



The role of adult attachment and minority stress in isolating behaviors perpetration among lesbian and gay people in Italy

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Abstract

Attention to Same-Sex Intimate Partner Violence (SSIPV) has increased in the last decades. Isolating behaviors, however, have been poorly studied, despite the increased vulnerability to isolation experienced by gay and lesbian couples. The aim of the present study was to examine the independent effects of minority stressors (experiences of discrimination, perceived stigma, and internalized homonegativity), emotion dysregulation, and adult attachment dimensions (attachment avoidance and anxiety) on isolating behaviors perpetration. One hundred and forty-eight gay or lesbian individuals ($M_{\text{age}} = 32.48$; $SD = 10.91$) involved in a same-sex relationship participated in the study and completed a self-report online questionnaire. A multiple regression model was used to examine the relationship between the variables in the study. Only attachment anxiety was associated with isolating behaviors. In contrast, attachment avoidance, experiences of discrimination, perceived stigma, internalized homonegativity, and emotion dysregulation did not influence perpetration of isolating behaviors. The present study highlights the influence of attachment anxiety on isolating behaviors, suggesting the role of dysfunctional mechanisms of interpersonal distance regulation. The obtained results provide information at the theoretical and clinical level.

Keywords Same-sex intimate partner violence · Isolating behaviors · Minority stress · Emotion dysregulation · Adult attachment

Introduction

Intimate Partner Violence (IPV) is a recognized public health issue that has significant consequences for victims, families, communities, and society in general (Strickler & Drew, 2015; Taccini et al., 2022; Taccini et al., 2023; World Health Organization, 2021). According to the World Health Organization (2021), IPV refers to any behavior that causes physical, psychological, or sexual harm and includes physical and emotional violence, sexual coercion, and controlling behaviors.

In the last decades, research began to focus not only on violence within heterosexual couples, but also on Same-Sex Intimate Partner Violence (SSIPV). Drawing firm conclusions

about the prevalence of IPV among LGBT+ couples seems particularly difficult due to methodological limitations and differences among the studies, which nevertheless report extremely alarming data (Rollè et al., 2018). According to Walters and colleagues (2013), 61.1% of bisexual women, 43.8% of lesbian women, 37.3% of bisexual men, and 26% of gay men have experienced IPV in their lifetime, compared to 35% of heterosexual women and 29% of heterosexual men. When looking at incidents of severe violence, prevalence is similar or higher among LGB individuals (bisexual women: 49.3%; lesbian women: 29.4%; gay men: 16.4%) than heterosexual adults (heterosexual women: 23.6%; heterosexual men: 13.9%; Walters et al., 2013).

SSIPV has been found to be associated with negative outcomes such as substance abuse, physical illness, depressive symptoms, and absenteeism from work or school (Coker et al., 2002). Given these data, it is essential to examine how both psychological and social factors affect the perpetration of violence in same-sex couples in order to provide

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research-based suggestions for implementing interventions to prevent the phenomenon and limit recidivism.

Specifically, the present research focuses on controlling behaviors aimed at isolating the partner. As hypothesized by Kimmes and colleagues (2019), social isolation can be a form of psychological abuse that can occur in same-sex relationships. Despite the protective role of LGBT+ community connection and social support, stigma related to sexual orientation can marginalize sexual minority people and the lower visibility of LGBT+ communities and relationships may make it easier for perpetrators to isolate their partners (Bornstein et al., 2006). This hypothesis was confirmed by Bornstein and colleagues (2006) in a qualitative study that highlighted the central role of isolation in the experience of couple violence among lesbian, bisexual, and transgender people. This marginalization can limit access to services and sources of support, reducing the ability of both victims and perpetrators of SSIPV to find help (Rollè et al., 2020; Santoniccolo et al., 2021). Given the limited literature on isolating behaviors among sexual minority individuals, understanding the risk factors for committing this specific form of SSIPV can inform prevention and intervention efforts.

Minority stress and SSIPV

As Meyer's (1995, 2003) minority stress model pointed out, LGBT+ people are exposed to particular negative conditions due to their minority status that can affect their individual and relational well-being. The author (Meyer, 1995, 2003) conceptualizes the minority stressors that people in minority groups face into distal and proximal stressors. The formers, defined as objective, include discrimination or violence based on sexual orientation, whereas the latter are based on the personal evaluation and perception of him/herself (i.e., internalized sexual stigma) and others (i.e., perceived stigma). Minority stressors appear to constitute SSIPV-specific risk factors associated with the perpetration of violence within the romantic relationship (Trombetta & Rollè, 2022). In particular, internalized sexual stigma – which refers to negative attitudes and affect toward the self as belonging to a sexual minority – has been found to be directly and indirectly related to SSIPV in several studies (Bartholomew et al., 2008; Edwards & Sylaska, 2013; Trombetta & Rollè, 2022; Trombetta & Rollè, 2023) and a meta-analysis (Badenes-Ribera et al., 2019). However, when considering specific forms of SSIPV, less consistent results emerged, and further research is needed to clarify its impact on isolating behaviors perpetration. The influence of experiences of discrimination and perceived stigma – that is, the expectation of being discriminated against as a consequence of one's minority status – received less confirmation.

While some studies found an association between these variables and SSIPV perpetration (Li et al., 2022; Swan et al., 2021), other studies did not confirm these findings and further research is needed in this area (Stults et al., 2021; Whitton et al., 2019).

A previous study based on part of the present dataset (Trombetta & Rollè, 2023) found an indirect relationship between internalized sexual stigma and isolating behaviors mediated by emotion dysregulation. This is consistent with a large body of literature supporting a relationship between emotion dysregulation (and related constructs such as alexithymia) and SSIPV (Gratz et al., 2009; Halmos et al., 2021; Mannarini et al., 2023; Neilson et al., 2021), which considers violence to be, at least in part, a dysfunctional mechanism of affect regulation. However, the research did not consider other forms of minority stress (i.e., experiences of discrimination and perceived stigma) and well-established IPV-unspecific risk factors (i.e., risk factors that apply to both heterosexual IPV and SSIPV), such as adult attachment.

Adult attachment and SSIPV

Adult attachment refers to the bond between romantic partners that promotes physical closeness and emotion regulation in times of fear, threat, and distress (Hazan & Shaver, 1987).

Attachment theory states that people develop expectations of themselves and others based on their early life experiences, particularly with their primary caregiver (Bowlby, 1969). When adults are responsive to the child's need for closeness, the resulting safety-oriented strategies are available to alleviate the child's distress and promote the development of adaptive coping mechanisms. In contrast, when caregivers are unavailable or unresponsive, secondary attachment strategies are activated: When proximity seeking appears to be a viable option, hyperactivating strategies are chosen; when it is not, deactivating strategies are preferred (Mikulincer & Shaver, 2007).

Unlike models of attachment in childhood, which focus primarily on parent-child relationships, adult attachment encompasses how people approach romantic relationships (Fraley et al., 2015). Insecure attachment is primarily assessed on two dimensions (Brennan et al., 1998): anxious attachment, which is characterized by fear of abandonment and separation anxiety and is associated with hyperactivation of the attachment system, and avoidant attachment, which involves discomfort with closeness and fear of intimacy and is associated with deactivation of the attachment system (Mikulincer & Shaver, 2005).

Numerous studies have shown an association between adult attachment and violence in both heterosexual and same-sex couples (Bartholomew et al., 2008; Gabbay &

Lafontaine, 2017; Tognasso et al., 2022; Velotti et al., 2018). From a theoretical perspective, IPV can be understood as an extreme attempt to regulate affect and physical distance from the partner. Individuals with high levels of anxious attachment appear to perpetrate IPV as an attempt to maintain closeness with their partner (Bartholomew et al., 2008; Gabbay & Lafontaine, 2017) and seem more prone to engage in controlling behaviors (Mikulincer & Shaver, 2007). When the partner is perceived as unresponsive to the need for closeness and security, the person feels insecure, which can lead to coercion and aggression. Any potential threat to the partner's presence and closeness, such as the perception of a negative reaction from the partner, can lead to negative affect in the anxious person (Feeney & Noller, 2004). This is exacerbated by the deficits of people with anxious attachment in the areas of communication, conflict resolution, and coping strategies (Fournier et al., 2011; Mikulincer & Shaver, 2012). Conversely, individuals with high levels of attachment avoidance may resort to IPV in order to avoid closeness and the accompanying fear of intimacy (Gabbay & Lafontaine, 2017). Specifically, they may respond violently when involved in a relationship with a demanding partner, especially with an anxious attachment style (Bartholomew & Allison, 2006), although controlling and isolating behaviors do not appear to be consistent with the use of attachment system deactivation strategies that characterize people with higher levels of attachment avoidance.

The present study

In the present study, we examined the independent effect of the three forms of minority stressors conceptualized in the minority stress model (experiences of discrimination, perceived stigma, and internalized sexual stigma) and the two dimensions of adult attachment (anxiety and avoidance) on isolating behaviors perpetrated in lesbian and gay people involved in same-sex couples.

The results of this study, conducted in the Italian population, where civil rights and recognition of sexual minority relationships are still limited, can help shed light on the characteristics and risk factors ofSSIPV. According to the 'Annual review of the human rights situation of lesbian, gay, bisexual, trans and intersex people 2022' (ILGA Europe, 2022), Italy ranks 33rd out of 49 European countries in terms of rights and inclusion of LGBT+ minorities. Currently, there are no criminal or civil laws in Italy regarding hate speech related to homophobia or discrimination based on sexual orientation. Additionally, same-sex couples do not have the possibility by law to adopt children. The model proposed in this study may be useful in developing prevention and support programs forSSIPV perpetrators, which

seem to be lacking at the national and international levels (Santoniccolo et al., 2021). The development of adequate support services is crucial to address the complexity and specificities of this phenomenon.

According to the reported literature (Gabbay & Lafontaine, 2017; Edwards & Sylaska, 2013; Miltz et al., 2019) and the theoretical considerations of the minority stress model (Meyer, 1995, 2003) and attachment theory (Mikulincer & Shaver, 2005, 2007), the following hypotheses are proposed:

- H1. Higher levels of experiences of discrimination, perceived stigma, and internalized sexual stigma are associated higher levels of isolating behaviors perpetration.
- H2: Higher levels of attachment anxiety are associated to higher levels of isolating behaviors perpetration.

Materials and methods

Participants

The present study is part of a larger research project aimed at assessing psychological and social factors associated to relational and couple wellbeing among both heterosexual and LGBT+ people in Italy. A total of 792 participants were involved in the research project. As the aim of the present study was to assess predictor of isolating behaviors perpetration among lesbian and gay people, only participants who self-identified as lesbian or gay and who were involved in a same-sex romantic relationship at the moment of the completion of the questionnaire were included. In order to test the hypotheses of the present study and extend the results emerged in our previous research (Trombetta et al., 2023), the sample of lesbian and gay people involved in a same-sex relationship was expanded through targeted recruitment based on the optimal sample size estimated with G*Power (Faul et al., 2009). Considering a multiple linear regression with six predictors, an expected power of 0.80, an effect size of 0.15, and an alpha-level of 0.05, the optimal sample size should be 146. Accordingly, 148 lesbian or gay people, aged between 20 and 76 years ($M = 32.48$; $SD = 10.91$), met the inclusion criteria and were involved in the present study. Socio-demographic characteristics of the sample involved are summarized in Table 1.

Procedure

Procedures of the study are in line with the ethical standards of APA and the 1964 Declaration of Helsinki. The sample was obtained through convenience sampling methods.

Table 1 Socio-demographic characteristics of the study sample

	N	%
Sex		
Female	58	39.20
Male	90	60.80
Gender ^a		
Woman	57	38.50
Man	87	58.80
Transgender/Gender non-conforming	2	1.40
Sexual Orientation		
Lesbian	58	39.20
Gay	90	60.80
Educational level ^b		
Middle school diploma or less	4	2.70
High school diploma	39	26.40
Bachelor's degree	39	26.40
Master's degree or higher	35	23.70
Employment status		
Unemployed	3	2.00
Freelancer	25	16.90
Employee	62	41.90
Student	54	36.50
Homemaker	1	0.70
Retired	3	2.00
Economic satisfaction ^c		
Unstable	15	10.10
Sufficient	82	55.40
Wealthy or higher	50	33.80

Note: $N = 148$. ^a2 missing values. ^b31 missing values. ^c1 missing value

Several LGBT+ associations were contacted to present the research to their members and ask them to participate. The questionnaire was administered online via the LimeSurvey platform (between July 2021 and July 2022). At the beginning of the data collection, each participant gave their authorization for the use of data and signed a written informed consent in accordance with Italian privacy law no. 675/96. All questionnaires were anonymous, and participants were informed that they could stop participating in the study at any time. A specific e-mail address was set up and provided to the participants to answer any doubts or questions. All questionnaires were digitally coded and scored according to the instructions provided by the author of each instrument. The study was approved by the Bioethical Committee of the University of Turin (prot. n° 0429348).

Assessment tools

Adult attachment

To measure attachment anxiety and avoidance we used the Italian version of the Experiences in Close Relationships Scale 12 (ECR-12; Italian version by Brugnera et al., 2019). The measure consists of 12 items, each rated on a 7-point

Likert scale (from *strongly disagree* to *strongly agree*). Of the 12 items, six measured attachment anxiety – (e.g., ‘I worry a lot about losing my partner’) and the remaining six investigated attachment avoidance (e.g., ‘I have difficulty opening up to my partner’). In this study, the reliability (Cronbach’s alpha) was 0.91 and 0.86 for attachment avoidance and anxiety, respectively.

Experiences of discrimination and perceived stigma

To measure experiences of discrimination and perceived stigma we used the Minority Stress Scale (MSS; Norcini Pala et al., 2017). The MSS consists of 43 items that assesses both distal and proximal minority stressors. The MSS consists of eight subscales: *enacted stigma* (3 items; e.g., ‘Because of my sexual orientation, I have been verbally assaulted’), *structural stigma* (3 items; e.g., ‘Because of my sexual orientation, I will not be able to get married’), *expectations of discrimination* (12 items; e.g., ‘Because of my sexual orientation, I might be discriminated against by my doctor’), *expectations of discrimination by family members* (3 items; ‘Because of my sexual orientation, I think my family would not accept me’), *concealment of sexual orientation* (7 items; e.g., ‘No one knows about my non-heterosexual sexual orientation’), *internalized homophobia towards others* (6 items; e.g., ‘Seeing two men or two women holding hands, I feel very uncomfortable’), *internalized homophobia towards oneself* (6 items; ‘I wish I wasn’t gay/bisexual’) and *stigma awareness* (3 items; e.g., ‘Because of my sexual orientation, I might be considered abnormal’). Thirty-five of the items are rated on a 5-point Likert scale ranging from 1 (*completely disagree/never*) to 5 (*completely agree/always*) and 8 of the items are rated on a dichotomous *yes/no* scale. For research purposes, only the enacted stigma and expectation of discrimination subscales were included. In this study, the reliability (Cronbach’s alpha) for experiences of discrimination and perceived stigma were 0.76 and 0.90, respectively.

Internalized sexual stigma

To assess internalized sexual stigma we used the 6-item version of the Measure of Internalized Sexual Stigma for Lesbian and Gay Men (MISS-LG; Lingiardi et al., 2012). It is a unidimensional measure consisting in 6 items (e.g., “after sexual intercourse with a person of the same sex I feel a strong sense of discomfort”), each of which was rated using a 5-point Likert-type scale, ranging from *totally disagree* to *totally agree*. In this study, the reliability (Cronbach’s alpha) was 0.78.

Isolating behaviors perpetration

The Revised Controlling Behavior Scale (CBS-R; Graham-Kevan & Archer, 2005) was used to investigate isolating behaviors perpetration. The CBS-R has a total of 24 items and each item is rated using a 5-point Likert scale ranging from 1 = never to 5 = always. The instrument consists of five subscales that assess different dimensions of controlling violence: *economic abuse* (4 items, e.g., ‘I controlled my partner’s money’), *coercion and threats* (4 items; ‘I threatened to harm my partner’), *intimidation* (5 items; I tried to make my partner do things he or she did not want to), *emotional abuse* (5 items; I called my partner unpleasant names) and *isolation* (6 items, ‘I tried to reduce the time my partner spent with family or friends’). For research purposes, only the isolation subscale was used in the present study. The reliability (Cronbach’s alpha) was 0.71.

Data analysis

All analyses were performed using IBM SPSS version 29 statistical software. The measures included in the present study were all treated as continuous variables and were averaged to obtain a total mean score. Descriptive statistics and frequency analyses were used to describe the study sample. In a preliminary phase of analyses, bivariate correlations were performed to investigate the relationships between study variables and a t-test analysis was used to investigate gender differences on isolating behaviors perpetration. Reliability of each scale included in the present study was assessed by Cronbach’s alpha.

To test our hypotheses, a multiple linear regression model was used to test the association between the independent (experiences of discrimination, perceived stigma, internalized sexual stigma, attachment anxiety and avoidance) and dependent (isolating behavior perpetration) variables included in the research design. To evaluate the presence of multicollinearity, we used the variance inflation factor (VIF) with a cutoff of 2.5. R^2 statistics was used to assess model fit.

Results

Concerning the scores on the dependent variable, 66.2% of participants reported at least some level of isolating behaviors perpetration. Results on t-test revealed no significant gender differences in isolating behaviors perpetration. Bivariate correlations among study variables are shown in Table 2. Higher levels of emotion dysregulation, attachment anxiety, and attachment avoidance were correlated with higher levels of isolating behaviors perpetration. In addition, higher levels of attachment anxiety were correlated with higher levels of attachment avoidance, and higher levels of both attachment anxiety and avoidance were correlated with higher levels of perceived stigma, internalized sexual stigma, and emotion dysregulation. Higher levels of experiences of discrimination and internalized sexual stigma were correlated to higher levels of perceived stigma and emotion dysregulation, and higher levels of perceived stigma correlated with higher levels of emotion dysregulation.

A multiple linear regression model was used to assess the association between study variables. Experiences of discrimination, perceived stigma, internalized sexual stigma, attachment anxiety and avoidance were entered as independent variables; isolating behaviors perpetration was the dependent variable. The regression model was significant ($F(6, 141)=4.549$; $p<0.001$) and explained 12.7% of the variance of isolating behaviors perpetration ($R^2=0.127$). Specifically, attachment anxiety was the only variable significantly associated with isolating behaviors perpetration, as higher levels of attachment anxiety were associated with higher levels of isolating behaviors perpetration ($b=0.402$; $p<0.001$). No other variables were significantly associated to perpetration of isolating behaviors. VIF values were all under the cut-off (2.5).

Discussion

The purpose of the current study was to examine, in a group of Italian gay and lesbian participants currently involved in a romantic relationship, the independent effects of minority stress (i.e., experiences of discrimination, perceived stigma,

Table 2 Bivariate correlations between the study variables

	1	2	3	4	5	6	7
1. Experiences of discrimination	—						
2. Perceived stigma	0.39**	—					
3. Internalized homonegativity	0.01	0.43**	—				
4. Emotion dysregulation	0.34**	0.39**	0.40**	—			
5. Attachment anxiety	0.14	0.29**	0.35**	0.61**	—		
6. Attachment avoidance	0.15	0.17*	0.16*	0.33**	0.24**	—	
7. Isolating behaviors	0.12	0.04	0.11	0.19*	0.37**	0.18*	—

Note: $N=148$. ** $p<0.01$; * $p<0.05$

and internalized sexual stigma) and adult attachment (i.e., attachment avoidance and anxiety) on isolating behaviors perpetration.

By including adult attachment, the present work extends our previous research that found an indirect relationship between internalized sexual stigma and isolating behaviors perpetration, totally mediated by emotion dysregulation (Trombetta et al., 2023).

In the current study, higher levels of attachment anxiety were associated to higher levels of isolating behaviors perpetration. In contrast to our previous research (Trombetta et al., 2023), neither minority stressors nor emotion dysregulation were significantly related to isolating behaviors when adult attachment dimensions (and attachment anxiety in particular) were included in the multiple regression model.

Several studies have found that minority stressors - and in particular internalized sexual stigma - are related to SSIPV perpetration when considering couple violence in a broad sense (focusing primarily on physical and psychological SSIPV or not distinguishing between the different forms of SSIPV; Bartholomew et al., 2008; Edwards & Sylaska, 2013; Miltz et al., 2019). However, few studies have examined isolating behaviors (Lewis et al., 2017; Trombetta et al., 2023), which do not reveal a direct relationship with minority stress. The lack of a direct association between minority stress and isolating behaviors perpetration found in the present work is consistent with the results of our previous study, which found an indirect relationship between these variables mediated by emotional dysregulation (Trombetta et al., 2023), but did not show a direct relationship between internalized sexual stigma and isolating behaviors at either the bivariate or multivariate level.

In addition, in contrast with our previous study (Trombetta et al., 2023) and much of the literature on physical and psychological IPV in heterosexual and same-sex couples (Gratz et al., 2009; Halmos et al., 2021; Neilson et al., 2021; Trombetta & Rollè, 2023), emotion dysregulation was not associated with isolating behaviors at the multivariate level, and this appears to be due to the buffering effect of adult attachment.

Accordingly, when adult attachment dimensions are included in the multiple regression model, the results of the present study seem to suggest that, unlike other forms of couple violence such as physical and psychological IPV, minority stressors and emotion dysregulation does not play a role in predicting perpetration of isolating behaviors, which instead seems influenced by attachment anxiety. This highlights the need to assess the specific risk factors of the different forms of violence included in the broad construct of IPV and SSIPV, as they may differ from each other. Indeed, while stressors (both general and minority stressors) and emotion regulation skills appear to promote impulsive and

reactive behaviors such as some forms of IPV (particularly physical and psychological IPV), this does not appear to be the case when isolated behaviors are considered and the influence of adult attachment anxiety is taken into account.

Consistent with the literature in this field (Bartholomew et al., 2008; Gabbay & Lafontaine, 2017; Tognasso et al., 2022; Velotti et al., 2018), the results of the present study confirm the role of attachment anxiety in IPV perpetration and also extend these conclusions to isolating behaviors, a specific form of violence that is poorly considered in the literature on adult attachment and IPV perpetration. These findings, which are consistent with attachment theory, appear to be explained by the fact that individuals with higher levels of attachment anxiety, due to their tendency to experience abandonment anxiety, their need and desire for closeness that are also associated with hyperactivation of the attachment system, may use isolating behaviors as a dysfunctional form of interpersonal distance regulation in order to maintain closeness with their partner and avoid the feared separation.

In contrast, attachment avoidance was not associated with isolating behavior. This is consistent with the discomfort with closeness and the use of deactivation strategies of the attachment system that are characteristic of people with higher levels of attachment avoidance. Although people with high levels of attachment avoidance may resort to violence against others to avoid closeness and rejection (Bartholomew et al., 2008; Gabbay & Lafontaine, 2017), this condition does not appear to occur in the specific case of isolating behaviors.

The data obtained seem to suggest that the occurrence of isolating behaviors is related to stable features of psychological functioning and interpersonal distance regulation patterns associated with anxious attachment, rather than to more or less situational stressors such as minority stress. The results found provide useful information at the theoretical and clinical levels and suggest the usefulness of attachment-informed interventions for SSIPV perpetrators. According to the present preliminary findings, promoting more functional mechanisms of emotion and distance regulation and intervening on the negative self-other representations that make people with higher levels of attachment anxiety more vulnerable to separation and abandonment anxiety may reduce SSIPV perpetration and especially isolating behaviors.

Limitations

This study has several limitations. First, it has a cross-sectional design that does not allow for clear conclusions about the causal direction of the relationships found. Second, the study used only self-report measures, which presents some

inherent problems related to possible response bias. Another limitation stems from the fact that only gay and lesbian people were included in the study, while other sexual identities were not. Finally, the data collection was partly carried out at a time when the state of emergency for the COVID – 19 epidemic was still ongoing in Italy, which may have affected the psychological and relational well-being as well as the state of isolation of the victims, even if the social constraints was gradually decreasing.

Future directions

The current study highlights the role of anxious attachment in the perpetration of isolation in LGB couples. However, further studies are needed to confirm these findings, also including other sexual identities. More in general, greater attention should be paid to controlling violence, and isolating behaviors in particular, as a central component of the more severe cases of IPV in both heterosexual and same-sex couples.

Longitudinal studies are also needed to confirm the hypothesized causal direction. As a reciprocal association between minority stress and attachment has been hypothesized (Cook & Calebs, 2016), the use of a longitudinal design and more complex statistical models such as mediation models is particularly important to shed light on the complex relationship between these variables across the lifespan and their direct and indirect impact on isolating behaviors. We also suggest that controlling for the effect of adult attachment in models including minority stress and isolating behaviors could provide further clarity on the potential role of SSIPV-specific and nonspecific risk factors in isolation behaviors perpetrated in same-sex relationships and in controlling violence more in general.

Conclusions

Given the negative consequences associated with SSIPV victimization (Bartholomew et al., 2008; Strickler & Drew, 2015) and the vulnerability to isolation that the LGBT + population can experience, the results found offer insights at the theoretical and clinical levels. The present study provides mental health professionals with insight into the factors involved in the perpetration of isolating behaviors. The findings highlight the lack of effect of minority stressors on the perpetration of isolating behaviors in same-sex couples, while underscoring the role of more stable psychological functioning characteristics that influence interpersonal distance regulation, such as anxious attachment. This underscores the need to explore the antecedents of isolating behaviors and patterns of control more generally, as they

may be predicted by specific risk factors that differ, at least in part, from those that characterize other forms of IPV and SSIPV, such as physical and psychological violence. Further research in this field may inform the development of prevention programs and personalized interventions for perpetrators of SSIPV.

Facilitating access to support services for both victims and perpetrators of SSIPV is now a priority. It is important to be aware of the unique challenges LGBT + couples face in seeking help (e.g., homonegative attitudes, a heteronormative view of IPV, and lack of professional expertise to deal with the complexities experienced by sexual minority victims and perpetrators of SSIPV; Santoniccolo et al., 2021) in order to improve practitioners' knowledge of SSIPV, prevent perpetration, and promote the well-being of same-sex couples. This is particularly important in the Italian context, as the insufficient legal and civil recognition of LGBT + individuals and couples can further obscure the phenomenon of SSIPV, limit its recognition and thus reduce the chances of effective intervention, contributing to the isolation of victims.

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Data repository statement The dataset is available upon request to the authors.

Declarations

Ethics approval This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Bioethical Committee of the University of Turin (n° 0429348).

Consent to participate Informed consent was obtained from all individual participants included in the study.

Competing interests The authors have no relevant financial or non-financial interests to disclose.

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