#### **ORIGINAL ARTICLE**



# Minority Stressors and Attitudes Toward Intimate Partner Violence Among Lesbian and Gay Individuals

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#### Abstract

Sexual minority individuals experience more intimate partner violence (IPV) than those in heterosexual relationships. Issues of mistrust, stigma, and anticipation of abuse contribute to these rates. Lesbian and gay IPV victims have distinct experiences from their abuses with exposure to homophobia, heterosexism, discrimination, and threats of sexual disclosure, among others. These unique and additive minority stressors can lead to adverse health concerns, increase vulnerability to victimization, and elevate abuse perpetration. This study aimed to investigate whether experiences of minority stressors are associated with attitudes toward intimate partner violence among a sample of 240 lesbian and gay Filipinos (155 lesbian and 85 gay participants) aged 20 to 40. Through convenience sampling, lesbian and gay Filipinos completed the Sexual Minority Stress Scale (SMSS) and Intimate Partner Violence Attitude Scale-Revised (IPVAS-Revised). Comparing the minority stressors levels among the participants, lesbians expressed higher expectations of rejection, while gay men experienced more sexual minority adverse events. Lesbians also reported higher satisfaction with outness. Regarding IPV, gay men expressed slightly more favorable attitudes toward abuse, which could make them at risk of becoming victims or perpetrators. Internalized homophobia was associated with more favorable attitudes toward abuse and control, indicating its contribution to more favorable IPV attitudes, although the explanatory power was modest.

Keywords gay · lesbian · minority stressors · intimate partner violence · attitudes

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# Introduction

Intimate Partner Violence (IPV) cases continue to increase yearly (Centers for Disease Control and Prevention, 2020). On average, one in nine men and one in four women experience IPV, including physical, sexual, psychological, and economic violence, as well as stalking (Huecker et al., 2021). The same study revealed that IPV accounted for 15% of all violent crimes recorded. In the Philippines, one in four Filipino women aged 15 to 49 has experienced abuse from their partner or husband (Philippine Statistics Authority, 2018), while 12 to 15 Filipino men out of every 100 couples have experienced it (Khidhir, 2020). As COVID-19 continues, the reports on IPV among Filipinos tripled, becoming the pandemic's silent consequence (Galang, 2021). Lockdown implementation, strict stay-at-home orders, curfew, lack of public transportation, and other measures to curb the virus significantly restricted a person's opportunity to seek help.

#### The Forms of Intimate Partner Violence

According to the Centers for Disease Control and Prevention [CDC] (2020), Intimate Partner Violence (IPV) behaviors include (a) physical violence, the intended use of physical force toward a partner that might result in injury, harm, or even death (Ali et al., 2016), (b) sexual violence, any sexual act a partner attempted or committed without the victim's consent or someone unable to respond to the advances (Breiding et al., 2015) that also includes physically coercing a partner to have sexual intercourse, humiliating a partner through sexual acts, and harming them during sex (Ali et al., 2016), (c) stalking, behavior that depicts a pattern of repeated unwanted attention and contact from another person, resulting in concern for the victim's safety (Breiding et al., 2015) and (d) psychological aggression, usage non-verbal and verbal communication against a victim that can hurt them emotionally and mentally (Postmus et al., 2018). Other IPV dimensions include financial, economic, social, and spiritual abuse (Hegarty et al., 1999; Dehan& Levi, 2009; Postmus et al., 2018), but these are not as established as those mentioned by the CDC.

IPV is a worldwide concern initially thought of as an issue that only exists in heteronormative relationships, but it happens in all kinds of relationships, including queerness (Harden et al., 2020). Sexual minorities experience IPV at higher rates than those in heterosexual relationships, and mistrust, stigma, and anticipation of abuse contribute to these rates (Russell & Sturgeon, 2018). Sexual minorities refer to individuals with gender identities, sexual orientations, and gender expressions that differ from most cultural norms and are usually composed of but not limited to lesbian, gay, bisexual, and transgender (LGBT) individuals (Cochat Costa Rodrigues et al., 2017).

LGBT IPV victims have distinct experiences from their abusers compared with their heterosexual counterparts, as they also encounter homophobia, heterosexism, transphobia, and threats to disclose sexuality, among others (Russell & Sturgeon, 2018). In his Minority Stress Model, Ilan Meyer (2015) proposed that the unique stressors experienced by sexual minorities are multiple and additive. Their stress is excessive because of prejudice, stigma, and discrimination, leading to various physical and mental health issues and risk-taking behaviors. Therefore, minority stress



plays a vital role in the increased rates of IPV within the LGBT community (Finneran & Stephenson, 2014; Longobardi & Badenes-Ribera, 2017; Swan et al., 2019).

Furthermore, compared to heterosexual persons, lesbian and gay individuals were at higher risk of committing IPV or becoming victims themselves (AyhanBalik & Bilgin, 2019; Boston, 2019). The overall lifetime rates of IPV victimization are higher at 43.8% among lesbians and 26.0% among gay men in comparison to heterosexual women (35.0%) and heterosexual men (29.0%) (Walters et al., 2013). Walters and colleagues also reported that more than 75% of lesbians and 50% of gay men were victims of psychological abuse. Similarly, a study by Goldberg et al. (2013) estimated that 26.9% of gay men experienced IPV in their lifetimes, while another study by Messinger (2011) estimated a much lower prevalence of 3.1%. Messinger's (2011) study only sampled 32 gay men, while Goldberg and colleagues had a sample of 415 gay men. Hence, substantial differences in the prevalence rates can be due to the differences in the sample size of these studies. Regarding lesbians, a report from Swift (2019, as cited in the Centers for Disease Control and Prevention [CDC], n.d.) found that their overall IPV lifetime rate is 44%, while Messinger (2011) found 3.6%. Despite these numbers, same-sex IPV cases are more likely to be ignored or unreported, especially in cultures that view same-sex relationships as immoral and unacceptable (Chong et al., 2013).

Attitudes towards intimate partner violence also influenced these same-sex IPV cases. They were closely linked to factors such as gender, gender roles, behaviors, cultural norms, and familial and societal views (Copp et al., 2019). Minority stressors are relevant in understanding IPV in same-sex relationships (Longobardi & Badenes-Ribera, 2017). As Jacobson et al. (2015) highlighted, there is a high attitudinal acceptance of intimate partner violence among the LGBT community. Specifically, male participants were most likely to incite verbal and physical victimization and justify violence perpetration.

# Stigma Towards Intimate Partner Violence

However, public discussion of IPV among the LGBT community was silenced since it recognized such acts were stigmatizing and added to the existing oppression and social marginalization (Ard & Makadon, 2011; Calton et al., 2015; Rolle et al., 2018). Nonetheless, IPV remained eminent irrespective of marital status, age, and sexual orientation (Ali et al., 2016). Messinger (2011) found that gay men committed more IPV than heterosexual men. The high percentage of IPV among same-sex relationships resulted from various factors linked to minority stress. In a similar vein, Finneran and Stephenson (2014) found strong correlations between IPV and minority stress stemming from internalized homophobia, racism, and homophobic discrimination among people involved in same-sex relationships.

# Stigmatization and Discrimination of the LGBTQI + Community in the Philippines

According to the Psychological Association of the Philippines' (PAP) 2011 non-discrimination statement, Filipinos who identify with the LGBT community still experience stigma, prejudice, and discrimination. Even though the Philippines has a lower



homonegativity attitude than neighboring countries such as Indonesia and Malaysia, 31% of the Filipino respondents in the most recent data of the World Values Survey (WVS) considered lesbian and gay sexual orientations as not justifiable or morally unacceptable (Manalastas et al., 2017). Religion is a significant factor in the public's perception of the LGBT community. The vast majority of Filipinos are Roman Catholics. Catholicism and its teachings suppress the acceptance of sexual minorities as they deem same-sex marriage and homosexuality immoral practices (UNDP, 2014). Discrimination and stigma of the LGBT community are still present in the Philippine society in the following forms: bullying gay children, banning transgender individuals in business establishments, labeling gay and lesbian adults as "sinful" or "abnormal," comedic and sexually predatory media portrayals of gay men, sexual abuse of lesbians to "correct" their sexuality, and increasingly documented violence targeting people perceived to be part of the LGBT community (Manalastas & Torre, 2013). Because of these negative experiences, PAP (2020) reiterated its support for the fundamental human rights of all people, including sexual minorities.

# **Intimate Partner Violence in Filipino Sexual Minorities**

Research by OutRight Action International (2018) indicated that Filipino lesbian and gay IPV victims tended to avoid seeking help from other people, police, and social or legal services because of the fear of revealing their relationships and families, humiliation, and receiving inappropriate reactions. These were the main reasons why cases of IPV within the Filipino LGBT community were unreported. Additionally, the Philippine government has no existing means for documenting and recording LGBT Violence (Commission on Human Rights of the Philippines, 2019). Thus, statistics on the number of lesbian and gay victims and perpetrators were unavailable. Moreover, only a few studies addressed IPV in the LGBT community, but none in the Philippines (Fehringer & Hindin, 2013). These studies focused on the relationship between minority stress and IPV and found a positive association between internalized homophobia and IPV (Badenes-Ribera et al., 2017; Finneran & Stephenson, 2014; Lewis et al., 2017; Stephenson & Finneran, 2016).

There is a lack of psychological research on the experiences of Filipino sexual minority individuals, and our study aimed to examine the relationship between sexual minority stressors and intimate partner violence attitudes among LG Filipinos to fill this gap. We hypothesized that incidents of sexual minority stressors by lesbian and gay Filipinos were associated with their attitudes towards IPV irrespective of their socio-demographic characteristics (i.e., sexual orientation, age, outness, and relationship status).

#### Method

# **Participants**

The participants included a total of 240 self-identified Filipino lesbians (n=155; 64.58%) and gay men (n=85; 35.42%) aged 20 to 40 years old (M=26 years old;



Table 1 Socio-demographic	Characteristics	n	%			
Characteristics of Study Sample	Assigned Sex at Birth					
	Female	160	66.67			
	Male	80	33.33			
	Gender					
	Cis Female	123	51.2			
	Cis Male	59	24.6			
	Third Gender/Nonbinary/Transgender	47	4.6			
	Prefer not to say	11	19.6			
	Sexual Orientation	85	35.42			
	Gay	155	64.58			
	Lesbian					
	Outness					
	Sexual orientation is out to someone	230	95.8			
	Sexual orientation is not out to someone	10	4.2			
	Outness Reception					
	Ambivalent/Uncertain	79	32.9			
	Negative	13	5.4			
	Positive	135	56.3			
	Prefer not to say	13	5.4			
	Current Relationship Status					
	In a relationship	151	62.92			
	Married	4	1.67			
Note. N=240	Single	85	35.42			

*SD*=5.41) with either undisclosed or disclosed sexual orientation. The minimum age was set explicitly at 20 since this is when the energy of emerging young adults is primarily devoted to developing romantic relationships (Kelley et al., 2015), and the risk for IPV victimization is most significant for people aged 20 to 40 (Rivara et al., 2009).

A non-probability convenience sampling method was used in gathering the participants who have experienced being in a relationship. They were not necessarily required to be in a relationship or have a partner at the time of data collection. Likewise, participants did not necessarily need to be perpetrators or victims of IPV or have any IPV history since we only assessed IPV attitudes. Those with no relationship history or with unanswered or missing items in the tests were excluded from the data analysis. Thus, from the 269 participants who voluntarily participated without remuneration, 29 were excluded resulting in a total of 240 LG Filipinos. Table 1 presents the socio-demographic characteristics of our study sample.

#### Measures

Sexual Minority Stress Scale (SMSS). It is a 58-item self-report questionnaire developed by Goldblum et al. (unpublished manuscript), which was adapted and validated by Iniewicz et al. (2017. It assesses the minority stress levels of LGB individuals, which includes five subscales that measure proximal stressors: Internalized Homophobia (IH), Expectations of Rejection (ExR), Concealment (Clm), Satisfaction with Outness (SO), and Sexual Minority Negative Events (SMNE). The Satis-



faction with Outness is further divided into (1) levels of disclosure of the person's sexual orientation to others (SOa) and (2) degree of satisfaction with the disclosure (SOb). The SMNE has three categories: events related to the examined person, events that the person had witnessed or heard about, and items about infectious diseases. Meyer's Sexual Minority Stress Model was the basis of all other subscales except for the SO subscale. The answers are given on a checklist and in 4 to 6-point Likerttype formats depending on the subscale. Sample items are, for IH, "Have you tried to stop being attracted to persons of the same sex?" (ranging from1 Often to 4 Never); for ExR, "Most employees will not hire a person like you" (1 Strongly Agree, 2 Somewhat Agree, 3 Somewhat Disagree, 4 Strongly Disagree), for Clm, "I have concealed my sexual orientation by telling someone that I was straight or denying that I was LGB" (1 Not at all, 2 A little bit, 3 Somewhat, 4 Very much, 5 All the time), for SOa, "Are you out to your family about your sexual and gender identity?" (Yes or No), for SOb, "How satisfied are you with your level of outness to your family?" (ranging from 1 Very Dissatisfied to 6 Extremely Satisfied), and for SMNE (one for each category; checklist format), "I was treated unfairly by peers and siblings," "I heard negative statements about LGB or gender nonconforming people," and "I have been diagnosed with HIV or other chronic sexually transmitted diseases." In the SMSS, there is no total score, and each subscale is scored separately. The range of each subscale's overall score differs: IH total score ranges from 10 to 40, ExR total score ranges from 6 to 24, Clm total score ranges from 6 to 30, SO total score ranges from 5 to 30, and SMNE total score ranges from 0 to 69. These total subscale scores are computed by adding the items of each subscale with question 10 of Internalized Homophobia reversely scored (1=4, 2=3, 3=2, 4=1). Scoring high on a subscale means the stress level is high. The minimal values that indicate sexual minority stress on each subscale are IH≥3, ExR≥3, Clm≥3, SO≥4, SMNE, and any item endorsed. In the present study, the SMSS had Cronbach's alpha reliabilities ranging from 0.73 to 0.90: IH ( $\alpha$ =0.84), ExR ( $\alpha$ =0.85), Clm ( $\alpha$ =0.83), SO ( $\alpha$ =0.73), SMNE ( $\alpha$ =0.90). The scale has not yet been validated in the Philippines.

Intimate Partner Violence Attitude Scale-Revised (IPVAS-Revised). It is a 17-item self-report instrument that measures one's attitudes toward intimate partner violence (IPV) (Smith et al., 2005). It has three subscales: abuse (eight items), violence (four items), and control (five items) (Fincham et al., 2008). Items are rated on a 5-point Likert-type scale. Sample items included: for abuse, "As long as my partner doesn't hurt me, 'threats' are excused," for violence, "I think it is wrong to ever damage anything that belongs to my partner." For control, "I would not like my partner to ask me what I did every minute of the day." Its total score ranges from 17 to 85 and is calculated by adding the three subscale scores. Higher scores indicate favorable attitudes toward IPV behaviors, while lower scores indicate unfavorable attitudes. The IPVAS-Revised scale in the present study had a Cronbach's alpha from 0.63 to 0.76:0.71 (abuse subscale), 0.63 (control subscale), 0.67 (violence subscale), and 0.76 (total attitude towards IPV). The IPVAS-Revised scale has not yet been validated in the Philippines.



#### **Procedure**

Ethical Approval from the College of Science Ethics Review Committee (protocol number: ERC# 21-0702-0035) was secured before data collection. Subsequently, the scales were converted into web-based questionnaires using Google Forms with the authors' permission. A call for Filipino participants currently residing in the Philippines was posted on social media sites (e.g., Facebook, Twitter, Instagram) and sent to LGBT organizations to recruit potential participants. The online questionnaire was divided into six sections: (1) informed consent, (2) participant's agreement with regards to voluntary involvement and withdrawal option, (3) demographic profile (age, sexual orientation, assigned sex at birth, current relationship status, and sexual orientation disclosure), (4) test battery composed of the SMSS and IPVAS-Revised, (5) validity check, and (6) debriefing. The online questionnaire took approximately 10-15 min to complete. The order of the two scales (SMSS & IPVAS-Revised) was programmed to be randomized for every participant to control for possible systematic order effects using allocate.monster. The duration of data collection lasted four months following the data gathering period given by the University of Santo Tomas -College of Science. The 240 valid responses were analyzed using the IBM Statistical Package for the Social Sciences (SPSS) Statistics 28.0.1 software. Mplus 7.4 (Muthén & Muthén, 1998–2015) was used for the multivariate multiple regression analysis, which allowed the exploration of the associations between the five dimensions of minority stressors and the three subscales representing the attitudes towards intimate partner violence simultaneously. Socio-demographic characteristics (i.e., age, sexual orientation, outness, and relationship status) were added to the model as control variables. A fully saturated model was estimated with manifest variables; therefore, fit indices were set at 2=0; df=0, Comparative Fit Index (CFI)=1.00; Tucker-Lewis Index (TLI)=1.00; Root-Mean-Square Error of Approximation (RMSEA)=0.00 by default. The robust maximum-likelihood (MLR) estimator was applied, which is robust to non-normal data distribution.

## Results

First, group comparisons between gay and lesbian individuals regarding minority stressors and intimate partner violence attitudes were carried out. For this purpose, we performed independent samples t-tests and Mann-Whitney U tests based on the data distribution of the respective variable. Lesbian individuals reported higher expectations of rejection, while gay individuals reported more sexual minority adverse events (see Table 2). The effect sizes were small-to-moderate. Lesbians also expressed higher satisfaction with outness, while gay men showed more favorable attitudes towards abuse. However, the effect sizes were small.

Second, the associations between minority stressors and intimate partner violence attitudes were explored. For this purpose, Pearson and Spearman rank-order correlations were performed based on the data distribution of the respective variable. Results in Table 3 showed that among the five minority stressors, internalized homophobia had a significant association with abuse (r=.231, p<.001) and control (r=.145, p=.03). This



Table 2 Group Comparisons	
among Gay and Lesbian Indi-	-
viduals Concerning Minority	
Stressors and Intimate Partne	er
Violence Attitudes	

Variables	Total	Gay	Lesbian	t/U	Co-
(M, SD)	sample	(n=85)	(n=155)		hen's
	(N=240)				d
Minority					
Stressors					
Internalized	17.72	17.99	17.57	0.54	_
Homophobia	(6.01)	(5.22)	(6.41)		
Expectations of	12.45	11.21	13.13	-3.41**	0.45
Rejection	(4.52)	(3.82)	(4.75)		
Satisfaction with	12.12	11.18	12.64	-2.19*	0.30
Outness	(4.98)	(4.85)	(4.99)		
Concealment	12.03	12.60	11.72	1.29	_
	(5.09)	(5.03)	(5.11)		
Sexual Minority	16.77	20.40	14.78	3.91***	0.52
Negative Events	(10.95)	(10.95)	(10.47)		
IPV Subscales					
Abuse	12.10	12.85	11.68	2.06*	0.28
	(4.22)	(4.33)	(4.12)		
Control	9.92	9.81	9.98	-0.34	_
	(3.66)	(3.65)	(3.68)		
Violence	4.93	4.73	5.04	6119.50	_
	(2.51)	(2.49)	(2.53)		

\*\*\*p<.001; \*\*p<.01; \*p<.05 Mann-Whitney U test was conducted for violence due to the non-normal distribution of the data, while independent samples t-tests were performed for all other variables

**Table 3** Zero-order Correlations for Sexual Minority Stressors and Intimate Partner Violence Attitude Subscales

Variables	1	2	3	4	5	6	7	8
Minority Stressors								
1. Internalized Homophobia	1							
2. Expectations of Rejection	0.10	1						
3. Satisfaction with Outness	0.23***	0.24***	1					
4. Concealment	0.41***	0.11	0.38***	1				
5. Sexual Minority Negative Events  IPV Subscales	0.001	0.18**	0.18**	0.24***	1			
6. Abuse	0.23***	0.04	0.03	0.15*	0.04	1		
7. Control	0.15*	-0.04	0.05	-0.03	-0.10	0.36***	1	
8. Violence	0.01	-0.02	-0.03	0.001	-0.10	0.26***	0.26***	1
M	17.72	12.45	12.12	12.03	16.77	12.10	9.92	4.93
SD	6.01	4.52	4.98	5.09	10.95	4.22	3.66	2.51
Skewness	0.93	0.20	0.47	0.89	1.01	1.05	0.56	3.54
Kurtosis	0.68	-0.97	-0.50	0.43	0.94	1.31	0.01	14.47

<sup>\*\*\*</sup>*p*<.001; \*\* *p*<.01; \**p*<.05

Spearman correlations were conducted for IPV Violence and its associations due to the high skewness and kurtosis, while Pearson correlations were performed for all other variables

result implies higher internalized homophobia is associated with more favorable attitudes toward abuse and control dimensions of intimate partner violence. There is also a sig-



**Table 4** Multivariate Multiple Regression Model Representing the Associations between Sociodemographic Characteristics, Minority Stressors, and Intimate Partner Violence Attitudes (N=240)

Predictor variables	Outcome variables (IPV subscales) $\beta$ (SE)			
	Abuse	Control	Violence	
Socio-demographic Characteristics				
Age (years)	0.03 (0.08)	0.13 (0.07)*	0.18 (0.09)*	
Sexual Orientation	-0.13 (0.07)	0.01 (0.07)	0.10 (0.07)	
Outness	-0.04 (0.07)	0.08 (0.06)	-0.01 (0.11)	
Relationship Status	0.02 (0.07)	0.02 (0.07)	-0.04 (0.06)	
Minority Stressors				
Internalized Homophobia	0.21 (0.07)**	0.19 (0.07)**	0.08 (0.08)	
Expectations of Rejection	0.06 (0.07)	-0.05 (0.07)	-0.02 (0.09)	
Satisfaction with Outness	-0.04 (0.07)	0.12 (0.07)	-0.03 (0.09)	
Concealment	0.06 (0.07)	-0.08 (0.07)	0.12 (0.12)	
Sexual Minority Negative Events	0.001 (0.07)	-0.07 (0.08)	<0.001 (0.07)	
$\mathbb{R}^2$	0.08*	0.07*	0.05	

\*\*p<.01 level; \*p<.05 level
Sexual orientation (1=gay,
2=lesbian), outness (0=sexual
orientation is not out to
someone, 1=sexual orientation
is out to someone), and
relationship status (1=single,
2=married or in a relationship)
were dichotomized for the sake
of clarity

nificant positive relationship between the concealment of minority stressors and abuse (r=.15, p=.02), indicating that higher concealment is associated with more favorable attitudes towards abuse. However, these associations were generally weak.

In the final step, a multivariate multiple regression model was performed to determine whether minority stressors can predict intimate partner violence attitudes while controlling for socio-demographic characteristics (i.e., age, sexual orientation, outness, and relationship status). Table 4 showed that only age had a weak association with control and violence among socio-demographic characteristics, indicating that favorable attitudes towards control and violence slightly increased with age. Moreover, higher internalized homophobia was again associated with more favorable attitudes towards abuse and control. However, these variables explained only a small proportion of the total variance of abuse (8%) and control (7%).

#### Discussion

# **Sexual Minority Stressors and Attitudes Towards Intimate Partner Violence**

The current study aimed to investigate whether sexual minority stressors, mainly internalized homophobia, expectations of rejection, satisfaction with outness, concealment, and sexual minority adverse events, has a relationship with attitudes towards intimate partner violence (IPV). We found that internalized homophobia as a sexual minority stressor is significantly associated with intimate partner violence



attitudes (IPV), such as abuse and control. Age was weakly associated with control and violence dimensions, indicating that they exhibit slightly more favorable attitudes toward control and violence as people get older. It is contrary to the work of Ali et al. (2016), wherein, regardless of marital status, age, or sexual orientation, IPV cases remained eminent. The research by Volpe et al. (2013) discussed how women with older male partners are more likely to have psychosexual problems. They stated that the low relationship control felt by the younger women evoked IPV issues, such as their partners telling them how to dress or demanding more time together. It could be associated with individuals with more masculine characteristics expressing lower health literacy. In contrast, those with feminine expressions engage in increased transactional sex (e.g., sugar babies), wherein they receive gifts, money, or services from their partners (Ramos et al., 2021).

#### Internalized Homophobia and Attitudes Towards Intimate Partner Violence

The relationship between internalized homophobia and intimate partner violence attitudes is consistent with Jacobson et al. (2015). They found that LGBTO+members reported high internalized homophobia with verbal and physical victimization. The findings in this study are also supported by previous research showing associations between IPV attitudes and internalized homophobia (Badenes-Ribera et al., 2017; Finneran & Stephenson, 2014; Lewis et al., 2017; Stephenson & Finneran, 2016). However, the associations were generally weak, similar to Badenes-Ribera et al. (2017), indicating that LGB individuals with negative feelings about their sexual orientation might project violence toward their same-sex partners. The latter may see themselves deserving of such treatment due to their sexual orientation. Those who viewed their sexual orientation negatively were likely to perceive their victimization as deserved act or a consequence of being identified as LGB (Stiles-Shields & Carroll, 2014). Lesbians with a negative view of homosexuality were most likely to stay in abusive relationships (AyhanBalik & Bilgin, 2019). Various research also documented associations between internalized homophobia and negative relationship quality (Cao et al., 2017; Totenhagen et al., 2018). It involves romantic relationship problems in responses (Okutan et al., 2016), lack of commitment, decreased ability to communicate appropriately and decision-making (Stachowski & Stephenson, 2015), and vulnerability to greater severity of relationship conflict (Totenhagen et al., 2018). These are all pathways to elevating the risk of experiencing victimization and perpetration of IPV (Finneran & Stephenson, 2014).

Moreover, the present study shows that IH predicts IPV attitudes, leading to more favorable attitudes. According to Pepper and Sand (2015), women in same-sex relationships reported high condemnation of lesbians, and lesbian relationships predict the perpetration of sexual abuse. The dissonance between their desire to engage in a sexual relationship and their denunciation of lesbians and being lesbian would result in intense feelings of shame and self-loathing. Thus, higher levels of internalized homophobia predict a greater chance of perpetrating physical aggression (Kelley et al., 2014). On the other hand, it is also notable that various factors could mediate attitudes on IPV and IH, such as fusion (Milletich et al., 2014), rumination (Lewis et



al., 2014), and relationship quality (Balsam & Szymanski, 2005). These factors could affect the predictability of IH to favorable and unfavorable attitudes toward IPV.

# **Abuse and Internalized Homophobia**

We likewise found an association between the abuse dimension of IPV attitudes and internalized homophobia. Bartholomew and colleagues (2008) found a relationship between internalized homophobia and physical and psychological abuse perpetration. Members of sexual minorities who view their identity negatively may think they deserve to be treated abusively in an intimate relationship (Stiles-Shields & Carroll, 2014). Chong et al. (2013) also reported an association between internalized homophobia and physical and psychological abuse in gay relationships, while IH is associated with sexual and physical abuse in lesbian relationships.

Furthermore, Bartholomew et al. (2008) reported internalized homophobia as a consistent predictor of physical and psychological abuse perpetration.

# **Control and Internal Homophobia**

The control dimension of IPV attitudes was found to be associated with IH. A study by Donovan & Hester (2014) found that coercive control that is eminent among heterosexual relationships is also experienced across same-sex relationships. Stiles-Shields and Carroll (2014) found that control and power in relationships were the strongest predictors of IPV in same-sex relationships; however, only a few studies examined the association of IH with control in same-sex relationships. McKenry et al. (2006) proposed that sexual minority women with negative perceptions and beliefs about homosexuality may have low self-worth and incite physical aggression as an avenue for them to regain control in the relationship. A loss of control and power in intimate relationships could perpetuate physical Violence (Milletich et al., 2014). Furthermore, control can occur in the form of "fusion" or the lack of boundaries between partners (Kimmes et al., 2017), often leading to a loss of sense of self, which is highly associated as a mediator between IPV and IH. Higher levels of IH are associated with higher fusion levels, whereas higher levels are also related to intimate partner violence perpetration (Milletich et al., 2014).

# Expectations of Rejection and Attitudes Towards Intimate Partner Violence

Inman and London (2021) stated that a person's sensitivity to rejection could predict the perpetration of IPV. However, the results showed no relationship between expectations of rejection (ExR) and intimate partner violence attitudes. It contradicts other studies that showed an association between ExR and IPV. According to Carvalho et al. (2011), individuals with an IPV history may have been predisposed to anticipate rejection because of their sexual preference and orientation. Armenti & Babcock (2018) supported the results obtained since their research also reported no association between rejection sensitivity and variables of IPV. It can make them hesitant to interact or socialize with others and isolate themselves, decreasing their chances of becoming victims or perpetrators of abuse. Likewise, Rostosky and Riggle (2017a)



concluded that most are careful with whom they share their relationship with the same sex and are probably reluctant to enter into one. Thus, the lack of experience and involvement could result in little to no knowledge about IPV attitudes.

Additionally, gay men's experiences with prejudice, stigma, and rejection are augmented by the heteronormative and sexist culture that contributes to the belief that men cannot be victims of violence in any way (Finneran & Stephenson, 2013). Due to their fear of stigma and discrimination, sexual minorities are likely socially isolated and reluctant to seek support from the queer community (McConnell et al., 2018). Their experience with rejection may have clouded their judgment when they answered the scales. Therefore, the participant's answers in the current study may have been affected — underreported or understated.

#### Satisfaction with Outness and Attitudes Towards Intimate Partner Violence

The present study also shows no relationship between satisfaction with outness (SO) and IPV attitudes, contrary to the results of Kelley et al. (2014) and Hines (2015). Similarly, SO is not associated with the three IPV dimensions. In parallel, some studies demonstrated no link between abuse and outness to family and religion (Longares et al., 2018). The lack of association between SO and IPV attitudes could be explained by the relationship between their level of outness and their partner and relationship satisfaction (Knoble & Linville, 2010). A study on lesbians revealed that those who feel more "out" regarding their sexual orientation showed greater satisfaction with their relationships (Lavner, 2016). Correspondingly, lesbian and gay couples who are open with their sexual preferences reported greater relational satisfaction (Rostosky & Riggle, 2017b). A direct relationship was also found between outness and relational quality in lesbian relationships (LaSala, 2013). Contrarily, only a limited number of studies explored the link between relationship satisfaction and IPV attitudes. One study concluded that relationship satisfaction was indirectly associated with IPV, wherein people, specifically lesbians, with increased relationship satisfaction, are less likely to be perpetrators or victims of IPV (Hines, 2015). Another possible reason for the lack of relationship between satisfaction with outness and IPV is the limited variability of participants' outness, wherein most have disclosed their sexual orientation to someone.

## **Concealment and Attitudes Towards Intimate Partner Violence**

The present study shows no significant relationship between concealment (Clm) minority stressors with overall attitude towards IPV and only a negligible association with the abuse dimension. Metheny (2019) stated that the concealment of minority identity is an effort to reduce anticipated stigma. It is in line with Edwards and Sylaska's (2012) research, wherein concealment was not strongly related to IPV perpetration. The authors explained that not all cases of concealment are rooted in shame, and concealment can also be used adaptively to avoid discrimination. The same research found that when compared to IH, negative feelings about one's sexual orientation were not always evident by concealment, which can be why it was less consistent in IPV. Sexual minority members are always mindful of their actions and could be



aggressive or engage in risk-taking when their sexual orientation is discovered (Balsam & Szymanski, 2005; Freire, 2022; Schrimshaw et al., 2013).

# Sexual Minority Negative Events and Attitudes Towards Intimate Partner Violence

Contrary to previous research suggesting that sexual minority adverse events (SMNE) are associated with intimate partner violence attitudes (Longobardi & Badenes-Ribera, 2017), this study argues otherwise. Neither actual experiences nor perceiving events such as discrimination, isolation, bullying, aggression, and diagnosis of Human Immunodeficiency Virus (HIV) and other chronic sexually transmitted diseases happening to someone because they are part of the LGBTQ+community are unrelated to attitudes towards same-sex relationship violence. According to Edwards and Sylaska (2012), the lack of association between SMNE and IPVAS is because, despite the high rates of externalized minority stressors faced by LGBTO+members, their display of resilience takes over, and they do not internalize these negative experiences. These externalized minority stressors (e.g., sexual orientation-related victimization) are not the driving factors in IPV perpetration. The extent to which these individuals internalize these experiences is most influential in the perpetration of IPV. Our findings are further supported by Steele et al., (2017), who concluded that IPV is not a gendered phenomenon. Instead, it involves power and control and is influenced by racism and classism. As gender is irrelevant to the risk of IPV, it could be that breaking heteronormative scripts in same-sex relationships renders traditional, gendered models of IPV less applicable. More recent research suggests differences between behavior and perceptions worthy of future exploration regarding the discrepancy between existing studies that show a relationship between sexual minority discrimination and IPV. It is recommended to study further the connection between external sexual minority stigma and perceptions of psychological IPV (Islam, 2021). Besides, Balsam and Szymanski (2005) argued that same-sex couples are better equipped to cope with experiences of minority stressors outside their dyadic relationship. Their relationship can serve as their haven for such experiences since lesbian and gay couples have better communication and negotiating skills regarding their differences and tend to be more egalitarian than their heteronormative counterparts (Lev, 2015). Thus, they are more satisfied in their relationships and resolve problems more effectively.

# **Minority Stressors and Violence Dimension**

None of the sexual Minority Stressors (internalized homophobia, satisfaction with outness, expectations of rejection, concealment, and sexual minority adverse events) have shown a significant relationship with the violence dimension of IPV attitudes in the current study. This finding is contrary to our hypothesis but consistent with some research indicating no associations. Balsam and Szymanski (2005) concluded no association between IH and physical and sexual violence. IH is a hidden belief that is a personal and sensitive subject to be discussed and dealt with carefully. It is rare for LGB research participants with low levels of IH to partake in an LGB study (Milletich et al., 2014). On the other hand, satisfaction with outness is not associated with attitudes (favorable/unfavorable) toward violence. Aside from contentment with one's outness degree, it is more important to consider personal situations, the outness



degree of one's partner, and the same-sex support couples can receive from others and provide for each other (Knoble & Linville, 2010).

Depending on the social context, outness can have its advantages and disadvantages. Some lesbians prefer not to disclose their sexual orientation to their family, friends, and colleagues to protect themselves against the perceived dangers of abuse and discrimination (Hines, 2015). Specifically, those raised conservatively and who find their loved one's valuable support are more likely to remain closeted. Likewise, expectations of rejections have the same findings. Anticipated or actual feelings of unwanted judgment from others due to being part of a sexual minority can hinder an individual from socializing with others or even establishing intimate relationships (Armenti & Babcock, 2018). Therefore, minimizing the chances of becoming a perpetrator or victim of violence. Rather than being friendly, gays who expect rejection tend to use politeness strategies when talking to someone. They are more attentive to others, noting every subtle hint that could mean rejection by the person they are interested in (Ferlotti, 2020). However, the present study only tackles how lesbians and gays perceive rejection but not how they respond psychologically and emotionally. Determining the internal experiences and processing these expectations could provide a more detailed perspective and address which areas are deemed unsafe. In examining these minority stressors, it is crucial to note that the insufficient discourse on violence due to the topic being sensitive may contribute to the lack of significant results. The silence contributes to the lack of public discussion of the phenomenon since recognizing such acts only adds to the stigmatization and discrimination of the community (Rolle et al., 2018). It is also challenging to disclose abuse history as it can be traumatizing. The participants may hesitate to share their experiences openly and honestly. Some participants could have practiced "faking bad" or "faking good," wherein they exaggerated or downplayed their answers on scales and tests.

# Intimate Partner Violence in the Philippine Context

McDonagh et al.'s (2021) assessment of IPV perpetrators who completed selfreported tests on personality pathology revealed that some exaggerated their answers to gain a high pathology score while others minimized their answers to achieve a low pathology score. Furthermore, the participants included in the study are all residents of the Philippines, a conservative and religious country wherein the majority has not entirely embraced the LGBTQ+community. Despite claims that the Philippines is "gay friendly," the years of debate regarding gender equality and SOGIE in congress state otherwise due to religious and conservative politicians' rejection of their moral concerns on homosexuality (Manalastas & Torre, 2016). The LGBTQ+community's efforts and voice advocating equality has been silenced despite using their religious freedom as a reason because conservative Christian organizations have retaliated by using the same argument. (Cornelio &Dagle, 2019). Some traditional Filipino beliefs do not align with the LGBT community's lifestyle. Likewise, religiosity has been reported to predict attitudes about gays and lesbians in the Philippines (Reyes et al., 2019). Understanding the situation and views on the LGBT+community in the Philippines is essential. Participants can be affected by these societal circumstances and public attitudes toward them, which may be reflected in the study results. Indeed,



cultural norms and familial and societal views are closely associated with attitudes toward intimate partner violence (Copp et al., 2019).

# **Implications for Clinical Practice and Public Policy**

We found that internalized homophobia as a minority stressor is positively associated with intimate partner attitudes such as abuse and control. The present findings can contribute to the growing research exploring sexual minority stressors concerning attitudes toward IPV. These findings were demonstrated using a sample of Filipino LGBTQ+individuals, which can highlight the importance of research on IPV in this cultural context. Indeed, research on IPV in the Filipino LGBTQ+community is scarce.

Fear of stigma and discrimination, which could lead to the concealment of sexual identity (Edwards & Sylaska, 2012), social isolation, and reluctance to seek support or help (McConnell et al., 2018), are some of the difficulties faced by the Filipino LGBT+community. Thus, the government should prioritize this problem by passing the Sexual Orientation and Gender Identity Expression Equality (SOGIE) Bill or Anti-Discrimination Bill, which has not proceeded for more than twenty years (*Press Release - Hontiveros Renews Call to Pass SOGIE Equality Bill*, 2022). Moreover, educating and sensitizing individuals about the forms of IPV and supporting vulnerable individuals can facilitate favorable public attitudes towards this community, fostering their mental health. More attention should be paid to this vulnerable group in psychological healthcare to cope with IPV (e.g., facilitating adaptive coping strategies).

#### **Limitations and Future Directions**

We must interpret our findings meticulously, as some limitations should be considered. Our results may not be generalizable to the LGBTQ+community since the age range of participants is restricted to ages 20 to 40 and only covers lesbian and gay individuals. In addition, most of them have disclosed their sexual orientation to someone making concealment a minority stressor challenging to investigate: the variability in their sexual outness is significantly minimized. It is also crucial to note the wide gap in the local review of related literature on IPV in terms of sexual minorities as participants. Most data focus on women and children.

In contrast, most research regarding sexual minority stressors was conducted outside the country. Since the topic is sensitive, the participants may have had response sets geared to more favorable ones in completing the online questionnaire. Moreover, other forms of violence may have been underestimated as the study is centered on the participants' overall IPV attitudes.

The convenience sampling method is another limitation, as the present results may not be generalizable to Filipino LGBTQ+individuals. Thus, to better understand sexual minority stressors and attitudes toward intimate partner violence and ensure its generalizability among Filipino LGBTQ+members, we suggest that future studies should have a more significant sample size representative of the population of LGBTQ+Filipinos. Another limitation to be considered is the quantitative data analysis which lacks a more detailed inquiry about the participants' views on IPV. Survey questionnaires have a structured pattern with close-ended questions, which



cannot allow participants to explain their choices. Thus, the answers provided are limited categories. Future studies may explore the phenomenon using a qualitative approach to investigate the attitudes toward intimate partner violence of lesbians and gays in more depth. A more comprehensive age range (e.g., youth and above 40 years old) and focusing on other sexual orientations and identities must also be considered. The limited sample size of subgroups concerning gender identity did not allow for an investigation of possible group differences in IPV. Future studies should focus on the perceptions and attitudes towards IPV across different gender identities to gain a more nuanced knowledge of whether individuals with non-binary identities show more permissive attitudes towards IPV. Other mediating factors such as relationship satisfaction, resilience, fusion, and sex should be examined to gain a different perspective on predicting IH and IPV attitudes. While the present study only focuses on IPV attitudes, exploring the different types of violence against sexual minorities, such as physical, sexual, emotional, and psychological, would be beneficial. The supposed presence of internalized homophobia can heighten the risk of Filipino sexual minorities becoming perpetrators or victims of IPV due to their seemingly favorable or accepting attitudes towards IPV. In this case, a qualitative investigation may help shed more understanding on our result. Moreover, other research should focus on therapeutic strategies to prevent and mitigate the influence of internalized homophobia on IPV and provide evidence-based data to strengthen existing IPV-related laws by seeking the inclusion of queer relationships.

#### **General Conclusions**

The present findings suggested that gay men had more favorable attitudes towards abuse than lesbians, which can elevate the risk of involvement in IPV. Internalized homophobia was also associated with more permissive attitudes towards abuse and control. These findings highlight the importance of alleviating stress in sexual minority individuals to prevent them from cultivating favorable attitudes towards IPV, which can elevate the risk of experiencing IPV as a victim and/or perpetrator. The present study also points out the importance of investigating IPV in the Filipino LGBTQ+community, which can contribute to developing targeted mental healthcare programs to support sexual minority individuals with IPV experiences and prevent them from severe mental health concerns.

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Data Availability not applicable.

# **Declarations**

**Conflicts of interest/Competing Interests:** The authors have no conflicts of interest to declare relevant to the content of this article.



**Ethics Approval:** All procedures performed in the present study that involved human participants were per the ethical standards of the Ethics Review Committee (ERC) of the College of Science, the University of Santo Tomas, with ERC# 21-0702-0035.

Consent to Participate: The current study gave informed consent before voluntary participation. In addition, participants were briefed on the nature of the study and were assured that all data collected would be kept confidential and that participation was purely voluntary without remuneration.

Consent for publication not applicable.

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