

Ummak, Esra, Toplu-Demirtas, Ezgi and Schei Jessen, Reidar (2024) Intimate Partner Violence Victimization and Perpetration among Lesbians, Gays, and Bisexuals: Evidence from Norway. lambda nordica, 29 (2-3). pp. 67-96. ISSN 1100-2573

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# Intimate Partner Violence Victimization and Perpetration among Lesbians, Gays, and Bisexuals

## Evidence from Norway

**ABSTRACT**

Intimate partner violence (IPV) is a global health concern that profoundly affects not only heterosexual but also lesbian, gay, and bisexual (LGB) populations. Although studies conducted outside Norway have reported similar prevalence rates of IPV in heterosexual and LGB relationships, no published studies from Norway, whether academic or from nongovernmental organizations, have focused specifically on IPV prevalence rates in the LGB population. One reason might be the absence of a standardized tool to measure IPV. In this study, as researchers with backgrounds in social psychology, violence and minority studies, we firstly aim to evaluate the validity of the Revised Conflict Tactics Scale (CTS-R) in understanding the intimate partner violence experiences of LGB individuals. Secondly, we investigate how common various forms of perpetration and victimization are within the LGB community, specifically looking at psychological aggression, physical assault, and sexual coercion. We are also interested in whether there are any differences in the experiences of these forms of violence based on sexual orientation. To conduct this research, we studied 285 LGB individuals in Norway, aged between 18 and 64 (mean age = 31.80 years). The results of a correlation analysis revealed that all types of victimization from and perpetration of violence are positively and strongly associated. Chi-square tests indicated that there was no significant difference among LGB individuals in

DOI: 10.34041/ln.v29.953
*lambda nordica* **2–3/2024**
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psychological and physical victimization or perpetration. However, gay individuals reported significantly higher sexual IPV victimization and perpetration than lesbian and bisexual individuals. Overall, we suggest that the CTS-R has satisfactory construct validity and effectively helps gauge psychological, physical, and sexual IPV in the LGB population. Moreover, we conclude that psychological, physical, and sexual IPV perpetration and victimization are prevalent in LGB relationships in Norway, and thus, that LGB IPV warrants further investigation into its antecedents and consequences.

**Keywords:** LGB, intimate partner violence, psychological aggression, physical assault, sexual coercion, Revised Conflict Tactics Scale

**EMERGING EVIDENCE OVER** the last three decades has shown that the prevalence of intimate partner violence (IPV) among lesbian, gay, and bisexual (LGB) people is as high as the rates found among heterosexual couples (Badenes-Ribera et al. 2016; Finneran & Stephenson 2012). However, the dynamics of IPV in LGB individuals appear to differ from those among heterosexual people (Cleghorn, Cummings & County 2022; DiStefano 2009), suggesting that the measurements should be adjusted to properly study the prevalence among LGB individuals and require testing. Therefore, the aim of the present study is to document the construct validity evidence of the Revised Conflict Tactics Scale (CTS-R; Straus et al. 1996) and to explore the prevalence of, and sexual orientation differences in, psychological aggression, physical assault, and sexual coercion perpetration and victimization. In the following sections, we will first introduce empirical knowledge on IPV among heterosexual individuals. We will then delve deeper into the understanding of IPV among LGB individuals, drawing on insights from conflict theory and the minority stress model, both of which are guided and informed by the discipline of psychology.

## IPV among heterosexual individuals

IPV is defined as "any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship" (World Health Organization 2013). The first Norwegian study of the prevalence of IPV in the general Norwegian population docu-

mented that 26.8 percent of women have experienced some form of IPV (Nerøien & Schei 2008). In the most recent study from 2023, 11 percent of women were found to have experienced an act of severe physical violence perpetrated by their partners (Dale et al. 2023). This represents a slightly lower prevalence than in other Nordic countries, such as Denmark (32 percent), Finland (30 percent), and Sweden (28 percent). In the European Union, the average rate of IPV in the general population has been reported as 22 percent (Gracia & Merlo 2016). A later study among European women documented that 51.7 percent reported experiencing IPV at some point in their lifetime (Barbier, Chariot & Lefèvre 2022). Despite the study revealing that the prevalence of reported violence within intimate relationships in the Nordic countries exceeds the European average, it is argued that higher levels of gender equality in the Nordic countries might contribute to women's increased awareness of IPV (see for instance Freysteinsdóttir & Valgarðsdóttir 2020). Additionally, it is argued that the higher rates of IPV in Nordic countries should not be interpreted as evidence of less intense patriarchal norms, which might otherwise be considered indicative of weaker risk factors for violence (Freysteinsdóttir & Valgarðsdóttir 2020).

Family conflict research posits that IPV serves to resolve conflicts or disagreements within the relationship rather than fostering communicating or compromising among men and women (Bair-Merritt et al. 2010). IPV has traditionally been considered gendered, women as the victims and men as the perpetrators (Randle & Graham 2011), and, therefore, understood primarily as a women's health issue (Oliffe et al. 2014). However, researchers have increasingly recognized that men can also be victims of IPV (Bair-Merritt et al. 2010; Randle & Graham 2011). At the same time, the physical effects of male-perpetrated IPV appear more serious, resulting in long-term sequelae (Bjørnholt & Helseth 2019). Female-perpetrated IPV, on the other hand, is more likely to involve psychological or minor physical acts, causing only mild injuries (Randle & Graham 2011). These findings may reflect that men, on average, are physically stronger than women (Randle & Graham 2011).

A meta-analysis of why women perpetrate IPV indicates that motivations are complex: gender roles, societal structures such as the economy, relationships, and individual characteristics are all contributing factors (Bair-Merritt et al. 2010). Coercive control over their partners was cited as a motivation for IPV, a finding that aligns with the literature on male-perpetrated violence (Bair-Merritt et al. 2010). However, the authors hypothesized that while women's motivation may be related to gaining autonomy in relationships where men typically hold more physical and social power, men use control to assert the authority traditionally ascribed to gender role (Bair-Merritt et al. 2010). Today, researchers increasingly acknowledge that IPV is a multi-level phenomenon influenced by both macro- and microstructures (Jewkes, Floof & Lang 2015). Masculinity and gender-related norms are implicated in male-perpetrated violence, along with unequal power dynamics and access to economic resources (Bjørnholt & Helseth 2019). From this perspective, men are ascribed higher value in a patriarchal society. Achieving the role of manhood requires young men to adopt shared masculine values and attributes, with dominance and authority being key components. Consequently, men's violence can be understood as a means to establish control over women, a notion supported by research showing that male perpetration of violence increases significantly during adolescence (Jewkes, Floof & Lang 2015).

### IPV among LGB individuals

Research has indicated that LGB couples have prevalence rates of IPV similar to those of heterosexual couples (Badenes-Ribera et al. 2015; Greenwood et al. 2002; Matte &Lafontaine 2011). Studies from countries as diverse as the United States, China, and Germany have shown varying prevalence rates of IPV in same-sex couples (Badenes-Rinera et al. 2016). In a meta-analysis of IPV among self-identified lesbians, the lifetime prevalence was reported to be 27 percent (Badenes-Ribera et al. 2015). In a study with a total sample of 218 LGB individuals, 76.2 percent of the women and 70.7 percent of the men reported having perpetrated psychological aggression toward their partner in the past year,

while 14.2 percent of the women and 12 percent of the men reported having engaged in physical or sexual aggression toward their partner. The rates of reported IPV were similar to those in heterosexual couples, and no gender differences were found (Matte & Lafontaine 2011). A meta-analysis in the U.S. found that the levels of IPV among men who have sex with men were the same as, or higher than, the rates observed in female populations (Finneran & Stephenson 2012). Consequently, research suggests that the underlying mechanisms leading to IPV in same-sex relationships may differ from those in heterosexual couples and that there may be differences between various sexual minority groups (Badenas-Riberes et al. 2016; Trombetta & Rolle 2023). For instance, lesbian and bisexual women may face pressure to engage in penetrative sex, and partners of LGB individuals may threaten to reveal (i.e., "out") their sexual orientation to significant others (Cleghorn, Cummings & County 2022; DiStefano 2009). Additionally, a recent pilot study using in-depth, semi-structured interviews with LGB individuals in Norway revealed several types of violent acts that can be considered population-specific (Ummak et. al. 2024). For example, lesbian and bisexual individuals experienced invalidation from their partners based on gender identity and sexual orientation, as well as some LGB individuals being exposed to dominance related to (a lack of) experience in queer relationships and adherence to queer "myths" about sexual and relationship practices. Donovan and Barnes (2020) suggest that one key characteristic in IPV experiences among LGB individuals might be related to "identity abuse" (e.g., undermining a partner's sense of self-identity as LGB or isolating a partner from local LGB scenes or events) that derives from a heterosexist and heteronormative societal context in which debasing assumptions and stereotypes about LGB individuals are normalized. In Norway, LGB individuals cannot be denigrated regarding their social life, workplace, access to health services, etc., based on their sexual orientation because the equality of sexual and gender minorities is guaranteed by law (Norwegian Ministry of Children, Equality and Social Inclusion 2015). Nevertheless, heteronormativity remains dominant in Norwegian society, policies and institutions

(Giertsen 2019; Smestad 2018; Ummak, Turken & Keles 2023a) and it shapes the everyday experiences of, for instance, queer youth (Svendsen, Stubberud & Djupedal 2018).

Research on IPV among LGB individuals in the Nordic context is scarce. A previous comparative analysis of psychological IPV among lesbian and bisexual women undertaken by the authors (Ummak, Toplu-Demirtas Jensen 2021; Ummak, Toplu-Demirtaş & Aracı-Iyiaydin 2023b) indicated that the prevalence is higher in Turkey than in Denmark, but it still constitutes a significant public health problem. Qualitative studies indicate suggest that IPV among LGB individuals occurs in Scandinavia, but we do not know the prevalence (Øverlien 2020; Ummak, Turken & Akin 2022). Since the Nordic countries share similar political systems and legal provisions protecting equality and welfare, there is reason to believe that IPV is also a challenge in Norway. However, to our knowledge, the prevalence of IPV among same-sex couples has not been researched in Norway.

## Conflict theory

Conflict theory asserts that the power imbalance between men and women in the context of a (marital) relationship contributes to IPV (Straus 1979). Within this perspective, it is acknowledged that conflicts are inevitable in partners' lives. Furthermore, in the context of conflict, people may resort to physical, sexual, and psychological violence if they cannot find healthier alternatives, such as negotiation (Langhinrichsen-Rohling 2005). Additionally, power theorists are critical of the feminist perspective of "men as perpetrators" positing instead that if women have more power in a relationship, they will also perpetrate aggression. Based on conflict theory, Straus (1979) developed the most widely used measure of IPV – the CTS-R – which aims to identify and measure violent acts with dyadic relationships.

While the CTS-R has been a valuable instrument in many research studies, it has faced criticism regarding its construct validity, particularly its inadequate factor structure. Interestingly, Straus et al. (1996), who developed and later revised the scale, did not test the construct validity

of the scale with factor analysis, instead relying on the significant associations they proposed based on theoretical grounds. For example, Straus et al. (1996) found that psychological aggression and physical assault were positively and strongly associated with sexual coercion. Similarly, they found that physical assault and sexual coercion were highly related to injury. Finally, a strong relationship was identified between psychological aggression and physical assault. Regarding internal consistency reliability, the self-report of perpetration was reported to range between .79 and .95 for the five subscales. Straus (2004), in response to subsequent criticisms, published an article claiming to have provided evidence of the cross-cultural construct validity of the scale. However, again, he did not test the theoretically proposed structure using factor analysis. Apart from Straus (2004) and his colleagues (1979, 1996), many researchers who have attempted to provide evidence for construct validity through factor analyses have reported inconsistent findings regarding the number and nature of the underlying dimensions within the scale (Chapman & Gillespie 2019). This inconsistency raises concerns about the scale's ability to accurately measure distinct dimensions of aggressive acts. Nonetheless, it is important to note that while these criticisms highlight concerns about the construct validity of the CTS-R, they do not invalidate its utility as a research tool. Many researchers continue to use it to gauge physical, sexual, and psychological IPV among LGB individuals (Trombetta & Rolle 2023), acknowledging its strengths and limitations.

### The minority stress model

The minority stress model has been suggested as a helpful perspective to understand the potential role of stress in IPV among same-sex couples, because mental health difficulties resulting from stigma and discrimination might influence intimate relations (Balsam & Syzmanski 2005; Carvalho 2006; Derlaga et al. 2011). While the minority stress model is considered a valuable perspective for comprehending the role of stress in same-sex IPV, the theory has faced criticism for its individualized and psychologized approach, leaving the relationship between stress and societal norms unexplored (Donovan & Hester 2014). However, recent

extensions, as highlighted by Frost and Meyer (2023), suggest efforts to broaden its scope, including considerations of cisnormativity and intersectionality. This evolving perspective may contribute to a more comprehensive understanding of the relationship between stress dynamics in IPV within the LGB community.

From a minority stress theory perspective, stigmatized populations are at greater risk of internalizing the negative attitudes that stem from social processes, structures, and institutions (i.e., internalized homophobia) (Meyer 2003), which puts LGB individuals at further risk in the context of IPV (Balsam 2001; Renzetti 1992; Ummak, Toplu-Demirtas & Jessen 2021; Ummak, Toplu-Demirtas & Aracı-Iyiaydin 2023b). For example, Renzetti (1992) found that a perpetrator's dependency on their partner—stemming from internalized heteronormativity—may result from their isolation from mainstream society. This dependency can lead to conflict and severe violence. Furthermore, Balsam and Szymanski (2005) state that women with internalized heteronormativity might believe they "deserve" the abuse perpetrated in that relationship. Additionally, internalized heteronormativity can produce certain stereotypes about being LGB, which might lead to IPV experiences among this group. For example, Jackson et al. (2017) found that gay men were more likely to dismiss a sexual assault incident as "gay experience" (i.e., perceiving sexual assault as normal based on the assumption of a hook-up culture or promiscuity among gay men).

Similar to a feminist perspective on IPV among heterosexual couples, some studies indicate that masculinity is associated with perpetrating IPV (Oliffe et al. 2014; Trombetta & Rolle 2023). Thus, endorsing traditional masculinity might legitimize IPV as a strategy to handle stress and prevent the victim from seeking help (Goldenberg et al. 2016; Oliffe et al. 2014; Stanley et al. 2006; Trombetta & Rolle 2023). Evidence regarding the relationship between gender roles and IPV in same-sex relations is, however, still conflicting, particularly concerning the role of traditional gender norms and stress as moderators (Trombetta & Rolle 2023).

## The current study

Considering how heteronormative and heterosexist circumstances create vulnerabilities and further conflicts for LGB individuals in IPV, it seems crucial to document the prevalence of, and differences in sexual orientation in, psychological aggression, physical assault, and sexual coercion perpetration and victimization. In order to do so, we need a valid and reliable tool to gauge perpetration and victimization in the domains of psychological aggression, physical assault, and sexual coercion. Therefore, this study has two purposes. The first is to document the construct validity evidence of the CTS-R (Straus et al. 1996). For the first purpose, the following hypotheses were formulated:

> Hypothesis 1 ($H_1$): There will be positive correlations between psychological, sexual, and physical IPV perpetration and victimization.
> Hypothesis 2 ($H_2$): Injury will be positively correlated with psychological, physical, and sexual victimization.
> Hypothesis 3 ($H_3$): Negotiation will not be correlated with the perpetration of and victimization from IPV.
> Hypothesis 4 ($H_4$): Injury and negotiation will not be correlated.

The second is to explore the prevalence of, and sexual orientation differences in, psychological aggression, physical assault, and sexual coercion perpetration and victimization. However, as the role of sexual orientation differences in psychological aggression, physical assault, and sexual coercion perpetration and victimization is under-researched or lacks consistency in the Nordic and Western literature, we cannot offer any hypotheses.

## Method

From 292 participants who completed the survey, seven ($n$ = 3, "I have never had any relationships"; $n$ = 4, "other") were omitted, as they did not meet the inclusion criteria of being previously or currently in an intimate partner relationship. Thus, we had a final sample of 285 people (women, $n$ = 194, 68.1 percent; men, $n$ = 69, 24.2 percent; neither, $n$ = 10,

3.5 percent; other, $n$ = 12, 4.2 percent). The vast majority reported their gender identity as cisgender ($n$ = 249, 87.4 percent), while the rest were transgender ($n$ = 25, 8.8 percent). Eleven participants identified as neither cis- nor transgender (11.39 percent).

Of the participants, 41.4 percent identified their sexual orientation as bisexual, 31.9 percent as lesbian, 21.8 percent as gay, and 4.9 percent as other. The age range was between 18 and 64 ($M_{age}$ = 31.80; $SD_{age}$ = 8.58). Participants reflected the following education statuses: 1.1 percent no schooling completed, 0.4 percent primary school, 3.9 percent secondary school, 24.2 percent high school, 40.0 percent bachelor's degree, 22.1 percent master's degree, 2.8 percent Ph.D. degree, and 5.6 percent other. Most individuals were employed full-time ($n$ = 165; 58.2 percent) or part-time ($n$ = 30; 10.5 percent).

Regarding relationship status, 64.2 percent and 35.2 percent of the LGB individuals reported currently being in a relationship, while 35.2 percent reported previously having been in a relationship during the data collection. Of the 183 individuals currently in a relationship, 47.0 percent defined their relationships as cohabiting, 3.8 percent as long-distance, 9.3 percent as engaged, 15.3 percent as married, and 1.6 percent as other. 23 percent were in a relationship, and did not live with their partner together. Relationship length varied between 1 and 450 months ($M$ = 59.95; $SD$ = 69.13). A large majority of the LGB individuals (94.5 percent) defined their relationships as stable. 68.9 percent indicated that their partners were of the same sex, while 29.5 percent had partners of a different sex.

## Data collection tools

To collect respondents' personal information (e.g., age, gender identity, and sexual orientation) and relational details (e.g., relationship history, type, and length), we created a demographic information form (DIF). Straus et al. (1996) developed the Revised Conflict Tactics Scale (CTS-R) based on conflict theory as the theoretical framework. The scale has a five-factor structure with 39 items in total (78 when asked twice, first for what the respondent did and next for what the respondent's partner did):

Negotiation (6 items; e.g., "I showed my partner I cared even though we disagreed"), Psychological Aggression (8 items; e.g., "I said something to spite my partner"), Physical Assault (12 items; e.g., "I slapped my partner"), Sexual Coercion (7 items; e.g., "I used threats to make my partner have sex"). Participants indicated the use or receipt of each act on each subscale in the past twelve months on an eight-point frequency scale based on an occurrence of 0 (this has never happened), 1 (this has happened once in the past year), 2 (twice in the past year), 3 (3 to 5 times in the past year), 4 (6 to 10 times in the past year), 5 (11 to 20 times in the past year), 6 (more than 20 times in the past year), and 7 (not in the past year but previously).

For scoring, the researchers first need to decide whether they are interested in acts over the past 12 months or throughout the respondent's lifetime. As we were interested in the scores within the last 12 months, we coded category 7 (not in the past year but previously) as 0, as recommended by Straus et al. (1996). After this procedure, the CTS-R subscales were scored in two ways. First, to determine the prevalence rates of types of IPV perpetration and victimization, a dichotomous 0/1 prevalence variable was created. Second, responses were totaled to obtain an index of the degree of perpetration and victimization for each subscale, with higher scores reflecting more frequent use and receipt of acts. No reverse coding was required. The computed Cronbach's alphas for each subscale are available in Table 1 for the current study.

### Data collection procedure

Before commencing data collection, authorization to use the Revised CTS was acquired from Western Psychological Services (WPS), and we used the English version of the Revised CTS. Furthermore, ethical approval was sought and granted through the Norwegian Agency for Shared Services in Education and Research (SIKT). Data were collected through convenience sampling. We invited individuals who met the criteria to participate via a survey developed through Nettskjema, a tool for collecting and storing sensitive survey data. Before respondents proceeded, they provided their voluntary consent with the knowledge

that they could withdraw from participation without explanation. LGB organizations, student clubs, groups, associations, etc., were contacted and asked to distribute the link to their members through social media accounts, e-mail groups, or communication platforms. The authors of the study repeatedly posted the link on their own social media accounts to invite their followers to participate in or share the survey. No incentives were offered. It took participants approximately 15 minutes to complete the survey. A total of 616 people consented to participate, and 292 completed the survey. The survey completion rate was 47.40 percent.

## Data analysis

In our study,[1] we initially used correlation analyses to examine the connections between various forms of intimate partner violence, such as psychological, physical, and sexual, as well as negotiation behaviors and instances of injury, in both as victims and perpetrators. This was done to assess how well the revised CTS captured these phenomena within the Norwegian population. Following this, we calculated Cronbach's alphas to gauge the internal consistency of the revised CTS, providing insight into the reliability of the scale. Furthermore, we employed chi-square tests to uncover any disparities in reported experiences of psychological aggression, physical assault, and sexual coercion based on sexual orientation. To quantify the magnitude of these differences, we used Cramér's V, considering effect sizes as small, medium, or large based on established criteria. Throughout our analysis, we maintained a significance level of 5 percent ($\alpha = 0.05$) to determine statistical significance.

## Results

As in the original work of Straus et al. (1996), we computed the intercorrelations among the five subscales of the CTS-R for victimization and perpetration dimensions to demonstrate construct validity.

As shown in Table 1, the perpetration of psychological aggression, physical assault, and sexual coercion was positively correlated, with the correlation between physical assault and sexual coercion being the strongest ($r = .62$, $p < .01$) and the correlation between psychological

aggression and sexual coercion being the weakest ($r = .40$, $p < .01$). This indicates that LGB individuals who committed one type of IPV tended to engage in the other types. The association of injury with IPV perpetration types was also positive. Except for the link between negotiation and psychological aggression perpetration, the relationship between negotiation and physical assault and sexual coercion was not significant. Finally, we did not find a correlation between injury and negotiation.

As illustrated in Table 1, victimization of psychological aggression, physical assault, and sexual coercion were positively correlated, with the correlation between physical assault and psychological aggression being the strongest ($r = .69$, $p < .01$) and the correlation between psychological aggression and sexual coercion being the weakest ($r = .54$, $p < .01$). LGB individuals subjected to one type of IPV were more prone to be subjected to other types. The association of injury with IPV victimization types was also positive. The relationship of negotiation to physical assault and sexual coercion was negatively correlated. Finally, we did not see a correlation between injury and negotiation.

We also inspected the correlations between victimization and perpetration. As depicted in Table 1, there were strong correlations between psychological aggression victimization and perpetration ($r = .71$, $p < .01$), physical assault victimization and perpetration ($r = .71$, $p < .01$), and sexual coercion victimization and perpetration ($r = .44$, $p < .01$). Additionally, all types of receiving and inflicting violence were positively and strongly associated.

Next, we investigated victimization and perpetration frequency rates. Consistent with the scoring of the CTS-R (Straus et al. 1996), we dichotomized responses into 0 (never experienced an instance of violence in their current relationship over the past year) and 1 (experienced at least one instance of violence in their current relationship over the past year year). Before this dichotomization, we re-coded response category 7 as 0 (not in the past year but previously), as we were interested in experiences over the past year. Since we aimed to compare the IPV experiences of LGB individuals, we dropped 14 cases from further analyses because they declared their sexual orientation as "other."

Table 1

*Cronbach Alphas, Means, and Standard Deviations and Intercorrelations among Study Variables*

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Psychological_me | 1 | .595** | .407** | .400** | .264** | .714** | .479** | .427** | .457** | .094 |
| 2. Physical_me | | 1 | .622** | .673** | .044 | .454** | .715** | .395** | .886** | -.054 |
| 3. Sexual_me | | | 1 | .379** | .026 | .369** | .479** | .441** | .512** | -.073 |
| 4. Injury_me | | | | 1 | .090 | .609** | .910** | .395** | .691** | -.127* |
| 5. Negotiation_me | | | | | 1 | .297** | .088 | .076 | .039 | .849** |
| 6. Psychological_mypartner | | | | | | 1 | .691** | .547** | .375** | -.033 |
| 7. Physical_mypartner | | | | | | | 1 | .549** | .700** | -.139* |
| 8. Sexual_mypartner | | | | | | | | 1 | .380** | -.137* |
| 9. Injury_mypartner | | | | | | | | | 1 | -.062 |
| 10. Negotiation_mypartner | | | | | | | | | | 1 |
| M | 4.69 | 1.24 | .83 | .90 | 21.74 | 6.24 | 2.77 | 1.93 | .40 | 19.45 |
| SD | 5.91 | 4.58 | 2.70 | 3.48 | 10.15 | 8.26 | 8.28 | 5.06 | 2.09 | 10.36 |
| α | .770 | .875 | .604 | .834 | .886 | .839 | .923 | .802 | .784 | .896 |

$N = 285$.

$^{**}p < .01$; $^{*}p < .05$

Table 2

*Frequencies of Intimate Partner Violence Perpetration and Victimization Regarding Sexual Orientation*

| | Lesbians ($N$ = 91; $f$ = 33.6%) | Gays ($N$ = 62; $f$ = 22.9%) | Bisexuals ($N$ = 118; $f$ = 43.5%) | Chi square |
|---|---|---|---|---|
| Perpetration | | | | |
| Psychological | 59.3% | 71.0% | 68.6% | $\chi 2$= 2.850<br>v = .103 |
| Physical | 16.5% | 30.6% | 23.7% | $\chi 2$= 4.277<br>v = .126 |
| Sexual | 7.7% | 32.3% | 11.9% | $\chi 2$= 19.066**<br>v = .265 |
| Victimization | | | | |
| Psychological | 62.6% | 67.6% | 69.5% | $\chi 2$= 1.121<br>v = .064 |
| Physical | 24.2% | 33.9% | 23.7% | $\chi 2$= 2.454<br>v = .095 |
| Sexual | 21.4% | 41.9% | 24.67% | $\chi 2$= 12.640**<br>v = .216 |

$N$ = 271.

**$p$ < .01

For perpetration rates, a chi-square test revealed no difference among lesbian, gay, and bisexual participants in psychological aggression: $\chi 2$ (2, $n$ = 271) = 2.85, $p$ = .24, Cramér's $V$ = .10. A large percentage of lesbian (59.3 percent), gay (71.0 percent), and bisexual participants (66.1 percent) in the sample reported having perpetrated at least one psychologically aggressive act over the past year toward their partners. Similarly, physical assault perpetration rates did not vary by sexual orientation: $\chi 2$ (2, $n$ = 271) = 4.27, $p$ = .11, Cramér's $V$ = .12. The prevalence rates of

physical assault perpetration for lesbian, gay, and bisexual participants were 16.5 percent, 30.6 percent, and 23.7 percent, respectively. Unlike in regard to psychological aggression and physical assault, we found a difference among lesbian, gay, and bisexual participants regarding sexual coercion: $\chi 2$ (2, $n$ = 271) = 19.06, $p$ < .001, Cramér's $V$ = .26. Gay participants (32.3 percent) committed a large number of sexually coercive acts against their partners than followed by bisexual (11.9 percent) and lesbian (7.7 percent) participants, and the effect size for the difference was medium.

For victimization rates, a chi-square test revealed no difference among lesbian, gay, and bisexual participants in psychological aggression: $\chi 2$ (2, $n$ = 271) = 1.12, $p$ = .57, Cramér's $V$ = .06. A large percentage of lesbian (62.6 percent), gay (67.7 percent), and bisexual (69.5 percent) participants in the sample reported having been subjected to at least one psychologically aggressive acts over the past year by their partners (see Table 2). Similarly, physical assault victimization rates did not vary by sexual orientation: $\chi 2$ (2, $n$ = 271) = 2.45, $p$ = .29, Cramér's $V$ = .09. The prevalence rates of physical assault victimization for lesbian, gay, and bisexual participants were 24.2 percent, 33.9 percent, and 23.7 percent, respectively. Again, unlike in regard to psychological aggression and physical assault, we found a difference among lesbian, gay, and bisexual participants in regard to sexual coercion: $\chi 2$ (2, $n$ = 271) = 12.64, $p$ < .001, Cramér's $V$ = .21. As presented in Table 2, gay participants (41.9 percent) experienced a larger number of sexually coercive acts from their partners than, followed by bisexual (24.6 percent) and lesbian (16.5 percent) participants, and the effect size for the difference was medium.

## Discussion

The present study has two main purposes: the first is to document the construct validity evidence of CTS-R (Straus et al. 1996), and the second is to explore the prevalence of and sexual orientation differences in psychological aggression, physical assault, and sexual coercion perpetration and victimization. In the following, we discuss the construct validity findings before highlighting the significant findings regarding the

prevalence of and sexual orientation differences in psychological aggression, physical assault, and sexual coercion victimization and perpetration. We will discuss the results in light of theories and research on IPV alternating between heterosexual and same-sex contexts.

To document the construct validity of the CTS-R, we formulated four hypotheses regarding the relationships between the main variables. Three hypotheses (H1, H2, H4) were fully confirmed, and one (H3) was partially confirmed, implying that the CTS-R (Straus et al. 1996) has satisfactory construct validity evidence.

Our first hypothesis, in which we proposed positive correlations among (1) psychological, sexual, and physical IPV perpetration and (2) psychological, sexual, and physical IPV victimization, was confirmed. Our findings indicated that perpetrating one kind of IPV would increase the likelihood of committing the other two forms, which aligns with the literature (Straus et al. 1996). Similarly, we found positive correlations among psychological, sexual, and physical IPV victimization. As reflected in the literature (Straus et al. 1996), experiencing one form of victimization was associated with experiencing the other two forms.

As part of H1, we expected that the perpetration and victimization from IPV would be positively correlated for each form, which was also supported. Thus, it seems that IPV victimization is associated with perpetration, which suggests that among LGB individuals, the victim/survivor of IPV is also likely to be a perpetrator, consistent with the original research conducted by Straus and colleagues (1996). At first glance, this result might stand in contrast to research on IPV in a heterosexual context, where women are typically portrayed as victims of male perpetration (Randle & Graham 2011). However, as previously mentioned, researchers increasingly recognize that men can also be victims/survivors, and females can be perpetrators in a heterosexual context (Hines & Douglas 2015). Nonetheless, the consequences of IPV are important in this argument; women in heterosexual relationships still suffer more injury but inflict less (Murray & Graves 2012; Randle & Graham 2011).

H2, that injury would be positively correlated with all types of IPV victimization, was also confirmed. LGB individuals who suffered more

from IPV were at a higher risk of injury, which is a measure of the consequences of IPV (Straus et al. 1996). The confirmation of H2 indicates that the feminist framework applied to IPV, which posits that IPV is rooted in sexism and portrays men as a physically dominant group (Randle & Graham 2011), is insufficient to explain IPV among LGB individuals. It is important to acknowledge that in LGB relationships, where physical differences are assumed to be less pronounced, there may be a power imbalance struggle that contributes to the occurrence of violence, and it is crucial to recognize that the risk of injury in this struggle exists independently of the victim's sexual orientation and gender identity.

In H3, we hypothesized that negotiation would not be correlated with IPV victimization and perpetration. Contrary to our hypothesis, our findings revealed weak negative correlations between one's partner's (not one's own) negotiation and sexual and physical violence victimization. Although the finding appears reasonable in the current study, Straus et al. (1996) did not expect such an association between the two. Indeed, we did not obtain a significant correlation between one's own negotiation and psychological, physical, and sexual perpetration. All in all, we partially confirmed H3.

Finally, our last hypothesis (H4), that injury and negotiation would not be correlated, was confirmed in line with the literature (Straus et al. 1996). Overall, the partial and full confirmation of H3 and H4 suggests that IPV arises due to conflicts unresolved. However, one might argue that resolving disputes may take longer among LGB couples than among heterosexual couples, as there are fewer cultural and societal resources (Ovesen 2020) on which they can rely and with which they can identify when addressing their conflicts. Thus, the lack of support mechanisms might shape the IPV experiences of this group and could place them in a more vulnerable position.

Regarding the second purpose, the current study documented prevalence rates of IPV among LGB individuals at approximately the same level as those found among heterosexuals in Norwegian and other Nordic samples (Dale et al. 2023; Gracia & Merlo 2016; Nerøien & Schei

2008). Furthermore, we found no prevalence differences between lesbian, bisexual, and gay individuals regarding the perpetration of and victimization from psychological and physical IPV, with the exception that gay men are more inclined to commit and experience sexual violence. In comparison with other studies, our findings do not align with the existing literature.

Previous research indicates that bisexual individuals report more IPV victimization (Speziale & Ring 2006; West 2002) and perpetration (Balsam & Szymanski 2005; Ummak, Toplu-Demirtas & Jessen 2021) compared to lesbian and gay individuals. From a minority stress theory perspective, we know that bisexual individuals can experience distress due to stigma and prejudice from both heterosexual and lesbian/gay communities (Pennasilico & Amodeo 2019). Indeed, a recent governmental report by Statistics Norway (Engvik 2022) on the life quality of LGB individuals in Norway revealed that bisexual individuals have a lower level of life quality than gay men and lesbian women. For example, 20.79 percent of bisexual individuals self-reported mental and physical health problems, compared to 10.25 percent of gay and lesbian individuals (Engvik 2022). Furthermore, the latest report on the living conditions of LGB people in Norway indicates that bisexual men and women have a lower socioeconomic status and face more challenges related to being open about their sexual orientation compared to gay men and lesbian women (Anderssen et al. 2021). This might put them at increased risk of IPV (Ummak, Turken & Akin 2022). It is possible that the findings from the present study suggest that the lower level of life quality among bisexuals in Norway is more closely related to discrimination in public spaces, such as the workplace, rather than intimate relations. Nevertheless, this finding warrants further exploration to examine why we, unlike studies from other Nordic countries, found no significant differences in physical and psychological IPV perpetration and victimization between LGB individuals in Norway.

We found that gay men commit and experience significantly more sexual IPV than lesbian and bisexual individuals. These findings contradict the previous literature. The higher levels of sexual perpetration and

victimization among gay men are open to a feminist reading. Perhaps sexual violence is a unique characteristic of masculinity norms, lending support to the notion that some men perpetrate IPV to dominate their partner and assert the authority traditionally ascribed to their gender role (Jewkes, Floof & Lang 2015). Interestingly, results from the present study suggest that the gender dynamics previously documented in relationships between men and women also seem to play out in same-sex couples.

Furthermore, within the perspective of minority stress, perhaps the increased prevalence of sexual violence among gay men reflects the internalization of negative attitudes toward gay male sexuality that might trivialize and feed sexual violence among gay men (Jackson et al. 2017). Indeed, a recent study by Dietzel (2021), drawing upon in-depth, semi-structured interviews with 25 men who have sex with men, revealed dynamics among this group, such as normalizing unwanted sexual advances as "a gay men`s world" and believing that gay men "always want sex". These dynamics might contribute to both sexual victimization and perpetration. Furthermore, heteronormativity can create stereotypical gender roles and expectations (i.e., one dominant individual in the relationship as the "leader"/masculine) that might be internalized by gay men (Meyer 2003). As previously mentioned, the enactment of hegemonic masculinity and the assertion of dominance through normalization of gender roles can lead to IPV in male same-sex relationships (Goldenberg et al. 2016; Oliffe et al. 2014). It is possible that gay men who internalize the dominant masculine culture are more inclined to commit sexual violence toward their partner when disagreements are unresolved. This dynamic might be further amplified by the fact that men-to-men sexuality is traditionally positioned as a threat to masculine ideals in heteronormative societies (Butler 1990). Additionally, the tendency to resort to violence in response to high levels of stress and disagreements in close relations might be further reinforced by the higher prevalence of mental health difficulties in the LGB population (Anderssen et al. 2021). Therefore, gender perspectives on how masculine values such as dominance are ascribed to male gender roles, togeth-

er with knowledge from the minority stress model on how internalized societal stigma leads to negative self-evaluation, might shed light on why some gay men are more prone to commit and experience sexual violence in close relationships compared to lesbian and bisexual individuals (Trombetta & Rolle 2023).

### Limitations

Despite the strength of these findings, there are several limitations to the current study, and these should be considered when interpreting the results. First, the data were collected during the Covid pandemic. We know there has been an increase in IPV both globally and in Norway, which may have influenced the numbers reported by the participants (Nesset et al. 2021). Second, the sample size was relatively small. This can be attributed to the fact that the study focuses on a specific minority (lesbian, gay, or bisexual people in Norway) with very specific, possibly traumatic experiences (having experienced IPV) that they are willing to share. The sample pool was small to begin with. Third, the data are based on self-reporting, which comes with some uncertainties due to social desirability. Gathering dyadic data would help clarify how a person reports their own and their partner's acts of violence. Fourth, we collected data online with the help of announcements from LGB organizations on their social media accounts, which means that the LGB individuals who participated in the research were likely involved in those organizations and/or LGB activism. The participants' educational background (40 percent had a bachelor's degree and 22 percent had a master's degree) was most probably influenced by this fact. Therefore, our participants' experiences may not reflect those of LGB individuals not associated with LGB organizations and communities. Fifth, we did not inquire about how our participants, particularly bisexual participants, identify the gender identities and sexual orientations of their partners; therefore, we cannot draw any conclusions regarding the partners of our participants. Sixth, our study design was not longitudinal or experimental; therefore, causality cannot be inferred. Lastly, due to the overarching construct of the CTS,

we could not validate its construct validity via exploratory and confirmatory factor analysis, but instead relied on the way Straus et al. (1996) validated it.

### Suggestions for future research and practice

This study confirms that the CTS-R can effectively measure IPV among LGB individuals in the Norwegian context. Given our findings, we further suggest that the scale should be tested with different samples of LGB individuals from diverse backgrounds in Norway to confirm the results of the current study. We found that gay individuals are more prone to inflict and experience sexual violence than lesbian and bisexual individuals. Future research should further explore the dynamics that lead to IPV among gay men, particularly concerning the internalization of stereotypical gender roles and the role of masculinity in same-sex relations. Future research could also include queer and trans individuals to explore the similarities and differences among these groups.

There are a number of implications for health professionals to be drawn from the present study. First, the present study indicates that the prevalence of IPV among LGB individuals equals that among heterosexuals. Moreover, gay men are more inclined to both commit sexual violence and be subjected to it by their partners. Consequently, mental health professionals and IPV service providers should be aware that LGB individuals experience IPV and create an inclusive environment in which LGB individuals feel comfortable sharing their experiences. Second, mental health professionals working with LGBTQ+ individuals may benefit from understanding that the dynamics leading to IPV among gay men may be related to the internalization of negative attitudes toward gay male sexuality and challenges pertaining to masculine gender roles and ideals, which may play out in intimate relationships between men. Third, the present study indicates, in line with the theory behind the scale, that IPV arises when disagreements in intimate relations are not resolved. Mental health professionals and IPV service providers should therefore help LGB individuals at risk of IPV to resolve such conflicts before they escalate.

## Conclusion

There are several strengths to the current study. First, we adapted the CTS-R to the Norwegian context and tested its construct validity. By doing so, we filled a significant gap regarding the lack of a standardized measure to gauge LGB IPV in the Norwegian context. The present study documents that the CTS-R is a promising tool that can either be used in its entirety or factor by factor to measure the relevant constructs. However, the need for a new, updated, sound tool specifically designed to measure LGB-specific IPV is urgent. Any attempts to meet such a need would be much appreciated. Second, through the CTS-R, we documented that psychological, physical, and sexual IPV perpetration and victimization among LGB individuals in Norway are similar to those among heterosexual individuals, refuting the myth that IPV does not among LGB individuals. Third, the findings align with the premise of conflict theory, which posits that the use of coercion as a conflict resolution tactic. Fourth, we revealed that gay men are more prone to inflict and experience sexual violence than lesbian and bisexual individuals.

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## Declarations

Funding: This research was funded by the Internal Research Strategic Grant, University of Oslo (Project # 102603193).

Conflicts of interest/Competing interests: We have no conflicts of interest that might affect the study.

Availability of data and material: The data associated with the paper is available and can be accessed upon request by the editors/reviewers.

Code availability: Not applicable.

Ethics approval: The project was conducted in accordance with all relevant ethical standards and all requirements of the National Center for Research Data.

Consent to participate: Participants agreed to participate after they signed an informed consent form separate from the main documents.

Consent for publication: Participants consented to the publication of their data.

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## NOTES

1. We first conducted correlation analyses to explore the associations among psychological aggression, physical assault, sexual coercion, negotiation, and injury victimization and perpetration to evaluate the construct validity of the revised CTS in the Norwegian sample. We did not use exploratory or confirmatory factor analyses to reveal the factor structure of the CTS-R due to the following reasons. Despite theoretically distinct structures, items in the CTS-R show close associa-

tions between sub-scales. Consequently, certain items cross-load on different sub-scales due to their strong connections with items in other sub-scales. For example, the item "destroying an item belonging to a partner" is considered "psychological violence" in the dating violence literature (and in the CTS-R), yet in confirmatory factor analysis, the item is also loaded onto the sub-scale of "physical violence" due to the action of "destroying". Similarly, the theoretical classification of "insisting on sex without the use of force" as "sexual violence" conflicts with its factor in the factor analysis loading onto the sub-scale of "psychological violence" because of the action of "insisting". Additionally, the action of "using force (like hitting, holding down, or using a weapon to make the partner have sex" is deemed an act of "sexual violence"; however, due to the expressions "hitting" and "holding down", it also loads onto the sub-scale of "physical violence". In spite of this, the CTS-R is the most widely used instrument to gauge IPV among sexual minority individuals, as documented in a recent systematic review (Trombetta & Rollè 2023).

Next, we computed Cronbach's alphas to provide evidence of the internal consistency of the revised CTS. We conducted a chi-square test to reveal differences in sexual orientation in self-reported psychological aggression, physical assault, and sexual coercion victimization and perpetration. To estimate the effect size, we reported Cramér's *V* as we have tables larger than 2*2 and followed the rule of thumb as small = .07, medium = .21, and larger = .35. The level of significance used in the analysis was 5 percent ($\alpha = 0.05$).