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Intimate Partner Violence in Same-sex Couples: A Literature Review of the Portuguese Reality

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INTIMATE PARTNER VIOLENCE IN SAME-SEX COUPLES: A LITERATURE REVIEW OF THE PORTUGUESE REALITY

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ABSTRACT

Intimate partner violence is a significant public health issue, further aggravated in certain minority groups. Research regarding same-sex intimate partner violence is extremely scarce. This work presents a review of the available literature on this topic, made in Portugal. A total of ten studies met inclusion criteria and were included in this analysis. These papers show many similarities between opposite and same-sex intimate partner violence concerning prevalence, types of abuse, and various other dynamics. Differences are noticeable mainly in areas such as help-seeking behaviours and predictors, thus implying the need for a differentiated approach to these victims. This review also finds significant limitations of the reviewed literature, such as the lack of a standardized and validated definition of IPV, inconsistent recall periods, and the frequent use of convenience sampling; which hinder the interpretation of the results, and highlight the need for new and statistically sound research.

Keywords: Intimate Partner Violence; Same-sex; LGBT; Domestic Violence

ABBREVIATIONS

APAV – *Associação Portuguesa de Apoio à Vítima* (Portuguese Association for Victim Support);

CIG – *Comissão para a Cidadania e Igualdade de Género* (Commission for citizenship and gender equality);

CTS – Conflicts Tactics Scale;

GNR – *Guarda Nacional Republicana* (Portuguese law enforcement agency);

HIV – Human Immunodeficiency Viruses;

ILGA – *Intervenção Lésbica, Gay, Bissexual, Trans e Intersexo* (Portuguese LGBT association);

IPV – Intimate Partner Violence;

IVC – *Inventário de Violência Conjugal* (Conjugal violence index);

LGBT – Lesbian, Gay, Bisexual, Transgender;

LGBTI – Lesbian, Gay, Bisexual, Transgender, Intersex;

LGBT+ - Lesbian, Gay, Bisexual, Transgender (and related communities);

RASI – *Relatório Anual de Segurança Interna* (Annual Internal Security Report);

WHO – World Health Organization.

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INTRODUCTION

Intimate partner violence (IPV) is among the most relevant and impactful problems in today's world. It occurs ubiquitously throughout socioeconomic, cultural, and religious groups. The World Health Organization's (WHO) report on violence against women defines it as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship".¹ These types of behaviour can be roughly divided into physical violence, sexual violence, emotional abuse and other controlling behaviours. Although these definitions can vary, in this same WHO report these are defined as: "Acts of physical violence, such as slapping, hitting, kicking and beating; Sexual violence, including forced sexual intercourse and other forms of sexual coercion; Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children; Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care."¹ These behaviours oftentimes occur simultaneously, within the abusive relationship.² Consequences from IPV are manifold and can greatly affect a person's physical, mental and sexual and reproductive health.^{1,3,4}

According to the 'WHO Multi-Country Study on Women's Health and Domestic Violence against Women', which collected data from around 24,000 women from 10 different countries of diverse cultural, geographical and urban/rural settings, the estimated prevalence of having experienced physical violence from an intimate partner ranged from 13-61%, while the estimated prevalence for emotional violence and sexual violence ranged from 20-75% and 6-59%, respectively.³ In Portugal, according to the Portuguese Association for Victim Support's – *Associação Portuguesa de Apoio à Vítima (APAV)* – annual report, there were 23,586 recorded cases of domestic violence in the year of 2019.⁵

Despite the considerable attention and scientific investigation regarding this subject in recent years, all this research was essentially focused on heterosexual couples. From 2000 to 2015 around 14,200 research studies regarding IPV were published around the world, however, among these, those investigating IPV in same-sex couples comprised about 3% of the total (around 400 studies).⁶ IPV in same-sex couples is manifestly under-researched, even though several large epidemiological studies have shown that prevalence rates for gay and bisexual couples are comparable, or even higher, than rates observed in heterosexual relationships.⁷⁻¹²

IPV in same-sex couples has a lot of similarities with opposite-sex couples, however it also has several inherent particularities that should be considered. As will be discussed in further detail later in this paper, several studies have shown that sexual minority individuals, either gay and bisexual men and women, have an increased probability of experiencing IPV. ¹³⁻¹⁵ According to Meyer, despite the similarities between victims of same-sex and opposite-sex IPV, the former are subjected to unique stressors, stemming from their condition as a sexual minority. ¹⁶ These sexual minority stressors, which will be properly discussed further on, can interact with IPV to create or exacerbate existing vulnerabilities. A sexual minority status may, for example, exacerbate feelings of isolation and helplessness, frequently reported by victims of IPV. This has been referred to as the “double closet”, as a victim seeking help would have to “come out of the closet” twice, disclosing not only her experience of victimization, but also his or her sexual orientation. ¹⁷⁻¹⁹

As for the patterns of violence associated with IPV, according to Walker’s research on IPV in heterosexual relationships, IPV tends to occur in a cyclical pattern. ² This pattern is divided in three phases: **(i)** the tension building phase, where there is increasing conflict and tension; **(ii)** the violent incident phase, when the abusive partner batters his/her partner; and **(iii)** the ‘honeymoon’ phase, where the abuser changes his behaviour and is peaceful and apologetic, bearing promises of change, and renewed love. ² This pattern has also been shown to be present in same-sex couples. ²⁰

As for the types of behaviour adopted by the abusers, there are many that are the same, regardless of sexual orientation, but there are also others that can only be applied in the context of a same-sex relationship. As with heterosexual couples, emotional violence is often the most prevalent, and, at the same time, the most undervalued form of violence. ²¹ Notwithstanding its high prevalence, and its manifestly deleterious effects on the victims’ mental health, this type of behaviour is often forgotten in most research in this area, which focuses much more in the two next most common forms of abuse: physical violence and sexual violence, in that order. ²¹ It is important to point out that emotional violence goes much beyond name calling. As suggested by Stark, emotional violence often entails a pattern of on-going intentional domineering tactics, used with the intent of controlling and governing the victim’s thoughts, beliefs and conduct; and to punish them for resisting their perpetrators’ regulation. ²² Specifically in the context of same-sex IPV, there are some other types of coercive and controlling tactics, such as “outing” (threatening to reveal the partner’s sexual orientation to his family, friends, or employer) ^{21,23} and, if applicable, threatening to reveal the partner’s HIV status (this is particularly relevant as some studies have shown a link between IPV and HIV seroconversion in gay and bisexual men) ²⁴.

When discussing the aetiology of IPV, most research has been based on heteronormative concepts of coercion and abuse, dependent exclusively on the male/female binary, where the man is most often considered the abuser, due to his supposedly more aggressive nature, and the woman is considered the frail and helpless victim. Naturally, these theories have limited applicability in same-sex couples.^{25,26} Currently there is no theory that can thoroughly explain this phenomenon, but there is a growing body of literature presenting new theories that could explain IPV in same-sex couples, without depending so heavily on traditional heteronormative concepts.^{13,23,25-27} These will be analysed properly further on, in this paper.

Finally, homosexuals and bisexuals may also face some significant barriers in reporting IPV and accessing services, mainly due to societal heterosexism. Many papers show that most victims of IPV in same-sex couples are particularly reluctant to report the situation to the proper authorities. Besides the usual barriers that heterosexual couples have to overcome, these sexual minority individuals cite other problems such as: the lack of trust in the authorities, the fear of discrimination and limited legal rights.^{13,27,28}

This work intends to review the existent literature regarding IPV in same-sex couples, in Portugal, discussing some of the most relevant points of the subject, namely its prevalence, predictors, differences between IPV in same-sex and opposite-sex couples, the access to institutional and legal support, and its consequences on the victims' health. The information gathered will be analysed, explained and compared with international sources.

METHODOLOGY

A review of the literature was conducted using electronic database searches (namely PubMed and Google Scholar) and snowball searches of citations lists of relevant articles. Within each database the following search terms were used, either individually or in various combinations: abuse; bisexual; couple; domestic violence; gay; homosexual; intimate partner violence; IPV; lesbian; LGBT; LGBTI; same-sex; violence; Portugal.

Only studies that met the following selection criteria were included in our review: **(i)** published in a peer-reviewed journal, or in a university repository, after 2000; **(ii)** written in english or portuguese; **(iii)** used a sample drawn from Portugal; **(iv)** study population above 18 years old; **(v)** studied only IPV in same-sex couples, and not other forms of violence present in the LGBT+ community (*e.g.* hate crimes).

We read the abstracts of the articles found and obtained full-text copies of all the articles that appeared to meet all the inclusion criteria. These were then read thoroughly, and, through this process, we identified ten studies that met all selection criteria, all of which are included in this review. Five of these studies focused primarily on the prevalence of IPV and the study of some of its predictors; while the remaining five papers attempted to describe and analyse LGBT+ persons' opinion on IPV. The studied samples ranged from two to 167 participants.

We were not able to track the exact number of articles identified due to the frequent overlap in articles found through the various databases and search terms, the snowball search of citations list, as well as the numerous articles that were irrelevant to the topic in study. Consequently, we do not report the percentage of articles found that met the selection criteria as this number would be inaccurate and not meaningful.

RESULTS

See tables I and II, in the appendix.

DISCUSSION

Key Results

PREVALENCE

Studies addressing IPV in Portugal are scarce, and even more so those concerning same-sex IPV. In concordance with what is observed in other international studies, the prevalence rates verified are extremely variable, and difficult to compare, mainly due to important methodological differences between studies.¹²

In one of the first studies done in Portugal on this subject, Antunes & Machado, using a sample of 63 participants (48 lesbian women and 15 gay men), showed that 20.6% of participants admitted to being victims of IPV in their current relationship (12.7% of which was emotional violence), while 15.9% admitted perpetrating said behaviour (either for physical or emotional violence the observed rate was 9.5%). There were no reports of sexual violence. As for past relationships, 61.9% reported having been a victim, while 46.0% admitted to having used violence against their partner. Exploring the different forms of violence, physical and emotional violence was the most reported (34.9% and 25.4% for victims and aggressors, respectively), followed by isolated emotional violence (19% and 12.7%, respectively). Sexual and emotional violence victimization were analysed together, and reported by 1.6% of the sample; and 1.6% admitted to perpetrating sexual violence.²⁹

Costa *et al.*, with a sample of 151 homosexual participants (64.2% women and 35.8% men) and using a modified version of the IVC-3 questionnaire (*Inventário de Violência Conjugal – Marital Violence Inventory*) evaluated the prevalence of emotional, physical and sexual abuse. With a recall period of one year, regarding victimization, the prevalence rates for emotional, physical and sexual abuse were 35.1%, 24.5% and 3.3%, respectively. As for perpetration the verified rates were, in the same order, 30.5%, 24.5% and 0.7%.¹⁹

Domingues, using a translated and validated questionnaire extracted from Violence and Abuse in Same-sex Relationships by Noret & Richards (2003) and a sample of 74 individuals (n = 49 gay, n = 14 lesbian and n = 11 bisexual), studied the prevalence of each form of abuse, among other variables, within each group. Referring to past relationships, 61.2% of gays, 71.4% of lesbians and 63.6% of bisexuals admitted to having been victims of emotional violence. As for physical violence the observed prevalence rates were 32.7% for gays, 42.9% for lesbians and

27.3% for bisexuals; and, finally, the rates for sexual violence were 10.2% for gays, 14.3% for lesbians and 0% for bisexuals.³⁰

Using the same questionnaire as the previous study but with a smaller sample of 35 lesbian women and 13 gay men (n = 48), Osório showed extremely high global rates of victimization and perpetration, for all forms of abuse. This study also evaluated socioeconomic abuse as a separate form of abuse. Regarding victimization the rates for emotional, physical, socioeconomic and sexual abuse were 97.6%, 88.1%, 47.6% and 33.3%, respectively; while for perpetration the rates were 66.7%, 45.2%, 2.4% and 2.4%, in the same order.³¹

Santos & Caridade, using a translated and validated version of the Conflicts Tactics Scale (CTS) with 168 homosexual participants, did a more in-depth analysis of the types of abuse present in this population. Considering a recall period of one year, 91.7% of participants reported having been a victim of any form of IPV, and 92.3% reported having been the perpetrator. Regarding victimization only, they noted a preponderance of emotional abuse (69.2% and 30.4% for light and severe emotional abuse, respectively), as it was the most reported form of aggression. Physical violence was divided into two categories: with sequelae (10.7% and 1.2% for light and severe abuse, respectively); and without sequelae (28.6% and 11.9% for light and severe abuse, respectively). Finally, sexual coercion was the least reported form of abuse (29.2% and 3.6% for light and severe sexual coercion, respectively). The study also showed high rates of perpetration, particularly for light emotional abuse (70.2%), light physical abuse without sequelae (26.8%) and light sexual coercion (28.0%).³²

This pattern of emotional violence being the most common form of violence, while sexual abuse is the least reported one, is in concordance with much of the international literature available.^{14,21} Despite the wide variability of the observed prevalence rates, these values disprove the common belief that IPV in same-sex couples does not exist, or that it is a residual problem.

Some additional information can also be extrapolated from certain organizations' annual reports. For example, APAV collects data related to victims of several types of crime, including domestic violence, and offers them support and guidance. When analysing their annual reports, only from 2015 to 2018, data regarding same-sex domestic violence was presented. The number of LGBT+ victims that sought help from this organization was the following: 2015 - 131 (57 male + 74 female); 2016 - 65 (22 male + 43 female); 2017 - 75 (37 male + 38 female); 2018 - 93 (35 male + 58 female).³³⁻³⁶ Furthermore, the annual report on internal security – *Relatório Anual de Segurança Interna* (RASI) – also presents some relevant data. However, data regarding same-sex domestic violence appears only sporadically: in the previous ten years, only three of the reports

(2013, 2016 and 2017) presented data regarding this problem. The remaining reports, despite presenting numbers regarding opposite-sex domestic violence, omitted data for same-sex occurrences. In 2013, in around 9% of all reports of domestic violence, the victim and the aggressor were of the same sex,³⁷ in 2016, the reported percentages were 3-4%,³⁸ and for 2017, 3-5%.³⁹

DIFFERENCES BETWEEN SAME-SEX AND OPPOSITE-SEX COUPLES

Although same-sex IPV shares many similarities with opposite-sex IPV, due to it being inextricably connected with the more broad concept of violence within the context of an intimate relationship, it also has many specificities resultant of the minority status in which these same-sex couples are inserted, in our society. This problem is aggravated in lesbian relationships as this group is often doubly discriminated: for being women, and for being women in the context of a lesbian relationship.^{26,40}

Many of the most commonly reported predictors of IPV are the same, regardless of sexual orientation: jealousy and distrust; dyadic differences in income, employment, age, etc.; alcohol and substance abuse.²³ However, in the realm of same-sex IPV, many others arise, such as gender roles and gender role conflict, dyadic differences in outness (*i.e.* when one person is more open about his sexuality than his/her partner), and external violence, mainly occurring in the form of homophobic discrimination and anti-gay cultural messages.^{23,25}

In 2010, Topa identified four main possible causes for violence, namely: **(i)** personality traits (these differences between the victims' and the abusers' traits were pointed out as one possible trigger); **(ii)** economical or emotional dependence (despite them not being directly attributed as a cause for the episodes of aggression, these dependencies are often used by the abuser as a means of controlling their partner)¹⁴; **(iii)** differences in power; and **(iv)** different life experiences.⁴⁰ Furthermore, economic dependence was also reported as a common predictor, in other papers.^{18,41} On the other hand, Rodrigues *et al.*, while interviewing four IPV victims, most did not report economic dependence; however one of the participants did point out a potential fourth trigger: substance abuse (in this case, alcohol).⁴² All of these studies presented factors that are not exclusive of same-sex IPV, and are often present in heterosexual couples.²⁵

One of the principal differences between IPV in same-sex couples and opposite-sex couples is using outing as a form of abuse. That is, threatening to reveal a partner's sexual orientation to their family or employer, essentially as a form of control. Antunes & Machado

found that, regarding past relationships, 15.9% admitted to having suffered outing as a form of abuse at least once; and 3.2% admitted to perpetrating it. In current relationships these rates were much lower – 3.2% and 1.6%, respectively.²⁹ Domingues observed the same pattern with victimization rates of 12.2% for gays, 9.1% for bisexuals and absent in lesbians in past relationships; and only 2% in gays and absent both in lesbians and in bisexuals, concerning current relationships.³⁰ Costa *et al.* did not differentiate between past and current relationships, but showed that 3,3% of its sample had suffered outing at least once, and 0,7% had perpetrated it.¹⁹

A second important difference is how sex and gender roles might influence IPV. Antunes & Machado found a positive and statistically significant correlation between male sex and global perpetration, for current relationships.²⁹ Similarly, Santos & Caridade found an association between perpetration of light and severe sexual coercion and the male sex.³² Santos demonstrated how some participants' speeches – perpetuating one of the most prevalent myths regarding IPV in same-sex couples – showed that they viewed men as the main aggressors (even in same-sex relationships), and women as less violent, thus leading to the erroneous conclusion that IPV in lesbian couples is a rare phenomenon.⁴¹

Correia de Barros *et al.* explored how gender roles might influence same-sex IPV. In their analysis they spoke about how 'gender performativity' influenced their relationships, that is, even though we are discussing same-sex couples, interviewees recognized that in most relationships one of the partners assumes a more masculine role, and the other a more feminine one. Referring back to the more traditional 'heterosexist' theories of domestic violence, this type of behaviour could influence in some way the power imbalance between the elements of the couple.⁴³ It is possible that these power imbalances, usually associated with heterosexual couple, could extend themselves to same-sex relationships, as for many of these the adopted family model is based on the traditional heterosexual couple.^{29,43} Participants also mentioned how they felt that, had their relationship been with a person of the opposite sex, it would have been much easier to recognize the abusive nature of the relationship both for themselves, and for others. This last point is particularly relevant in regard to reporting the situation, and how the proper authorities deal with the issue. These types of testimonies are observed not only in this study, but in many other international papers.^{26,27}

In Elísio *et al.*, interviewees drew attention to how social stigma – and the subsequent discrimination, prejudice and harassment that LGBT+ couples are often subject to – can have a determinant role in the aetiology of IPV in same-sex couples. Furthermore, participants also

highlighted how internalized homophobia could take part in the phenomenon of IPV, both for the victims and the abusers.¹⁸

Expanding on this point, referring back to the sexual minority stress model presented by Meyer, these stressors are one of the most important differences between same-sex and opposite-sex couples. In sum, minority stress can be defined as a form of psychosocial stress resultant from being a member of a stigmatized and ostracized minority group. Meyer divided these stressors into internal stressors (*e.g.*, openness/concealment, perceived discrimination, and internalized homophobia) and external stressors (*e.g.*, experiences of violence, discrimination and harassment).¹⁶ Badenes studied the possible correlation between one of these stressors – internalized homophobia (*i.e.* internalizing society's negative messages about a sexual minority orientation) – and IPV, through a meta-analysis. The results showed positive and statistically significant associations between internalized homophobia and both victimization and perpetration of IPV.⁴⁴ Despite this subject being mentioned by participants in Elísio *et al.*, we were not able to find any study done in Portugal that attempted to statistically establish this type of correlation.

Another relevant topic is the possible overlap between the victims' and aggressors' role in the relationship (*i.e.* the abuse being bidirectional). Antunes & Machado showed that practically every participant that identified himself as an aggressor, had also been a victim of IPV, and vice-versa, both for current and past relationships;²⁹ while a positive and statistically significant correlation between global perpetration and victimization have also been reported, in other papers.^{19,32} This raises the important question whether this violence arises as a true form of mutual abuse, or as an act of self-defence. Domingues and Osório asked participants if they had ever become abusive towards their partner as a retaliation for their abusive behaviour, and the majority answered negatively (in Domingues 71.4% of lesbians, 72.7% of bisexuals and 89.8% of gays; and in Osório 61.9% answered thus).^{30,31} Correia de Barros *et. al.* also noted how some participants feared that the police might not distinguish the victim and the aggressor, on account of them being a same-sex couple.⁴³

Additionally, authors also explored other factors relevant in the context of victimization and perpetration of IPV. Santos & Caridade found an association between both perpetration and victimization of physical and psychological abuse and a cohabiting relationship; and also between psychological abuse victimization, as well as perpetration of physical abuse, and the length of the relationship.³² Additionally, Osório attempted to establish some correlations between IPV

victimization/perpetration and other factors such as age, victimization within the family circle, and alcohol and substance abuse. With 47.6% of participants having answered positively for experiencing violence within their family circle, further statistical analysis was able to establish a statistically significant correlation between perpetration of IPV and this past victimization.³¹ A positive correlation was also observed between young age (20-31 years) and victimization for all forms of violence (physical, psychological, sexual and socioeconomic). Contrary to some international research²⁵, it was not possible to establish any correlation between alcohol and substance abuse and perpetration of violence.³¹

SEEKING HELP

The process of seeking help is flawed and often presents many barriers for victims of IPV. These problems are accentuated with same-sex couples when these need to resort to support from both formal sources (*e.g.* police, domestic violence programs and shelters) and informal sources (*e.g.* friends and family). The police and these shelters most of the times are unprepared to deal with victims of same-sex IPV and, consequently, these are more likely to suffer secondary victimization.^{13,28} Despite the police being the most frequently contacted professional, they are also the most likely to be perceived as unhelpful.²⁸ Several studies have shown that most victims of IPV are more likely to seek help either from friends or individual counsellors, than from the police or domestic violence programs, and, furthermore, they also perceive them as more helpful.^{20,28} Moreover, these victims sometimes find themselves also without any type of informal source of support, as many of these people suffer from a lack of support from their family and social isolation, as a result of their minority status.⁴³

In Portugal, much progress has been made in terms of legislation, regarding protection of victims of IPV, and also in the LGBT+ community as well. Some of the most relevant points are:

- The creation of the national program against domestic violence (1999);
- Domestic violence being converted into a public crime^a (2000);
- A considerable expansion of the shelter network for women victim of IPV (between 1993 and 2011, the number expanded from 9 to 35 shelters);⁴¹
- The inclusion of same-sex couples in the legal definition of domestic violence (2007);

^a In Portugal, a public crime is defined as a crime where it is sufficient that the Public Prosecution Service becomes aware of the crime in any way whatsoever, for criminal proceedings to be initiated. In other words, the case begins regardless of whether or not the victim wishes to make a complaint, and the crime may be reported by anyone.

- Creation of an LGBT+ ‘help line’ where victims can call for support and information, created by the LGBT+ organization ILGA (2008);
- The creation of the first shelter specifically designed for LGBT+ victims – Casa Arco-Íris (2018).⁴⁵

Some research has been done in Portugal in an attempt to evaluate the victims’ perception of the available institutional help. Rodrigues *et al.* used a semi-structured interview to determine what type of violence the interviewed victims had suffered, how they sought help and how helpful did they perceive it, among other themes. Interviews were also conducted to representatives of several LGBT+ organizations and also from a law enforcement agency – *Guarda Nacional Republicana* (GNR). All four victims referred that they did not report their situations and pointed some of the reasons: Two participants had a poor informal support network, with few friends that could help them. They also mentioned how they feared revealing their sexual orientation to the police, by fear of discrimination; and also, they felt ashamed in confessing this type of situation of abuse. In general participants felt that police lacked the proper training for this specific problem.⁴² As for the rest of the interviews, most representatives of LGBT+ organizations showed a deeper knowledge in this subject, while the representative of GNR did not. Moreover, this representative reported that the manner of dealing with a victim of IPV is the same, regardless of sexual orientation.⁴² This, as many international studies have shown, is most likely not the best approach, as there are many specificities to IPV in same-sex couples which cannot be ignored.^{13,46}

Santos, through interviews with 23 LGBT+ participants, also showed a generally bad evaluation of the availability of shelters and state provided services. The invisibility of this theme is one of the most commonly evoked reasons for this, not only by the government, but also by LGBT+ organizations.⁴¹ This ‘lack of interest’ by these organizations can be explained mainly by two reasons: **(i)** lack of proper funding (which could allow the elaboration of more campaigns raising awareness for this problem); **(ii)** as has been suggested in other international papers²⁷, there could be reluctance in acknowledging this problem, by fear of a legal and cultural ‘ricochet’ which could withdraw some previously conquered civil rights.⁴¹

When asked about strategies that would help to combat and prevent this type of violence, some participants pointed out the urgency of educating not only the population in general, but also the professionals involved in dealing with IPV victims. Alongside a formal education, the adequate qualification and specialization of these professionals could greatly contribute to the decrease of discrimination and stigma, surrounding this topic.¹⁸

In other studies, participants reported being afraid of resorting to institutional help, mainly by fear of exposing themselves to homophobic reactions.^{40,43} Some also noted that they felt that if their partner had been of the opposite sex, their complaints would have been taken more seriously.⁴³

CONSEQUENCES ON THE VICTIMS' HEALTH

Despite the undeniable importance of this theme, we did not find any article done in Portugal that tackled this specific subject. However, some information can be collected from the papers based on interviews of LGBT+ persons and victims of IPV – these are mainly focused on the victims' mental health. Despite being scarce, this research aligns itself with other international papers.

When exploring the participants reactions to episodes of emotional violence, Rodrigues *et al.* subdivided these into negative reactions (*e.g.* experiencing feelings of humiliation and guilt) and positive reactions (*e.g.* not legitimizing the abuse, looking for help). Of the four participants in the study, three of them reported having mainly reacted negatively.⁴² Likewise, Topa showed that victims mainly reported negative emotions such as sorrow, fear, terror, perception of impending death, both as a direct consequence of the experienced aggressions and in anticipation of new episodes of violence.⁴⁰

The most commonly reported health related consequences in Elísio *et. al.* were anxiety, depression and suicidal ideation. Furthermore, some participants explained how episodes of discrimination and shaming (mainly in the context of public displays of affection) further worsen the already deleterious effects of IPV itself.¹⁸

Lastly, Osório analysed the relationship between mental health and IPV victimization. Despite 19% of the sample reporting that they suffered from a mental health problem (with depression being the most frequently mentioned), contrary to some international research¹⁶, it was not able to establish a statistically significant correlation.³¹

STUDY LIMITATIONS

Many of these studies, as is also observable in international papers, present significant limitations, mainly regarding their methodology which hinder their interpretation, and comparison of data. The main limitations could be divided in the following topics:

1. Lack of consensus regarding the definition of IPV;

Regarding the studies analysing IPV prevalence, there is not a common ground as to what constitutes IPV. Some studies used translated and validated questionnaires specifically for the portuguese population ³⁰⁻³²; and others used modified versions of previously validated questionnaires ^{19,29}. Subsequently, of the five studies we analysed, four different questionnaires were used.

As it is unknown whether such measurements of violence have equivalent sensitivity and specificity, these different questionnaires, with slight differences among them as to the definition of IPV, hinder our ability to establish proper comparisons. This problem also most likely contributes to the highly variable values found between studies.

2. Ill-defined recall periods

There is also a lack of consensus as to the relevant recall period to study. Some used a recall period of one year ^{19,32}; while others did establish a specific time frame – making, however, the distinction between present and past relationships ²⁹⁻³¹.

This often undefined recall period is also important when considering violence or sexual abuse of minors (if there is no clearly defined period, these forms of violence would be included as IPV). Only Domingues and Osório included a question about sexual abuse in childhood. ^{30,31}

3. Not all forms of violence are measured consistently across studies

The most commonly measured forms of violence are physical, emotional and sexual: all of the papers analysed in this study measured all three. Due to the use of different questionnaires, the remaining types of violence analysed varied. Both Antunes & Machado and Costa *et al.* studied the prevalence of physical, emotional and sexual violence, and also included a question

regarding 'outing'; however socioeconomic violence was not included.^{19,29} Santos & Caridade only analysed physical, sexual and emotional violence, but did not approach 'outing' or socioeconomic violence as forms of abuse.³² Finally, Domingues used the most complete questionnaire, having thus analysed physical, sexual, emotional (including 'outing') and socioeconomic violence.³⁰ Osório used a similar questionnaire, but did not analyse 'outing'.³¹ Contrary to what is found in some international literature reviews¹², emotional violence was not overlooked in these papers. This type of thoroughness is important especially when considering, as was said before, that emotional violence is consistently the most prevalent form of violence reported.^{19,21,30-32}

4. Lack of representativity of the population samples

Most of the papers here presented demonstrated some considerable limitations regarding their samples, which greatly limit their representativity of the population in study. These limitations arise as a result of:

- i) The method used for sampling – the frequent use of convenience^{19,29}, or snowball sampling^{18,30-32,43} may be justified by the hard-to-reach nature of this population, however, as a result, the subsequent data cannot be generalized to the general target population. This is due to the potential (and unmeasurable) bias caused by the under-representation of certain subgroups in the sample. Three of the studies did not specify the sampling method used.⁴⁰⁻⁴²
- ii) The sample size – once again, due to the hard-to-reach nature of this population – is often manifestly insufficient. This was observed in all types of studies analysed (prevalence or thematic evaluation of interviews), with samples ranging from two to 168 persons.
- iii) The overrepresentation of certain parts of the studied population – some studies showed an over-representation of white, urban, gay males, with higher degrees of education.^{18,19,29,32,43}

5. Regarding bisexual men and women there is often no separation of violence perpetrated by men or women

Among the bisexual population another problem arises: if specific questions are not posed regarding the abusive partner's sex, the values of same-sex IPV could be overestimated (*i.e.* some of the abusive behaviours reported could have been perpetrated by a person of the opposite sex).

Numerous times this problem is poorly defined or even ignored due to either not distinguishing between abusive same-sex and opposite-sex relationships; or even by not including a question to establish the person's sexuality (therefore assuming that the person is gay or lesbian). Only two works included a question regarding the aggressors' sex in previous and current relationships.^{29,32}

6. Most studies use cross-sectional data, which prevents conclusions of causality

In spite of some of the statistically significant correlations found across these papers, all of them used cross-sectional data, which impedes establishing a causal relationship. These potential risk-factors or predictors of IPV must be assessed in a prospective study design.

IMPLICATIONS OF THE RESULTS FOR PRACTICE, RESEARCH AND POLICIES

Despite the scarce data regarding IPV in same-sex couples in Portugal, much can be said regarding the next possible steps required for the proper investigation and approach to this problem.

Firstly, there is a need for the creation and implementation of educational programs directed both towards the general population and for those that deal with IPV victims on a regular basis:

- i) Programs should guide and counsel those that deal with IPV victims on the best possible approach to avoid secondary victimization, be it law enforcement officers; health professionals; workers at shelters; judges, lawyers or other judicial staff. Some work has been done in this sense by the Commission for Citizenship and Gender Equality (CIG), who has released a guide of good practices for these types of professionals, regarding LGBT+ victims of IPV.⁴⁷ This guide was written in concordance with the available scientific literature and international research, and its recommendations aimed at providing these professionals information regarding the many specificities of this type of IPV, and its inherent challenges. However, further work must be done for the proper implementation of these measures.
- ii) Due to widespread ignorance regarding same-sex IPV, many affected members of the general public fail to recognize behaviours that constitute IPV and, subsequently, to seek help. Public education efforts including, for example, media campaigns and educational seminars that specifically target members of these communities, should explore topics such as IPV, homophobia and heterosexism. These would promote early help-seeking behaviour, ultimately helping to reduce overall harm.^{28,46}

Furthermore, there is a need for a greater investment in research in this area. As has already been explained, the papers currently available are scant and affected by serious methodological flaws – some, of course, resulting from the population's minority status – however there are many others that are preventable (*e.g.* more complete questionnaires). There is a noticeable paucity in empirical research articles that help to demonstrate, unequivocally, the

high prevalence of this problem, and its possible predictors. Establishing statistically significant correlations can be a fundamental tool in understanding the portuguese reality on this topic. This is an imperative step in improving the approach to these victims and, above all, to act in a prevention-oriented manner.

Finally, despite the fact that great progress has already been made in the legal protection of LGBT+ IPV victims in Portugal, there is always room for improvement. There is currently one shelter in Portugal specifically designed to receive LGBT+ victims ⁴⁵, which is, naturally, insufficient. Ideally, other similar shelters should be open – evenly distributed throughout the territory (in urban and rural areas). Much work is still needed for these to work properly, and integrated in a carefully managed network of support.

CONCLUSION

The literature analysing IPV in same-sex couples is recent and manifestly scarce, however there is a growing body of empirical data. The evidence found in these papers show that IPV – be it emotional, physical, sexual or other forms of violence – is extremely prevalent in Portugal, in concordance with what has been found in international research. Despite the many methodological flaws that were pointed out, such as a lack of consensus regarding the definition of IPV, inconsistent recall periods and a lack of representativity of the studied samples, among others; these studies show that the rates of IPV in same-sex couples is equivalent or higher than those in heterosexual couples.¹

Even though this research shows that IPV in same-sex couples is a relevant problem, the scarcity of investigation in this area is evident. In regard to the papers that studied prevalence and possible predictors of IPV, unfortunately, due to the aforementioned methodological flaws and the scant research available in Portugal, there is insufficient evidence to conclude much beyond the high prevalence rates observed.

The remaining ‘interview-based’ studies also provide us with some information, even though the population samples used are perhaps even less representative (extremely small samples obtained mainly through convenience sampling). These papers, besides exploring the dynamics of violence in IPV and its possible predictors, also showed a common theme among them: the ‘invisibility’ of this problem. Most participants mentioned how they avoided reporting the situation as they feared homophobic reactions (and, therefore, secondary discrimination) from the police, people that work at shelters directed towards receiving IPV victims, health providers, etc.

In order to minimize this problem, programs should be implemented to better educate, not only the population in general, but specifically those whose job involves dealing with IPV victims. These institutions and organizations must be adequately prepared to receive LGBT+ IPV victims, as there are many specificities inherent to their position as a sexual minority that cannot be ignored: treatment of IPV victims should not be undifferentiated, as has been suggested in many international papers.⁴⁶ Furthermore, educational programs explaining what IPV is, and the different forms of violence that aggressors use, could help people identify abusive behaviours in their personal life.

In sum, it is of extreme importance that investments are made to increase investigation in this area. There is a clear need for more studies, with more rigorous methodology, that explore

this theme more broadly and thoroughly (*e.g.* there is almost no portuguese research on IPV's effects on its victims' health). This research would help to bring visibility to this problem, and would also be a clear and empirical basis for subsequent programs and interventions to combat it.

APPENDIX

AUTHORS	SAMPLE	METHODS	RELEVANT FINDINGS										Correlates	Other information												
			Victimization					Perpetration																		
			Physical	Emotion/AI	Sexual	Outing'	Socioeconomic	Physical	Emotion/AI	Sexual	Outing'	Socioeconomic														
Antunes & Machado (2005)	63 gay men and women (convenience sampling).	IVC questionnaire	Current relationships: 20.6%					Current relationships: 15.9%					i) the male sex and IPV perpetration, for current relationships; ii) victimization in current and past relationships; iii) perpetration in current and past relationships; iv) global victimization and global perpetration	X												
Past relationships: 61.9%					Past relationships: 46.0%					N/A																
Costa et al. (2011)	151 gay men and women (convenience sampling).	IVC - 3 questionnaire	24.5%	35.1%	3.3%	3.3%	N/A	24.5%	30.5%	0.7%	0.7%	N/A	i) emotional violence perpetration and the male sex; ii) younger individuals and perpetration of physical violence	X												
Domingues (2015)	74 gay and bisexual men and women (snowball sampling).	Translated and validated version of the 'Violence and abuse in same-sex relationships' questionnaire.	Current relationships: Gays - 10.8% Lesbians - 21.4% Bisexuals - 12.5%	Current relationships: Gays - 35.1% Lesbians - 35.7% Bisexuals - 75%	Current relationships: Gays - 2.7% Lesbians - 7.1% Bisexuals - 0%	Current relationships: Gays - 2.7% Lesbians - 0% Bisexuals - 0%	Current relationships: Gays - 10.8% Lesbians - 14.3% Bisexuals - 0%	Current relationships: Gays - 10.8% Lesbians - 21.4% Bisexuals - 12.5%	Current relationships: Gays - 35.1% Lesbians - 21.4% Bisexuals - 50.0%	Current relationships: Gays - 2.7% Lesbians - 0% Bisexuals - 0%	Current relationships: Gays - 2.0% Lesbians - 0% Bisexuals - 0%	Current relationships: Gays - 5.4% Lesbians - 7.1% Bisexuals - 0%	X	i) 42.9% of lesbians, 18.4% of gays and 18.2% of bisexuals reported the abuse (mainly to friends and family); ii) most victims did not seek medical or institutional help.												
Past relationships: Gays - 32.7% Lesbians - 42.9% Bisexuals - 27.3%			Past relationships: Gays - 61.2% Lesbians - 71.4% Bisexuals - 63.6%			Past relationships: Gays - 10.2% Lesbians - 14.3% Bisexuals - 0%			Past relationships: Gays - 12.2% Lesbians - 0% Bisexuals - 9.1%			Past relationships: Gays - 18.2% Lesbians - 42.9% Bisexuals - 18.2%			Past relationships: Gays - 44.9% Lesbians - 57.1% Bisexuals - 54.5%			Past relationships: Gays - 2.0% Lesbians - 7.1% Bisexuals - 0%			Past relationships: Gays - 4.1% Lesbians - 0% Bisexuals - 0%			Past relationships: Gays - 8.2% Lesbians - 21.4% Bisexuals - 0%		
Osório (2016)	48 gay men and women (snowball sampling).	Translated and validated version of the 'Violence and abuse in same-sex relationships' questionnaire.	88.1%	97.6%	33.3%	N/A	47.6%	45.2%	66.7%	2.4%	N/A	2.4%	i) victimization and young age (21-30 years); ii) sexual victimization and presence of violence in the family; iii) perpetration of physical and emotional violence and victimization in the family.	ii) most participants did not resort to medical help (90.5%), or to the police (97.6%); iii) 61.9% reported their situation, mainly to friends.												
Santos & Caridade (2017)	167 gay men and women (snowball sampling).	CTS -2 questionnaire	Light abuse: With sequelae - 10.7% Without sequelae - 28.6%	Light abuse: 69.2%	Light abuse: 29.2%	N/A	N/A	Light abuse: With sequelae - 11.3% Without sequelae - 26.8%	Light abuse: 70.2%	Light abuse: 28.0%	N/A	N/A	i) the male sex and light and severe sexual violence perpetration; ii) cohabiting relationships and some forms of physical and emotional abuse; iii) the duration of the relationship and some forms of physical and emotional abuse.	X												
Severe abuse: With sequelae - 1.2% Without sequelae - 11.9%			Severe Abuse: 30.4%					Severe Abuse: 3.6%							Severe abuse: With sequelae - 1.8% Without sequelae - 9.5%			Severe Abuse: 29.8%			Severe Abuse: 1.2%					

Table I - Relevant findings in the prevalence studies (N/A – not applicable)

AUTHORS	SAMPLE	METHODS	RELEVANT FINDINGS				
Rodrigues et al. (2010)	4 gay men and women victims of IPV; and 7 members of institutions related to IPV (sampling method not specified).	Two original questionnaires: i) one for the victims ii) one for the members of the relevant institutions. The responses were analysed through a simple thematic evaluation of the interviews.	<p>VICTIMS</p> <p>(i) Physical, emotional and sexual violence was reported; (ii) None of the victims filed a formal complaint, and cited mainly fear of revealing their sexual orientation and experiencing subsequent discrimination.</p> <p>INSTITUTIONS</p> <p>(i) Some lack of knowledge regarding the subject was noted by the law enforcement officer interviewed; (ii) It was revealed that there is no differentiated approach for an LGBT+ victim.</p>				
Topa (2010)	2 lesbian women, victims of IPV (sampling method not specified).	Original semi-structured interview guide. The responses were analysed through a simple thematic evaluation of the interviews.	<p>Both victims reported episodes of emotional, physical and sexual violence; None filed a formal complaint because of a lack of trust and fear of discrimination; Participants identified three causes for abuse: (i) personality traits; (ii) emotional and economic dependence; (iii) differences in power.</p>				
Santos (2012)	23 lesbian women (sampling method not specified).	The questionnaire used in this study is not specified. The responses were analysed through a simple thematic evaluation of the interviews.	<p>Participants minimized the importance of the theme: (i) citing its alleged statistical insignificance; (ii) perpetuating the myth of non-violence between women. There was a generally negative evaluation of authorities and services provided for IPV victims, due to lack of trust, fear of revealing one's sexual orientation, and of discrimination. LGBT organizations were also criticized for their lack of interest and investment in this area.</p>				
Elisio et al. (2018)	17 gay men (snowball sampling).	Two focus-groups. The recordings of the discussion were then analysed through a simple thematic evaluation.	<p>Responses were divided into three themes:</p> <table border="1"> <tr> <td> <p>Dynamics of LG intimate relationships</p> <p>Participants pointed out the social stigma associated with LG relationships (e.g. prejudice, discrimination and misogyny).</p> </td> <td> <p>Violence in LG relationships</p> <p>Emotional violence, despite being the most prevalent, is often the most ignored form of violence. Causes for IPV: (i) internalized homophobia; (ii) ruling heterosexist society; (iii) dependent relationships; The double stigma of being a sexual minority and a victim of IPV reduces the motivation for reporting the situation.</p> </td> <td> <p>Strategies for prevention and dealing with IPV</p> <p>It is urgent to create strategies to prevent this kind of violence specifically adapted to the LGBT reality (e.g. by training health professionals, police officers and others involved in the treatment of IPV victims).</p> </td> </tr> </table>	<p>Dynamics of LG intimate relationships</p> <p>Participants pointed out the social stigma associated with LG relationships (e.g. prejudice, discrimination and misogyny).</p>	<p>Violence in LG relationships</p> <p>Emotional violence, despite being the most prevalent, is often the most ignored form of violence. Causes for IPV: (i) internalized homophobia; (ii) ruling heterosexist society; (iii) dependent relationships; The double stigma of being a sexual minority and a victim of IPV reduces the motivation for reporting the situation.</p>	<p>Strategies for prevention and dealing with IPV</p> <p>It is urgent to create strategies to prevent this kind of violence specifically adapted to the LGBT reality (e.g. by training health professionals, police officers and others involved in the treatment of IPV victims).</p>	
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Correia de Barros et al. (2019)	5 gay men and women victims of IPV (snowball sampling).	Original semi-structured interview guide. The responses were analysed through a qualitative data analysis technique.	<p>Responses were divided into four themes:</p> <table border="1"> <tr> <td> <p>Gender performativity</p> <p>It is common for each member of the couple to assume a more 'traditionally male and female roles', even though these were same-sex couples.</p> </td> <td> <p>Leaving the relationship</p> <p>(i) fear of not being able to find a new partner, as an LGBT person; (ii) the idea that it would have been easier to leave the relationship had it been with someone of the opposite sex.</p> </td> <td> <p>Seeking help</p> <p>Participants felt that, had their relationship been with someone of the opposite sex, the reaction by others would have been different. Reluctance in reporting the situation for fear of homophobic reactions and discrimination. Within the LGBT community itself, IPV is a taboo subject, and often ignored/silenced.</p> </td> <td> <p>Heteronormativity in language</p> <p>The interviewees' speech showed some influence of the dominant heteronormative societal norms.</p> </td> </tr> </table>	<p>Gender performativity</p> <p>It is common for each member of the couple to assume a more 'traditionally male and female roles', even though these were same-sex couples.</p>	<p>Leaving the relationship</p> <p>(i) fear of not being able to find a new partner, as an LGBT person; (ii) the idea that it would have been easier to leave the relationship had it been with someone of the opposite sex.</p>	<p>Seeking help</p> <p>Participants felt that, had their relationship been with someone of the opposite sex, the reaction by others would have been different. Reluctance in reporting the situation for fear of homophobic reactions and discrimination. Within the LGBT community itself, IPV is a taboo subject, and often ignored/silenced.</p>	<p>Heteronormativity in language</p> <p>The interviewees' speech showed some influence of the dominant heteronormative societal norms.</p>
<p>Gender performativity</p> <p>It is common for each member of the couple to assume a more 'traditionally male and female roles', even though these were same-sex couples.</p>	<p>Leaving the relationship</p> <p>(i) fear of not being able to find a new partner, as an LGBT person; (ii) the idea that it would have been easier to leave the relationship had it been with someone of the opposite sex.</p>	<p>Seeking help</p> <p>Participants felt that, had their relationship been with someone of the opposite sex, the reaction by others would have been different. Reluctance in reporting the situation for fear of homophobic reactions and discrimination. Within the LGBT community itself, IPV is a taboo subject, and often ignored/silenced.</p>	<p>Heteronormativity in language</p> <p>The interviewees' speech showed some influence of the dominant heteronormative societal norms.</p>				

Table II - Relevant findings in the 'interview-based' studies

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