A growing body of literature has now documented the prevalence and consequences of same-sex intimate partner violence (SSIPV). Studies generally show that the rates of SSIPV are comparable or slightly higher than that of heterosexuals, with annual rates of 25–50% of gays, lesbians, and bisexuals reporting some act of intimate violence perpetrated against them (Alexander 2002; Balsam, Rothblum, and Beauchaine 2005; Burke, Jordan, and Owen 2002; Dank et al. 2014; Jones and Raghavan 2012; McClennen 2005; Merrill 1996). Furthermore, like heterosexuals, studies show that victims of SSIPV face adverse health outcomes associated with their personal victimization, such as depression, mental health problems, drug and alcohol abuse, self-harming behaviors, physical health issues, and physiological stress (Belknap, Holsinger, and Little 2012; Koeppel and Bouffard 2014). Social support networks, financial well-being, and occupational functioning could also be damaged by acts of intimate violence. Clearly, the costs can be severe and last throughout a lifetime and, therefore, SSIPV is a significant issue worthy of empirical research deserving the same scholarly attention afforded to intimate partner violence (IPV) in heterosexual relationships.

Although current studies on SSIPV are necessary to understand the negative outcomes associated with this social issue, many of these studies are either not guided by any theoretical framework (e.g., Belknap, Holsinger, and Little 2012; Burke, Jordan, and Owen 2002; Dank et al. 2014; Greenwood et al. 2002; Messinger 2011; Merrill and Wolfe 2000; Waldner-Haugrud, Gratch, and Magruder 1997; Owen and Burke 2004) or only rely on various forms of social learning (i.e., witnessing violence at home) or sexual minority stress theories (e.g., Balsam, Rothblum, and Beauchaine 2005; Craft and Serovich 2005; Edwards and Sylaska 2013; Toro-Alfonso and RodríGuez-Madera 2004; Milletich et al. 2014; Lewis et