

Proceeding Paper

# The Link between Intimate Partner Violence, Outness and Internalized Homophobia in an LGBT+ Sample <sup>†</sup>

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**Abstract:** Intimate Partner Violence can affect the LGBT+ population with the same prevalence as their heterosexual peers. This study explored how outness and internalized homophobia in the LGBT+ population correlate with intimate partner violence. The Internalized Homophobia Scale, the Conflict Tactics Scale 2 and the Outness Inventory were applied to 48 gay, lesbian, and bisexual men, women and non-binary participants. Higher levels of outness were positively correlated with internalized homophobia and sexual coercion. Higher levels of internalized homophobia were negatively correlated with victimization in negotiations with a partner.

**Keywords:** LGBT+; homosexuality; intimate partner violence

## 1. Introduction

Intimate partner violence (IPV) is a prevalent issue affecting many romantic couples worldwide, regardless of gender or sexuality [1]. Most reported cases of IPV are among heterosexual couples, typically with a woman as the victim and a man as an offender [2,3]. Nevertheless, IPV can exist in the gay, lesbian, and bisexual populations in similar prevalence and violence typology compared to their heterosexual counterparts [4]. When trying to find an explanation for causes or links to IPV in same-gender couples, there are two unique variables in the research: internalized homophobia, and outness.

Outness is the comfort level the individual feels in publicly assuming their same-gender attraction, their bisexuality or homosexuality, and being “out” to friends, family, strangers, and peers [5]. Internalized homophobia is a gay, lesbian, or bisexual person’s negative and internalized feelings regarding their sexuality or just gay, lesbian, or bisexuality in their peers, and feelings of shame to be attracted to the same gender or being disgusted by gayness, lesbianism, and bisexuality [6]. Results indicate that internalized homophobia is linked to IPV in LGBT+ couples, affects IPV experiences, and may be a predictor of IPV in these relationships [7]. Studies show that higher levels of outness are linked to lower stress levels and better self-esteem, and can cause positive emotions, reducing IPV [8].

Research also shows that higher internalized homophobia, which includes feelings of low self-esteem and sexuality acceptance, leads to lower levels of outness and decreased probability for an individual to “come out,” as well as the reverse, in which individuals who are more “out” are likely to experience low levels of internalized homophobia [9].

This study aims to verify the relationship between outness, internalized homophobia, and IPV among LGBT+ couples. Furthering the research on this topic and the correlation between these two variables (outness and internalized homophobia) will provide a better understanding of the more unique and exclusive characteristics of intimate partner violence in LGBT+ couples and, therefore, also provide more knowledge for professionals to build



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better resources that are designed to help LGBT+ individuals who suffer from this specific type of violence.

In this study, we expect to find positive correlations between internalized homophobia and intimate partner violence and negative correlations between IPV and outness. We also expect to find positive correlations between internalized homophobia and outness.

## 2. Materials and Methods

This study comprised 48 LGBT+ adult individuals (39.6% men, 48.8% women, and 16.7% non-binary). A total of 43.8% identified as bisexual or attracted to all genders, while 56.25% identified as homosexual. An amount of 87.5% of participants were aged 18 to 30, and only 12.5% were over 31. Data were collected by sharing online links via Google Forms on LGBT+ groups and communities within several social media websites (such as Instagram, Facebook, and Twitter) using the following: a sociodemographic questionnaire; the Outness Inventory [10], which includes 3 factors (outness to family members, outness when presenting themselves to the world around them and outness to their religious community); the Internalized Homophobia Scale [11], which includes 2 factors (internal factor regarding person's sexuality, and external factor regarding how other people's sexuality is perceived); and the Conflict Tactics Scale 2 [12], which includes 5 factors (negotiation, psychological aggression, physical abuse without injury, physical abuse with injury and sexual coercion). Each factor is separately evaluated for levels of perpetration, as well as levels of victimization.

Informed consent for this study was requested on the online form's first page before submitting these data. No identifiable data were collected. Data were analyzed using IBM SPSS (Statistical Package for Social Sciences) version 27.

## 3. Results and Discussion

Participants showed above-middle score levels of outness around the middle scores of the scale (around 35), with a total mean score of 35.104 ( $SD = 13.178$ ). For the Internalized Homophobia Scale, participants showed high levels [10], with a total mean score of 122.083 ( $SD = 13.733$ ). The mean for the scores of "Perpetration" was 69.333 ( $SD = 49.133$ ), and for the scores of "Victimization", it was 64 ( $SD = 49.310$ ) in the Conflict Tactics Scale 2 (CTS2).

Regarding the Conflict Tactics Scale 2, we found significant positive correlations between "Negotiation (aggressor)" and "Negotiation (victim)" ( $r = 0.801$ ;  $p = 0.01$ ), between "Negotiation (aggression)" and "Physical aggression with injury (victim)" ( $r = 0.288$ ;  $p = 0.047$ ), and between "Negotiation (aggression)" and "Victimization Total" score ( $r = 0.772$ ;  $p = 0.01$ ), between "Negotiation (victim)" and "Aggression Total" score ( $r = 0.768$ ;  $p = 0.01$ ), between "Psychological aggression (aggressor)" and "Psychological aggression (victim)" ( $r = 0.743$ ;  $p = 0.01$ ) and between "Psychological aggression (aggressor)" and "Victimization total" score ( $r = 0.460$ ;  $p = 0.001$ ). We found positive correlations between "Psychological aggression (victim)" and "Aggression Total" score ( $r = 0.385$ ;  $p = 0.007$ ), between "Physical aggression without injury (aggressor)" and "Physical aggression without injury (victim)" ( $r = 0.593$ ;  $p = 0.01$ ), between "Physical aggression without injury (aggressor)" and "Physical aggression with injury (victim)" ( $r = 0.492$ ;  $p = 0.01$ ) and between "Physical aggression without injury (aggressor)" and "Victimization Total score" ( $r = 0.335$ ;  $p = 0.020$ ). We found significant positive correlations between "Physical aggression without injury (victim)" and "Physical aggression with injury (aggressor)" ( $r = 0.524$ ;  $p = 0.01$ ), between "Sexual coercion (aggressor)" and "Sexual coercion (victim)" ( $r = 0.481$ ;  $p = 0.001$ ), between "Physical aggression with injury (victim)" and total aggression scores ( $r = 0.317$ ;  $p = 0.028$ ), between "Physical aggression with injury (aggressor)" and "Victimization Total" score ( $r = 0.307$ ;  $p = 0.034$ ), and between the "Aggression Total" score and "Victimization Total" score ( $r = 0.841$ ;  $p = 0.01$ ).

We found significant positive correlations between "Out to world" and "Sexual coercion (aggressor)" ( $r = 0.454$ ;  $p = 0.001$ ) and between "Out to world" and the "External" factor of the Internalized Homophobia Scale ( $r = 0.344$ ;  $p = 0.017$ ). We also verified significant positive correlations between the Outness Inventory total scores and the "Sexual

Coercion (aggressor)" ( $r = 0.390$ ;  $p = 0.006$ ). Results show significant negative correlations between the "External" factor of the Internalized Homophobia Scale and "Negotiation (victim)" ( $r = -0.341$ ;  $p = 0.018$ ). In this sense, higher levels of outness or openness about one's sexuality to the rest of the world correlate with high levels of "External" internalized homophobia (such as negative feelings regarding sexuality and same-gender attraction of lesbian, gay, or bisexual peers). Results also indicate that outness to the world, in general, correlates with perpetrating more acts of sexual coercion upon a partner. Lastly, higher "External" internalized homophobia was negatively correlated with victimization during negotiations with a partner; so, higher levels of this type of internalized homophobia correlate with lower levels of victimization during this type of conflict, and vice versa.

Regarding the correlation between outness and internalized homophobia, a positive correlation was found between outness and the external factor of internalized homophobia. This contradicts the literature since it was expected to find negative correlations between the two variables [9].

Results showed that higher levels of outness lead to higher levels of IPV, which contradicted the literature as it was expected to find that higher levels of outness lead to more positive feelings and well-being, which could potentially lead to decreased levels of violence. In comparison, lower levels of outness, lower levels of comfort with one's sexuality, and more negative feelings could potentially lead to increased levels of violence [8].

Results also found no significant correlations between internalized homophobia and most of the CTS2's factors, which measure the types and prevalence of intimate partner violence. While expectations were to find that higher levels of internalized homophobia and negative feelings regarding one's sexuality (such as anger and shame) correlate with higher levels of violence [7], no such results were found. This could be because a bigger sample of IPV victims and perpetrators would be needed for more accurate statistical results, or it could be due to the complexity of LGBT+ issues, as there are still many characteristics and experiences of this population that need to be explored in the literature for a better understanding of social issues such as IPV within the LGBT+ community [13].

We recommend that future studies use a large and diverse LGBT+ sample that includes more LGBT+ individuals with IPV experiences. This could provide a more accurate statistical analysis, expanding on the current study and potentially explaining some of our results that were inconsistent with the literature. To add to this, and although not the focus of this study, a few participants left ending comments on how they had experienced IPV not with partners of the same gender but instead with partners of the opposite gender in the past. In this sense, it could be relevant for future studies to explore the LGBT+ experience of IPV with partners of the opposite gender, which was not explored in this study. The quality of information about these types of intimate partner violence can also be enhanced using qualitative approaches, such as individual interviews.

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