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The roles of Culture, Gender Norms and Sexual Orientation in Intimate Partner Violence:

Psychosocial Variables associated with IPV in a Portuguese sample

### Abstract

Intimate partner violence (IPV) has been recognized as a threat to the well-being of women and men in different-sex and same-sex relationships worldwide. Research on this topic has been increasing, but more information on the variables associated with IPV may improve responses to IPV prevention and intervention. With this study we aim to analyze the relationship between psychosocial variables and frequency of IPV, in potential male and female victims in different-sex and same-sex relationships. Three hundred and four participants (232 women - 76.3%; 72 men - 23.7%) were recruited via an online survey, and inquired on sociodemographic data, suffered violence using the Conflict Tactics Scale-2, and psychosocial variables (e.g. Familiar Isolation, Self-esteem, Self-blame, Dependence). Overall, higher frequency of violence was associated with higher family and social isolation for both female and male participants. For female participants, a model that considers both sociodemographic variables and psychosocial ones (e.g. social isolation, submission, dependence) best predicted frequency of experienced violence ( $R^2=33.1\%$ ). For males, only 3 psychosocial variables predicted experienced violence (e.g. social and familiar isolation, and submission), and retained more explicative power ( $R^2=41.3\%$ ). No significant differences were found in the victimization between victims in different-sex and same-sex relationships, but family isolation was higher in same-sex relationships. Our findings shed light on relevant variables and their potential contribution to explain frequency of violence among male and female participants, in different and same-sex relationships. Future prevention and treatment interventions could be improved taking into consideration the relevance of these variables.

*Keywords:* Intimate Partner Violence; Gender; Psychosocial determinants; Sexual orientation; Same-sex Intimate Partner Violence

**The roles of Culture, Gender Norms and Sexual Orientation in Intimate Partner Violence:  
Psychosocial Variables associated with IPV in a Portuguese sample**

Intimate Partner Violence (IPV) has been recognized as a serious threat to the psychological, physical and sexual well-being of people worldwide (WHO, 2017), and has been approached both as a major public health issue and a human rights violation. IPV refers to violence between two people involved in an intimate relationship (former or current partner), including acts of physical aggression, physical or sexual coercion, psychological abuse and controlling behaviors, independent of the sex of the victim and of the perpetrator, and relationship status (including common-law spouse, non-marital dating partners, or boyfriends/girlfriends, of the same or different sex) (Chang et al, 2005). Hence, it differs from other types of domestic abuse such as child abuse and elderly abuse. Several typologies and classifications have been suggested for IPV, which have been key in understanding both its complexities and its disparate causes, correlates, and consequences (Ali et al., 2016).

**IPV, Culture and Cultural Norms**

Current perspectives on IPV illustrate the complex realities that victimized women (and men) live in their partner relationships. These perspectives take into consideration the different factors that may contribute to the violence and its effects on individuals, such as physical and mental health sequelae. Noteworthy, IPV exists in all countries, cultures, and societies, with rates that vary widely across countries, suggesting cultural factors may play a role in IPV (Garcia-Moreno et al., 2006). A review of over 50 population-based studies in 35 countries before 1999 indicated that between 10% and 52% of women from around the world reported that they had been abused by an intimate partner at some point in their lives (Heise & Garcia-

Moreno, 2002). Most studies, however, have been conducted in Western societies. A more recent WHO multi-country study on women's health and domestic violence (Garcia-Moreno et al., 2006) identified a life-time prevalence of IPV from 15% to 71% among 10 non-Western countries (namely, Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania). In all, these findings have highlighted the importance of considering IPV within its cultural context, given that addressing IPV through an ecological perspective (Bronfenbrenner, 1979) can improve its identification, characterization, prevention, and intervention efforts. There is increasing acknowledgment of the role played by cultural factors in shaping a victim's experience of violence and abuse (Yoshioka & Choi, 2005), in that it involves both one's self-concept and worldview (e.g. collectivism or individualism; Do et al., 2013). For instance, in some cultures, verbal abuse may be perceived as less serious than in others (i.e. it may be more normalized). This may be due to the perception that it is a culturally accepted pattern of arguments between members of a couple in which violence may be bi-directional (conflict resolution strategies; Tjosvold & Sun, 2002). Despite the lack of data on the perceptions of different types of abuse, over the last 20 years, great strides have been undertaken in addressing IPV in Portugal (Cardoso & Ornelas, 2013), with a significant investment in the structure of the network and training of professionals. Legal innovation has also taken place in relation to gender-based violence, including violence in same-sex relationships and against trans and non-binary persons (Moleiro et al., 2016). These factors may influence IPV and its dynamics among women and men who live in Portugal and suffer with violence.

Gender role theories are among the different dimensions which have been fundamental in framing IPV, and gender roles are intrinsically culturally grounded. According to these theories,

men and women in society are traditionally expected to adopt rigid gender roles that can constrain their lives and mirror historical asymmetries of power between sexes (Brown, 2008). In the context of IPV, the literature indicates that adherence to more traditional gender roles is positively related to both men's and women's perpetration of violence in their relationships (Dardis et al., 2015). It has been suggested that perpetration of IPV serves to ensure a systematic pattern of dominance and control over the victim (Tjaden & Thoennes, 2000). In a traditional different-sex IPV situation, men who feel gender-role conflicts (i.e. not corresponding to social expectations about their role as men) may exert violence over their female partners in an attempt to resolve their internal conflict. This would further establish their role as dominant and resolve any potential threats to their masculinity (Reidy, Berke, Gentile & Zeichner, 2014). In Portugal, a great part of the development of discourse, knowledge and practice surrounding IPV emerged as a result of feminism, which in itself helped reshape gender norms, and pave the way for the recognition of many women who had been silenced in their victimization (Azambuja et al., 2013). Nevertheless, in Portugal the victimization of males in different-sex and same-sex relationships has been scarcely researched, which may mirror traditional perspectives about gender, victimization and in which relationships violence occurs (Machado, Hines et al., 2016). Moreover, the socialization of traditional gender roles specifically affects IPV in same-sex relationships as well, as it perpetuates sexist and heterosexist beliefs that can hinder the capacity of men and women in same-sex abusive relationships to recognize themselves as victims and to escape IPV (Brown, 2008). Additionally, literature highlights the potential role of minority stressors among LGBTI+ individuals, namely of internalized homophobia, stigma consciousness, lack of public *outness*, social constraints, felt discrimination and prejudice. These can hinder the abused individuals' capacity to act and seek help (Edwards et al., 2015, Longobardi & Badenes-

Ribera, 2017). Additional external barriers have been identified such as the lack of tailored services and sensitivity towards LGBTI+ issues in social and health service providers (Rollè et al., 2021), as well as being afraid that self-defense acts would be considered IPV perpetration (Edwards et al., 2015).

Besides its impact on an individual and interpersonal level, data collected in the United States posits that traditional gender roles can affect decision-making on a legal level in face of IPV (Stoever, 2019; Wasarhaley et al., 2017). Stakeholders in the legal system have been found to be biased towards downplaying violence perpetrated by men against their female partners, partially justifying men's actions in the social and cultural context the perpetrator and the victim live in (Stoever, 2019). Additionally, victims in same-sex relationships may not be recognized within the legal system as victims or even be confronted with biased heteronormative stereotypes about the role each partner has in the relationship and how this impacted violence perpetration and victimization (Wasarhaley et al., 2017; Brown, 2008). Lastly, the lack of efficacy in the responses of police force and legal systems in the context of IPV has been often highlighted, leading victims to feel that nothing may be accomplished after seeking help or moving forward with legal actions against the perpetrators (Jordan, 2004; Edwards et al., 2015). Even if police forces are involved, previous findings have suggested that they can hold biased beliefs about perpetrators and victims of violence (Russell, 2018; Oskarsson & Strand, 2021); as such police may be more likely to dismiss the severity of violence in same-sex relationships because the perpetrator and victim are of the same gender, and therefore does not have the traditional power differentiation between men who perpetrate violence against women. Portugal has made significant advances in the recognition of same-sex partnerships, civil marriage, and parenting rights, which have set the context for LGBTIQ+ individuals, within European countries.

Together with existing legislation aimed at gender-based violence, Portugal may have progressed on this issue over the last decades, but research on same-sex IPV is still scarce, and many improvements are still required to adequately serve and represent all those who suffer with IPV.

### **IPV, Sex and Gender**

Despite the wide range of different methodologies employed and populations studied, data concerning victimization markedly demonstrate higher victimization rates among women when compared with men (Hamberger & Larsen, 2015). Additionally, violence directed at women often results in more severe injuries, more negative emotional consequences and greater experiences of fear when compared with violence sustained by men (Hamberger & Larsen, 2015). Victimized women also seem to be the targets of sexual abuse at higher rates than victimized men, as found by researchers in the United States (Smith et al., 2018). Conversely, concerning perpetration, men seem to be more likely to initiate violence, recidivate as perpetrators, and enact more severe violent acts that lead to more severe health consequences (Chan, 2011; Larsen & Hamberger, 2015). Additionally, research suggests that men are more likely than women to be motivated by control when using violence. Women, on the other hand, are more likely to be motivated by self-defense or retaliation (Langhinrichsen-Rohling, McCullars & Misra, 2012). Furthermore, women who are victimized tend to seek help more often than victimized men (Liang et al., 2005). According to Chan (2011), women may tend to downplay their male partners' violence, engaging in internal discourses that frame violence as an expression of care. They may also express varying degrees of empathy with abusers depending on their psychological problems or substance abuse, which in turn may affect forgiveness of abuse (Tsang & Stanford, 2007). Self-esteem has also been posited as an important variable to consider, with women voicing the negative impacts of IPV on their sense of self-worth and the

great efforts that are required to build back their self-esteem after victimization (Matheson et al., 2015). Additionally, research points to the significant influence of emotional and economic dependence in the under-reporting of violence of American women (Parker et al., 2020). These patterns of response to violence may mirror the aforementioned socialization of traditional gender norms, which also have an impact on victimized men's health. Evidence suggests that holding more traditional gender beliefs may hinder informal and formal help-seeking behaviors by victimized men (McClennen et al., 2002).

### **IPV in Different-sex vs Same-sex relationships**

Literature that focuses on IPV experienced and perpetrated by lesbian, gay and bisexual (LGB) people remains scarce in comparison with heterosexual individuals and comprises about 3% of all research on IPV (Edwards et al., 2015). Research suggests that the prevalence of IPV victimization among LGB people seems to be comparable to or higher than among heterosexual individuals (Rollè et al., 2018; Laskey, 2021). Among LGB adults, a study revealed overall similar rates of any form of severe physical IPV in their lifetimes (49.3% of bisexual women, 29.4% of lesbian women, and 29.4% of gay men) when compared with heterosexual individuals (23.6% of heterosexual women, and 29% of heterosexual men) (Breiding et al., 2013).

Literature also suggests added difficulties when seeking help for men and women who are in same-sex relationships (Rollè et al., 2021). Research indicates that not only do they have to reveal their status as victims of violence, they also may have to disclose their sexual orientation and/or gender identity, something often described as the "Double Closet" (Edwards et al., 2015) which reflects the pressure for heteronormativity (Rollè et al., 2021). Inherently linked with this process are the perceptions of discrimination, facing homophobic attitudes, and anticipated stigma regarding seeking help which may hinder efforts to leave the abusive relationship

(Edwards et al., 2015; Winstead et al., 2021; Rollè et al., 2021). Additionally, literature indicates that the lack of tailored services for people in same-sex relationships who suffer IPV may pose a significant barrier to help-seeking (Laskey et al., 2021; Rollè et al., 2021). In summary, there are many specific factors that may play a role in IPV in different-sex and same-sex relationships. In the context of Portugal, the need to invest in research on their similarities and discrepancies has previously highlighted (Topa, 2010), and may contribute to a greater understanding of this phenomenon, which may be key in prevention and intervention tailored-efforts.

### **Purpose of the Present Study**

It is increasingly recognized that the knowledge of the variables associated with intimate partner violence could lead to significant advances in prevention and treatment (Cañete & Gil-Lacruz, 2017). However, little attention has been paid to them as a conjoint group of variables and within a cultural lens. In addition, few have analyzed the role of sex of victim and type of relationship (different- or same-sex). More data on these variables may contribute to efforts such as tailored campaigns toward prevention that may consider disparate variables and interventions for women and men as victims, and for different- and same-sex relationship IPV (Reis, Arriaga, Moleiro & Hospital, 2020). Thus, our objective was to analyze the relationship between psychosocial variables and the incidence of different levels of severity of IPV. Additionally, we aimed to do so considering a sample of possibly victimized women and men, in either different- or same-sex relationships, within the Portuguese context (characterized by collectivistic values and relatively conservative gender norms, on average; as opposed to those contexts marked by more individualistic and liberal principals). Thus, we will analyze possible gender differences on the psychosocial variables as a function of victimization severity and explore possible differences as a function of the victims' partner's sex. Exploring these relationships in the

Portuguese context is essential given that, despite its legal advances, gender-based violence, and domestic violence in particular, is still recognized as a relevant social and public health issue; and considerable efforts are still needed to identify psychosocial variables that could improve prevention and intervention strategies.

### **Method**

The procedure that has been used aims to capture the heterogeneity of people who suffer violence from their intimate partner, contemplating IPV as a continuum. Participants were invited to fill out the survey if they were residents in Portugal and were 18 years old or older, independent of their sex and sexual orientation, and of their prior experiences of violence.

### **Sample**

The questionnaire was completed by 304 participants, of which 232 were women (76.3%) and 72 were men (23.7%). Among the group of women, 193 stated that they were in different-sex partnerships (83.2%) and 35 in same-sex partnerships (15.1%). Among males, 43 declared to be in different-sex partnerships (59.7%), while 29 were in same-sex partnerships (40.3%). The age of participants ranged between 18 to 65 years, with a mean of 31.6 years ( $SD = 11.2$ ). Additionally, 67.8% of the participants were in the range of 20 to 34 years. Practically all the participants (96.7%) reported Portugal as their place of birth. The duration of the relationship with the violent partner had an average of 3.9 years ( $SD = 2.4$ ) and 29.2% of these people cohabited with their aggressor at the time of data collection (34.8% in different-sex couples and 15.4% in same sex-couples).

All the participants completed the section on sociodemographic variables and the section on psychosocial variables, but 9 answered that they had never had a partner and therefore did not answer the items related to violence suffered in a relationship.

## **Instruments**

The protocol for this study was made up of three questionnaires previously used in other investigations (Cañete-Lairla & Gil-Lacruz, 2017):

**Sociodemographic variables.** sex, age, place of birth, length of relationship with partner, current cohabitation with partner, extent of time during the relationship in which violence occurred, and type of abuse or violence. In this section, three new items have been added: number of children, education level and sex of the partner. All of these measures were composed solely of a single item, and offered multiple choice or freeform data entry, when applicable.

### **Variables related to suffered violence, an adapted form of the Revised Conflict**

**Tactics Scale (CTS-2; Straus et al., 1996).** The CTS-2 aims to assess the nature and frequency of conflict management tactics employed by members of an intimate relationship. This questionnaire uses Likert-type scales and is composed of 39 items that measure the perpetration of violence by the participant, and 39 items that refer to their own victimization by his/her partner in their relationship, ranging in severity of the consequences for the target of violence. For any of the total of 78 items listed, participants indicate how frequently they had experienced and/or inflicted that said behavior in a referred time period (e.g. “last year”). The response options are 1 = Once; 2 = Twice; 3 = 3-5 times; 4 = 6-10 times; 5 = 11-20 times; 6 => 20 times; 7 = not in referent period but happened before; 0 = never. In order to obtain a measure of frequency, the scores can be recoded using the mid-points of items and added. It contains 5 dimensions: Psychological Aggression, Physical Assault, Sexual Coercion, Injury and Negotiation. For the purposes of this study, we have considered all dimensions except for

Negotiation. A previous review of the CTS-2 revealed that it remains a reliable and valid instrument in this field (Chapman & Gillespie, 2019).

**Psychosocial variables.** Familiar Isolation (2 items), Social Isolation (2 items), Self-esteem (4 items), Self-blame (2 items), Dependence (4 items), Empathy (4 items) and Submission (5 items). The internal consistency of this scale was high, with a high construct validity, having demonstrated its effectiveness in different investigations in this field (Cañete, 2014; Cañete-Lairla & Gil-Lacruz, 2017).

### **Procedure**

This study followed the first author's host institution Ethics orientations, namely, all procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants being included in the study. Questionnaires were completed online using google forms. Dissemination and recruitment were conducted through social media as well as with the support of key national public organisms and NGO's working in the domain of IPV in Portugal (i.e. Commission for Citizenship and Equality, ILGA Portugal). Data collection was carried out between July 2017 and the end of the academic year 2017-2018. The decision to continue recruitment after the end of 2017 was made given the small sample size obtained at the time. The final database was analyzed in the fall 2018. All participants were of legal age and were adequately informed of the anonymity and confidentiality of the data, as well as their free participation. Data collection was carried out without manipulation of the variables. The data concerning participants' behaviors, psychosocial and personal attributes or characteristics of personality functioning, and violence in the relationship with their partner were registered at the

time they answered the questionnaire, and in the last year of the relationship. Therefore, it is an ex-post facto design, and we have considered two types of statistical analysis.

### **Data analysis**

Firstly, we conducted a descriptive-inferential analysis of the variables under study, in which the central tendency and variability indices aim to find differences between the means of the variables of importance based on the established groups. Secondly, through regression analysis, we considered the violence suffered as a dependent variable and the sociodemographic and psychosocial variables as independent variables. With this last type of analysis, the aim was to find the variables that could be involved in the phenomenon of violence, both in the sample as a whole and separated by gender, as well as depending on the sex of the partner. The study design does not allow finding cause-effect relationships, but simply finding out which variables of violence are associated with psychosocial and sociodemographic variables and the direction of this association. Data treatment made use of IBM SPSS (Statistical Package for Social Science) version 24.

## **Results**

### **Descriptive results for global sample**

A total of 208 participants (68.4%) stated that they were / had not been targets of violence or abuse by an intimate partner. Psychological abuse was identified by 60 participants (19.7%), whereas physical abuse was self-reported by 4 (1.3%) and psychological and physical abuse by 32 participants (10.5%). There were no significant differences between men and women for the type of abuse ( $\chi^2 = 3.017$ ,  $p > .05$ ).

Significant differences were explored in the psychosocial variables depending on the level of violence suffered (CTS-2 scale) in the complete sample, establishing three comparison

groups. To form the groups, the global score in violence was taken into account, obtained in turn as the average of the values of the different subscales of violence. The range of the resulting scale was 0 to 6. The cut-off points for the three categories were Null: 0, less frequent and/or less severe: greater than 0 but lower than 3; and more frequent and/or more severe: 3 to 6.

The statistical analysis used was the General Linear Model (GLM) to identify intergroup differences in the psychosocial variables and estimates of observed power for each variable. This test was based on the linearly independent pairwise comparisons among the estimated marginal means. The results are presented in Table 1.

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Insert table 1  
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There were significant intergroup differences in Familiar Isolation, Social Isolation, Self-blame and Dependence. The values of the means indicated that the higher the level of violence suffered, the greater the family isolation and social isolation. On the contrary, the higher the level of violence suffered, the less self-blame and dependence. However, these differences did not occur between all the established groups. The analysis of the pairwise comparisons indicated the pairs of groups among which there were differences, as indicated in Table 2.

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The group with more severe violence reported a family isolation value significantly higher than the null group, and also a social isolation value higher than the null and less severe violence groups. In addition, the most severe violence group had a self-blame value lower than the null and less severe violence groups. It was also lower than the null group on dependence.

### **Analysis by Gender**

To identify the predictors of the experience of violence for each gender, a hierarchical regression analysis was carried out for each of the gender groups. The first block was formed by the sociodemographic variables and the second by the psychosocial variables (see Table 3). The dependent variable was the average in global violence obtained from the average of the subscales of the CTS-2 scale. The Stepwise regression method was used starting with the block of sociodemographic variables and continuing through the block of psychosocial variables. This method avoids the problem of multicollinearity in the regression equations since it does not introduce redundant variables that could be correlated with those already introduced in previous steps.

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Insert table 3  
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For female participants, all the sociodemographic variables were significant (Number of children, Age and Education Level in that order) and jointly explained 14.6% of the variability of violence. Five of the seven psychosocial variables were also significant (Social Isolation, Submission, Dependence, Self-blame and Familiar Isolation also in that order), jointly explaining, these and the previous ones, 33.1% of the variability of violence (see Table 4). Number of children, Social Isolation and Familiar Isolation were positively associated with the violence suffered and the rest of the variables did so in a negative way.

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For male participants, none of the sociodemographic variables were entered as they were non-significant. Only three of the psychosocial variables (Social Isolation, Familiar Isolation and Submission) were significant. Nonetheless, with only these three variables, 41.3% of the variability of the violence suffered was explained (see Table 5).

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### **Analysis by partner's sex**

Significant differences were firstly tested between people with a same-sex partner and with a different-sex partner. Regarding sociodemographic variables, education level was found to be higher in same-sex couples in this sample ( $t = -4.83$ ;  $p < .001$ ) and Number of children was higher in different-sex couples ( $t = 2.90$ ;  $p = .004$ ), with an average of 0.49 (SD = 0.78) compared to 0.23 (SD = 0.58) for same-sex couples. There was no difference between the means of the scores in any of the four types of violence on the CTS scale, nor in the global measure of violence. The differences found in the psychosocial variables were few and are presented in Table 6 along with Cohen's d statistic.

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Insert table 5  
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Family isolation and self-esteem were higher in same-sex couples, whereas empathy was found to be higher in different-sex couples in this sample. There were no more significant differences. The regression analysis included only the self-blame variable to explain violence in same-sex couples with a correlation coefficient ( $r = -.254$ ;  $p = .045$ ), indicating that the greater the self-blame, the lower the level of violence in these couples.

## Discussion

The present study aimed to better understand the relationship between psychosocial variables and different frequency levels of violence that were reported in different-sex and same-sex relationships, considering a culturally specific approach. Investigating these variables may be key to comprehend this phenomenon given their recognized importance (Cañete & Gil-Lacruz, 2017).

In what concerns the differences on the psychosocial variables as a function of frequency of violence in the global sample, our results suggest that the higher the frequency of violence suffered, the higher the levels of Familiar and Social Isolation. For once, these findings can possibly be explained by the type of violence exerted over the victim, namely psychological manipulation that aims to distance the victim from those around him/her. Alternatively, the victim's own feelings of shame and intentions could shield his/her family from additional undesired conflict. Given that significant differences were only found between the groups with null and highest severity of violence, one assumption could be linked to the suggestion that violence tends to escalate over time (Ali et al., 2016). In this sense, as frequency of violence increases, severity of abuse increases as well, namely physical injuries that could potentially leave marks on the victim harder to conceal. This in turn may lead victims to feel shame and avoid disclosure to their families for fearing social repercussions (Kennedy & Prock, 2018). In turn, this may also suggest that less frequent abuse, that can include psychological and emotional abuse, may go unnoticed from those surrounding the victim for longer periods of time. The significant differences between the groups on Social Isolation may suggest that IPV may generally lead to isolation of the victim from his/her social context (Ali et al., 2016). This would happen independently of frequency and forms of abuse (such as psychological and emotional

abuse), and could likely increase over time. Our results also indicated that higher levels of violence were related to lower levels of Self-blame and Dependence. Previous research in different communities (e.g. college students, migrants, older women) has suggested that victims of violence voice feelings of self-blame when in a situation of victimization, with sexual IPV suggested to be particularly related to these feelings (Kennedy & Prock, 2018). Nevertheless, Miller and Porter (1983) have suggested that self-attributed blame may shift over time (e.g. more self-blame in the first instances of the abuse that diminish as severity increases). Conversely, Cascardi and O'Leary (1992) found that self-blame was not associated with frequency and severity of physical aggressions. The former findings are in line with our results, but future research may address the different ways in which self-blame and violence frequency and severity are associated, and how this association may shift over time and circumstances.

Our analysis of the differences on victimization frequency by gender have also highlighted important distinctions. In line with our findings for female participants, previous research has shown that an increased number of children and lower educational level (Ruiz-Pérez et al., 2006) were significantly associated with increased IPV victimization. Our results on the association between age and violence are also in line with the findings by Walton et al. (2009), given that in our sample women who were older were more likely to suffer violence less frequently. This could be due to different conflict tactics that arose as the abuse endured, but we highlight the need for more research on this topic and its potential explicative factors. Furthermore, the addition of Social and Familiar Isolation, Submission, Dependence and Self-blame significantly increased the model's explicative power and were negatively associated with severity of violence. As aforementioned, these findings may mirror Miller and Porter's (1983) suggestions regarding how dependency and self-blaming among women could possibly decrease

as exposure to abuse increases. Finally, it is also worth adding that women who are the target of violence inflicted by other women may be at a particular complex position as they may experience triple invisibility and discrimination, namely, as women, as lesbian or bisexual women, and as victims of intimate partner violence (Moleiro et al, 2016).

The results pertaining to our male sample suggest that Social Isolation, Familiar Isolation and Submission play a role in explaining the violence suffered. Men who are victimized in their intimate relationships can face specific victimization and help-seeking processes and tend to underreport their victimization due to anticipation of stigma and discrimination (Carmo et al., 2011). Literature on IPV dynamics suggests that self-isolation is one of the coping strategies victimized men often use, and that family members are among the informal sources of help they seek (Machado, Santos et al., 2016). Despite this, victimized men seek informal help sources at a lower rate when compared with victimized women (Coker et al., 2002). Our results indicate that the greater the violence suffered, the higher the isolation and submission of these men, mirroring previously discussed findings from the United States and Portugal on how victims may avoid exposing their situation in their social contexts due to anticipated stigma (Kennedy & Prock, 2018; Machado, Santos et al., 2016). This can be additionally pertinent to victimized men as their situation may not be as culturally accepted as when women are victimized (Machado, Hines et al., 2016). Through a gender role perspective, they are not conforming to the traditional gender role they are supposed to perform, and this in turn hinders help-seeking (Machado, Santos et al., 2016). Previous research has also suggested that as IPV severity increases, self-advocacy behaviors increase (Straus et al., 2009), which may contrast with our findings on Submission, but could be partially explained by how victimization impacts the victims' perceptions of their own autonomy.

With this study we also aimed to understand potential differences between the victims in different-sex and same-sex relationships. As Portugal is one of the European countries with a legal framework of equality between different- and same-sex couples (recognition, marriage, parenthood), it allowed for a comparison of the experiences of both types of couples. Our results highlight that, overall, violence frequency and severity seem to be comparable among both. These results are in line with the literature on victimization prevalence and violence severity in same-sex relationships that point to comparable rates to different-sex relationships (Rollè et al., 2018). Nevertheless, it should be noted that victims in same-sex couples may face specific minority stressors (e.g. anticipated stigma, discrimination, internalized homonegativity) that add to the existing conflicts inherent to IPV and could severely impact the victim's well-being (Edwards et al., 2015). In other words, while rates may be similar, processes that are involved both in the experiences of violence (victimization and perpetration) and help-seeking behaviors may be very distinct between different-sex and same-sex couples. An example may be the different psychosocial variables involved. On the one hand, our results regarding higher levels of self-esteem may derive from adaptive internal coping strategies developed by LGBTI+ people over the course of their lifetimes to deal with the additional stressors they face in society. Nevertheless, previous research points to lower self-esteem in LGB individuals when compared with heterosexuals (Hatzenbuehler, 2009), and associations of victimization with lower self-esteem (Richards et al., 2003). Further research could clarify the relationship between victimization and the victim's self-esteem, and what factors contribute to its maintenance over the course of victimization. On the other hand, the higher levels of family isolation in same-sex couples may derive from the aforementioned additional pressures LGBTI+ people face, and how family support is often not guaranteed due to prejudice and discrimination (Moleiro et al., 2016).

Despite the fact that Portugal has adopted inclusive policies towards LGBTI+ people over the last years, homophobia, biphobia and transphobia are still prevalent in its society, and this has been shown to impact the well-being of LGBTI+ people (European Union Agency for Fundamental Rights Agency, 2020). Self-blame was also the only variable found to contribute to explain violence severity in same-sex couples, with higher levels of victimization associated with lower levels of self-blame. To the best of our knowledge there is no research that aimed to assess how self-blame relates to IPV in same-sex relationships, but our novel findings may point towards a possible adaptive coping mechanism developed by LGBTI+ individuals over their lifetimes as they faced prejudice and discrimination. During this process, LGBTI+ individuals may have eroded feelings of internalized homonegativity and understood that blame for this discrimination was not due to their sexual orientation and/or gender identity, but due to external factors such as prejudice and discrimination. This mechanism could be extrapolated to the processes of victimization, but these assumptions have yet to be confirmed. Additionally, our findings may be partially explained by the considerations provided by Miller and Porter (1983), possibly suggesting that violence frequency and severity allowed victims to clearly attribute the blame on the aggressor and not on themselves as the victimization process evolves over time.

### **Limitations and Future Research**

Despite its contributions, different limitations must be considered when interpreting the findings of this study. As stated previously, one of the limitations of our study is the inability to establish causal relationships between the variables. Future studies could tackle this limitation with different designs and could include other relevant variables in the IPV context such as substance abuse. Furthermore, the sex distribution and couple compositions in our sample could be more balanced, and access to a broader and more diverse sample could potentially provide

more powerful and detailed analyses. In line with this, future studies should measure participants' gender identity to provide a more comprehensive view of the violence suffered by cisgender and transgender people, as well as measure ethnicity and migration backgrounds. Additionally, measuring victimization in a continuum may yield important insights about the experiences of victims of IPV that were not attained using our approach to compute it as a discrete variable. Conducting data collection online and with exclusively self-report measures does not allow for the control of different confounding variables; and the use of some single-item measures recognizably also pose limitations. Nevertheless, given the sensitive nature of the topics under study, this approach was used in order to ensure access to a larger sample and not compromise the well-being of the participants. Future research may benefit from the inclusion of measures of social desirability and serial response bias, as well as multiple-item measures, to improve on our approach.

### **Implications and Applications**

Our results may provide important information for clinical practitioners in this field, highlighting variables that should be taken into consideration in the prevention and treatment of IPV.

Practitioners working in intercultural contexts should take note that IPV encompasses distinct causes, correlates, and consequences in diverse cultural milieus (Ali et al., 2016). This implies not only that rates of IPV vary in cultural groups and societies, but also that cultural factors may play a role in IPV (Garcia-Moreno et al., 2006) and should be taken into consideration when intervention efforts are designed in order to contribute to significant advances in prevention and treatment (Cañete & Gil-Lacruz, 2017). Furthermore, as for policy-makers and public-health stakeholders, tailored campaigns toward prevention and increasing

help-seeking behaviors among IPV victims (such as reaching out to helplines) that may need to consider culture, gender and sexual orientation (Reis, Arriaga, Moleiro & Hospital, 2020).

### **Conclusions**

In conclusion, our findings provide novel contributions in the field of IPV, by assessing specific differences between genders and type of relationship through a culturally specific lens. Additionally, we have shed light on how different psychosocial variables may be related and potentially explain the frequency of violence experienced in different-sex and same-sex relationships. Interventions and practices may benefit from the insights provided and future research on this field may benefit from using a larger and more diverse sample, as well as using measures of social desirability.

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