling is that police-reported IPV is severely under-representative, with only three in ten cases coming to the attention of police, indicating that in one year about 1% of Canadian women experienced IPV (Burczycka & Conroy, 2018). Clearly, IPV is still a cause for concern warranting serious attention from researchers, policy makers, and practitioners.

The World Health Organization (2010) developed an *ecological* framework to help explain interpersonal violence.

This framework classifies risk factors associated with violence into four levels of risk factors: individual (e.g., personal histories and biological factors), relationship (e.g., families and peers), community (e.g., neighbourhoods, schools, and workplaces), and societal level (e.g., economic issues, social policies, and cultural norms). Neighbourhoods, found within the community level, are of particular concern with respect to IPV. Given the conceptual nature of this article, the terms neighbourhood and community are used interchangeably, and are defined as a distinct district forming a community within a city.

A number of studies have found that the geographic distribution of IPV is not uniform and that IPV clusters within specific neighbourhoods (Benson, Fox, DeMaris, & Van Wyk, 2003; Browning, 2002; Burke, O'campo, & Peak, 2006; DeKeseredy, Alvi, & Tomaszewski, 2003; Frye, 2007; Gracia & Herrero, 2007; Gracia, López-Quílez, Marco, Lladosa, & Lila, 2014; Jackson, 2016; Kiss et al., 2012; Pinchevsky & Wright, 2012; St. Jean, 2007). This clustering of IPV suggests an opportunity to concentrate interventions to proactively address the causes and deal with the consequences of IPV. Understanding how this concentration operates is the first step towards targeting interventions.

Social disorganization theory (SDT) explains the spatial distribution of crime (Shaw and McKay, 1942, 1969). This paper explores how this theory can provide a framework for understanding the geographic concentration of IPV and how neighbourhoods influence IPV. Through a review connecting the SDT literature to IPV, a new concept map is presented to offer insights into how neighbourhood dynamics influence IPV.

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SOCIAL DISORGANIZATION THEORY AND INTIMATE PARTNER VIOLENCE

Social disorganization theory suggests the concentration of neighbourhood crime is a result of the clustering of socio-economic challenges, which leads to a breakdown in social control and the cultural transmission of deviant values (Browning, 2002; Sampson, Raudenbush, & Earls, 1997, 1998; Sampson & Raudenbush, 1999, 2001; Shaw & McKay, 1942, 1969). The theory's focus on neighbourhood socioeconomic circumstances, social control, and values suggests a number of concepts worth integrating to better understand the spatial distribution of IPV. The cluster of economic stresses in neighbourhoods is predicted to increase levels of IPV above and beyond what would be expected based on family challenges alone. This increase is explained by an increase in negative neighbourhood attitudes towards women, which foster conditions that encourage violence in intimate relationships.

A number of academics consider SDT as a mechanism to explain neighbourhood IPV (Benson et al., 2003; Browning, 2002; Copp, Kuhl, Giordano, Longmore, & Manning, 2015; DeKeseredy et al., 2003; Frye, 2007; Frye et al., 2008; Gracia & Herrero, 2007; Gracia et al., 2014; Jackson, 2016; Kiss et al., 2012; Pinchevsky & Wright, 2012; St. Jean, 2007; Uthman, Moradi, & Lawoko, 2009). At the most basic level of the theory, the cluster of economic disadvantages in neighbourhoods is associated with higher rates of IPV (Benson et al., 2003; Gracia et al., 2014). However, there is some debate as to whether clustering results in higher rates within neighbourhoods or whether economic strain simply places people likely to commit IPV in close proximity, thus creating higher rates (Kiss et al., 2012). In other words, does the neighbourhood where a woman lives impact her likelihood of experience IPV?

Collective efficacy is associated with neighbourhood IPV (Browning, 2002; DeKeseredy et al., 2003; Gracia & Herrero, 2007; Jackson, 2016). Collective efficacy is the trust that develops amongst neighbours which allows them to intervene to help improve and protect their neighbourhood (Sampson et al., 1997, 1998). Reductions in collective efficacy, arising from the challenges associated with economic disadvantages, reduce the likelihood that neighbours will intervene to prevent IPV as it occurs. Increases in collective efficacy increase the chances that women will disclose when IPV occurs in their own relationships (Browning, 2002). Disorder is negatively connected to neighbourhood collective efficacy; that is, as levels of disorder rise, collective efficacy falls within a community (Sampson & Raudenbush, 1999). This suggests that collective efficacy could be connected to IPV though disorder may play some sort of a mediating role in this relationship.

St. Jean (2007), however, calls into question the relationship between disorder, collective efficacy, and IPV. He argues that interventions are unlikely in domestic violence disputes and that collective efficacy is therefore unlikely to reduce IPV. St. Jean does find a connection between collective efficacy and incidents of IPV, but he suggests "the presence of disruptive family members is the key variable in the relationship between low collective efficacy and high incidence of battery" (St. Jean, 2007, p. 209). He notes that, in some areas with low collective efficacy, there are no incidents of IPV, while in other areas with low collective efficacy, there are many incidents.

The key difference, according to St. Jean (2007) is the presence of disruptive family members.

Separate studies by Frye et al. (2008) and Copp et al. (2015) create further concern about the importance of collective efficacy as it relates to IPV. Both studies argue that individual factors are much more important than neighbourhood context as a cause of IPV. In addition, DeKeseredy et al. (2003) find that informal social control is not sufficient to reduce IPV. However, recent work by Jackson (2016) suggests a more complex relationship, whereby a women's socioeconomic status predicts whether she will benefit from neighbourhood collective efficacy.

Overall attitudes towards women within a community also warrant consideration with respect to IPV. Shaw and McKay (1942, 1969) introduce cultural transmission theory as an important component of social disorganization theory. Originally conceived as a mechanism by which older teenagers introduced younger youth to socially deviant values, cultural transmission theory applied to IPV would suggest a similar clustering is occurring with respect to attitudes towards women, creating conditions that encourage IPV within the home and the community.

Cultural transmission theory in its original form focuses on youths transmitting values to other youths. The clustering of attitudes towards women may work in a similar way. Individuals in neighbourhoods that carry negative attitudes towards women may directly share these attitudes with their neighbours. When attempting to understand why women do not leave situations of IPV, one of the factors identified is the "patriarchal and sexist structure of society along with women's economic dependency" (Barnett, 2000, p. 343). This suggests that negative attitudes towards women in neighbourhoods can exacerbate problems of IPV, particularly in areas where women face economic challenges.

Individuals with negative attitudes towards women may also perpetuate these attitudes through inaction when faced with IPV. If an individual is aware of an incident of IPV but does not act by confronting the accuser or providing support to the victim, this can perpetuate the perception that IPV is not a problem. Many victims of IPV internalize beliefs related to IPV that make it difficult to leave the abusive relationships. Some women believe that the abuse is a normal part of a relationship, whereas others excuse the abuser's behaviour (Barnett, 2001). These problems can be compounded by depression and low self-esteem felt by the victims (Barnett, 2001). Neighbours who are aware of IPV could act as supporters to help women address the abuse but, through inaction, may reinforce the perception that IPV is a normal part of a relationship.

Additional research suggests a causal link between neighbourhood attitudes towards women and IPV. A qualitative study of 37 urban and 24 rural women's experiences of IPV in neighbourhoods revealed seven key contributing factors: "(1) deterioration contributors, (2) negative social attributes, (3) violence attitudes and behaviors, (4) stabilization contributors, (5) neighborhood monitoring, (6) communication networks and (7) community enrichment resources" (Burke et al., 2006, p. 190). The third factor, violence attitudes and behaviors, includes macho attitudes about control, ignorance about IPV, and gossip, amongst its sub-components (Burke et al., 2006). These qualitative findings directly suggest neighbourhood attitudes are an important contributor to overall levels of neighbourhood violence.

Uthman et al. (2009) found a direct measure of the clustering of neighbourhood attitudes towards IPV in a study conducted in sub-Saharan Africa. Their research found that both individual factors and community dynamics influence attitudes towards IPV. Unexpectedly, in their findings, they also discovered women were more likely than men to justify IPV as acceptable behaviour. It is, therefore, possible that neighbourhood attitudes towards IPV work on two levels. First, they may make it less likely for bystanders to intervene in circumstances of IPV. Second, they may make it more likely for women involved in IPV to accept their situation and not seek to leave the relationship.

Concept Map: Social Disorganization Theory and Intimate Partner Violence

The concept map presented in Figure 1 carefully integrates the various elements of SDT reviewed above to help explain the spatial distribution of IPV. A concept map uses cross-links to show how different theoretical elements fit with one another to create an overall theoretical framework. The cross-links use single words and short phrases to explain how the subcomponents of a theory fit together (Novak & Cañas, 2008).

The concept map is uniquely divided into three sections which connect different elements of SDT to Concentrated Neighbourhood IPV. The clustering of IPV within neighbourhoods documented by numerous previous studies (Benson et al., 2003; Browning, 2002; Burke et al., 2006, 2006; Frye, 2007; Gracia & Herrero, 2007; Gracia et al., 2014; Kiss et al., 2012; Pinchevsky & Wright, 2012; St. Jean, 2007) can explain this concentration by connecting key elements of SDT to IPV.

The right-hand side of the concept map introduces the importance of the cultural transmission of values, originally used to explain how deviant values were passed along from older teenagers to younger youth (Shaw & McKay, 1942, 1969). In the context of IPV, the focus shifts from deviant values amongst youth to attitudes towards IPV, which connect directly to overall attitudes towards women in society.

In the concept map, a similar cycle to that found with youth is hypothesized to occur with respect to attitudes towards women. In this model, *Negative Individual Attitudes Towards Women* (specific boxes in the concept map are capitalized and italicized in the text to assist in finding them in the figure) create an environment, which leads to the clustering of *Negative Neighbourhood Attitudes Towards Women*. Individual attitudes contribute directly to individual incidents of *Intimate Partner Violence* (Flood & Pease, 2009). In addition, community attitudes that condone *Intimate Partner Violence* and support traditional gender stereotypes create an environment encouraging individual incidents of IPV (Flood & Pease, 2009). These factors thus work to create an environment where IPV clusters accumulate to create *Concentrated Neighbourhood Intimate Partner Violence*. Simultaneously, the presence of IPV in a home directly causes *Family Breakdown* thus increasing the number of *Single-Parent Families* within the neighbourhood.

The presence of *Single-Parent Families* moves to the middle of the proposed concept map. The presence of *Single-Parent Families* in a neighbourhood contributes to a *Low Family Income* for that family and, when concentrated, it creates a *Clustered Economic Disadvantage* (Benson et al., 2003). Facing a *Low Family Income* also reduces the mobility of families, making it
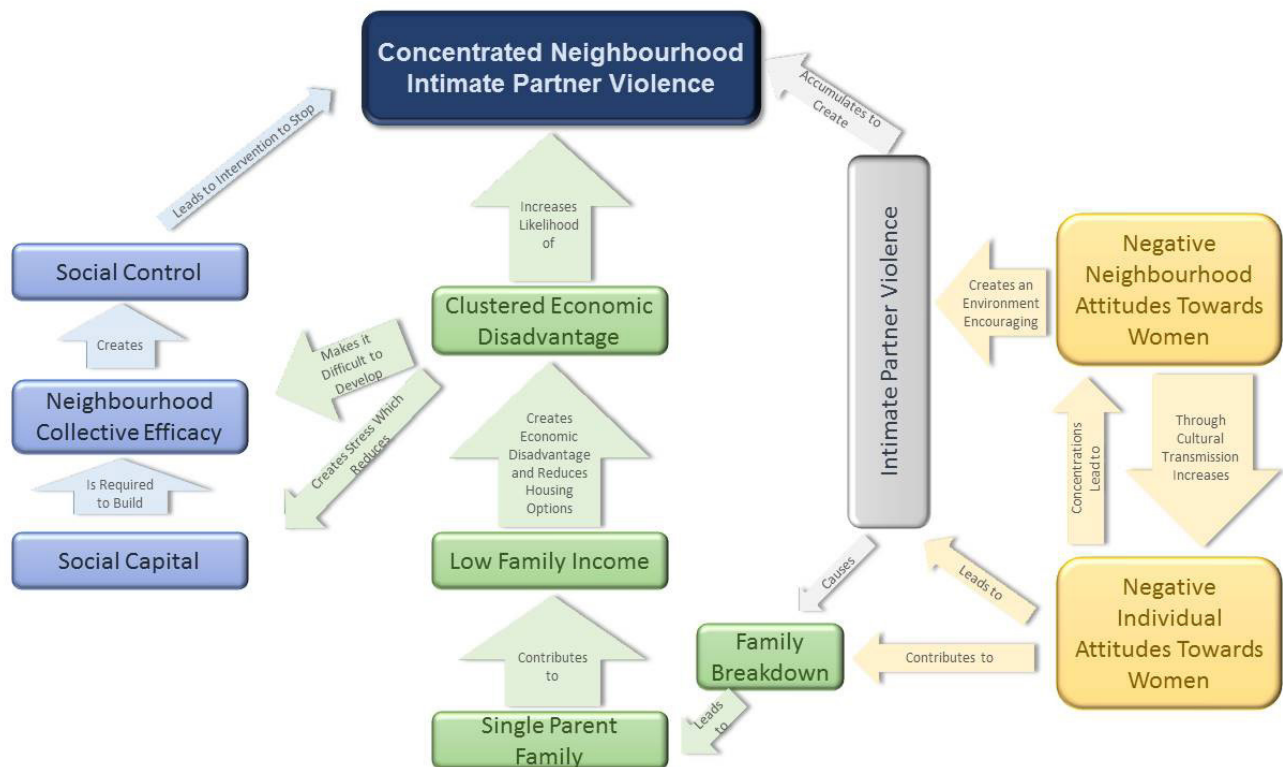

FIGURE 1 Social Disorganization Theory and Intimate Partner Violence.

less likely they will be able to leave a neighbourhood they find undesirable in some way. Collectively, this *Clustered Economic Disadvantage,* as predicted by SDT, leads to a concentration of IPV in the neighbourhood. This hypothesized relationship is consistent with existing research. Pinchevsky and Wright (2012) review a number of articles examining the connection between concentrated economic disadvantage and IPV, confirming that most studies find a positive relationship.

Concentrated economic disadvantage has also been connected to *Social Capital* and *Neighbourhood Collective Efficacy.* The *Clustered Economic Disadvantage* creates stresses in a community that erode *Social Capital* and in turn make it more difficult to develop a sense of *Neighbourhood Collective Efficacy* (Sampson et al., 1997). These connections to *Social Capital* and *Neighbourhood Collective Efficacy* move to the left side of the proposed concept map.

The left-hand side of the concept map begins with the concept of *Social Capital.* Putnam (1995) defines social capital as "features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit" (Putnam, 1995, p. 67). The connections between people facilitated through social capital are a necessary pre-condition for the development of collective efficacy within a community.

Neighbourhood Collective Efficacy, in turn, creates conditions where informal *Social Control* is exerted by residents in a neighbourhood. "Social control refers generally to the capacity of a group to regulate its members according to desired principles—to realize collective, as opposed to forced, goals" (Sampson et al., 1997, p. 918). In a community with a high level of collective efficacy, this informal social control should manifest itself through bystander interventions to reduce and address incidents of IPV. It also creates an environment where women are more likely to disclose IPV (Browning, 2002). The presence of *Neighbourhood Collective Efficacy,* therefore, can impact rates of neighbourhood IPV independent of economic circumstances. However, economic circumstances of a neighbourhood can erode levels of *Collective Efficacy,* thus inhibiting the potential impact of collective efficacy.

CONCLUSIONS

Social disorganization theory has made many important contributions to explaining the spatial distribution of crime and violence over the last 75 years. However, only recently have scholars begun to connect SDT and IPV. Many opportunities, therefore, still exist to elaborate on how SDT and IPV relate. The concept map presented here is meant as a starting point for additional analysis. However, existing research provides strong evidence that SDT can make a valuable contribution to explaining the concentration of neighbourhood IPV. The initial findings relating neighbourhood values and IPV are particularly promising, as they suggest potential opportunities to prevent and reduce IPV.

In particular, Shaw and McKay (1942, 1969) demonstrate how neighbourhood values are shaped amongst teenagers and young adults through the cultural transmission of values. The concept map presented here builds on this framework, demonstrating how negative attitudes towards women can be culturally transmitted and thus contribute to IPV. Indeed, the existing evidence supports the connection between the clustering of negative and problematic attitudes towards women and IPV in some neighbourhoods (Burke et al., 2006). If this relationship is indeed accurate, it suggests a promising avenue for interventions. Campaigns to change attitudes towards women and IPV in specific neighbourhoods could have a positive impact on rates of IPV. This idea, however, is built on suppositions and extrapolation, and the effectiveness of this approach will require additional testing.

Two priorities for testing seem paramount. First, this idea builds upon research showing that personal attitudes of individuals towards IPV can affect the likelihood that someone will intervene (Frye, 2007). In other words, individuals who view IPV as a serious problem are more likely to intervene than those who do not see it as an issue. If neighbourhood attitudes are changed, it is therefore assumed that more individuals will intervene to address IPV, a supposition that should be tested empirically. Secondly, the notion that improving neighbourhood attitudes towards women will lead to more interventions builds upon research showing that, in cases of sexual assault, men are more likely to intervene as bystanders if they believe other men are likely to intervene (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). Studies should explore the impact of creating cultural norms in neighbourhoods related to intervention when IPV is discovered by bystanders. Longitudinal survey research on attitudes towards women combined with police-reported crime data could directly address these research questions, possibly alongside an intervention to change attitudes towards women and IPV. Ultimately, the hope is to create neighbourhoods where addressing IPV is everyone's responsibility.

CONFLICT OF INTEREST DISCLOSURE
The authors have no conflicts of interest to declare.

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