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Intentions to call a helpline among targets of Intimate Partner Violence:**The role of the Theory of Planned Behavior and Gender Role Conflict**

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Abstract

This research firstly aimed to test the Theory of Planned Behavior (TPB) as a model to understand the intentions to call a helpline of victimized males and females. A sample of 99 participants (53 males; 46 females) who were suffering violence at the time of participation were considered for analysis. Our results indicate that males and females' attitudes and subjective norms significantly predicted intentions. Secondly, this study aimed to measure Gender Role Conflict (GRC) in victimized men and test its association with TPB constructs. GRC occurs when rigid, sexist, or restrictive gender roles result in the restriction, devaluation or violation of others or the self. Our results indicate that GRC was only negatively associated with perceived behavioral control. Additionally, in our sample of men who filled the GRC measure (n=245), victimized men reported significantly higher GRC than non-victimized men. Overall, our findings indicate gender-specificities in the intentions to call a helpline and suggest that GRC plays an important role in seeking help for men.

Keywords: Victimization, Intimate Partner Violence/Partner Abuse, Violence, Gender

Introduction

Intimate partner violence (IPV) can be defined as the victimization of a person by someone with whom he/she currently has or had an intimate relationship, potentially leading to short and long-term physical, psychological and sexual health problems (Heise & García-Moreno, 2002). Over the decades, research on IPV has highlighted it to be one of the most significant threats to the well-being of women worldwide (Heise & García-Moreno, 2002).

However, more recently, and challenging traditional beliefs about gender and violence, the study of IPV exposed its significant negative effects on male targets of violence (Scott-Storey, 2022; Liu et al., 2021; Laskey, Bates & Taylor, 2019; Drijber et al., 2013; Nowinski & Bowen, 2012). For instance, a review conducted by Desmarais and colleagues (2012) found that approximately one in four women and one in five men suffered physical violence in an intimate relationship. Nevertheless, most literature suggests an overall more frequent and more severe sexual, emotional and physical victimization directed at women in different-sex relationships, when compared with their male counterparts (Hamberger & Larsen, 2015). Previous research showed that lesbian, gay, bisexual and transgender (LGBT) people seem to be the targets of IPV at similar or higher rates when compared with heterosexual individuals (Rollè et al., 2018). A systematic review and meta-analysis by Liu et al. (2021) found that one in four men who had sex with men had suffered some form of IPV in their lifetimes. It must also be considered that specific factors such as minority stressors have been found to influence both the process of abuse and subsequent help-seeking (Edwards, Sylaska & Neal, 2015; Santoniccolo et al., 2021).

In terms of help-seeking, heterosexual victimized women also tend to seek help more frequently when compared with victimized men (Archer, 2000; Liang et al., 2005; Tjaden & Thoennes, 2000). Among the types of formal ways of obtaining help, research on helplines indicates that, among heterosexual victimized men, general domestic violence helplines were

among the least used types of formal help, and were rated as somewhat unhelpful and often discriminatory (Hines et al., 2007; Tsui, 2014). Furthermore, the Inter-American Development Bank (2019) highlights that improvements in this type of help service are needed to ensure adaptive attitudes and behaviors towards calling. Nevertheless, research from Bennett et al. (2004) found helplines to be reasonably effective in increasing women's knowledge, self-efficacy and coping skills in domestic violence contexts. These differences highlight the need to understand the specificities of victimization as a function of gender and identify potential explanatory factors. However, to adequately tackle IPV and improve help-seeking, the underlying mechanisms of behavioral change should be identified.

Understanding behavior change: The Theory of Planned Behavior

One of the most prolific theoretical models in the field of behavior change is the Theory of Planned Behavior (TPB) (Ajzen, 1991). It postulates that behavioral intentions are preceded by the attitudes, subjective norms and perceived behavioral control towards a certain behavior. Perceived behavioral control is theorized to moderate the relationship between attitudes and subjective norms with intentions. Behavioral intentions, in turn, predict actual behavior change, and can be moderated by perceived behavioral control. When applied to the field of IPV, this theory could for example be applied to explain intentions to call a helpline among males who are targets of IPV. According to this framework, intentions to call a helpline would be higher if victimized men: had a more positive attitude towards calling; felt that other people would call a helpline in their situation; believed that they could actually perform the call. This theory is an expansion of the original Theory of Reasoned Action (Ajzen & Fishbein, 1980), by adding perceived behavior control as a predictor of behavioral intentions.

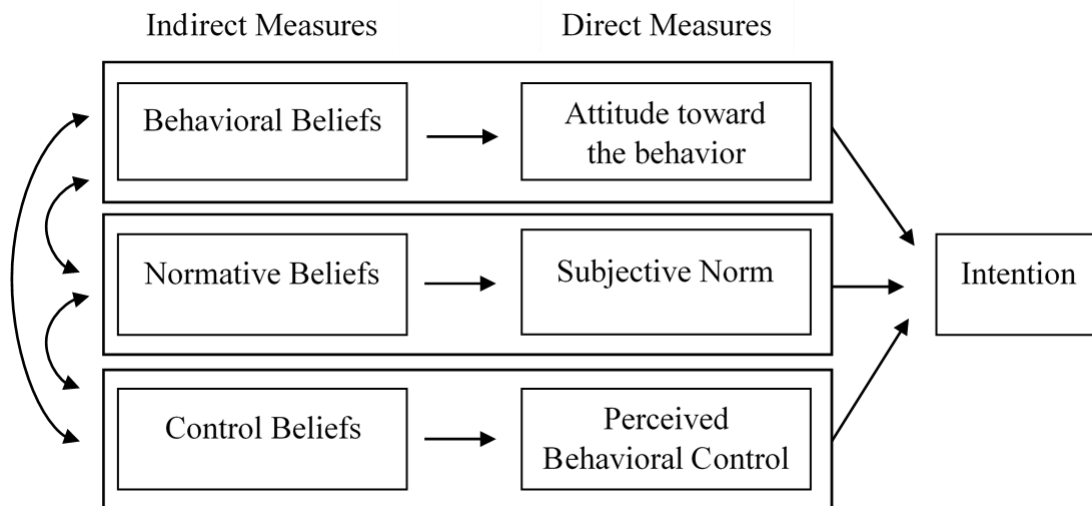
Different predictors were proposed for each of the main components of the TPB (see Figure 1). Firstly, attitudes towards calling a helpline are predicted by evaluations of its possible outcomes (e.g., how good or bad receiving emotional support is) and behavioral belief strength (e.g., perceived likelihood that the person will receive emotional support).

Secondly, the antecedents of subjective norms are Injunctive Norms (e.g., what the person thinks his/hers social referents think about calling a helpline), Motivation to Comply with Referents, Descriptive Norms (e.g., what the person believes the social referents actually do in a situation of IPV) and Identification with Referents (e.g., how much the person identifies with the social referents in what concerns calling a helpline).

Lastly, Perceived Behavioral Control is predicted by two constructs: Control Belief Strength (e.g., perceived likelihood that certain factors that could impede or facilitate the behavior are present, such as fearing a breach of call confidentiality); and Power of Control Factors (e.g., extent to which the presence of certain factors, such as fearing a breach of call confidentiality, has in impeding or facilitating the performance of the behavior).

Figure 1

Indirect and direct measures of behavioral intentions as proposed in the Theory of Planned Behavior (adapted from Ajzen, 2006)



The TPB was previously applied to explain many different behaviors such as smoking cessation (Norman et al., 1999), screening for cancers, healthy eating, exercising and adhering to oral hygiene (Godin & Kok, 1996), participation in academic hazing (Correia et al., 2018), men’s psychological help-seeking (Smith et al., 2008), preventing sexually transmitted diseases and pregnancy (Tyson et al., 2014) and speeding (Stead et al., 2005). Overall, these studies suggest that the TPB is adequate in explaining behavioral intentions and identifying some of its potential predictors, allowing for more specific and effective interventions.

It was also applied in different contexts of IPV and domestic violence. For instance, it was shown to be adequate to explain women’s intentions of leaving an abusive relationship (Byrne & Arias, 2004; Edwards, Gidycz & Murphy, 2015), male and females’ perpetration of violence (Betts et al., 2011; Kernsmith, 2005), and college students’ intentions to intervene in dating violence situations (Lemay et al., 2019). Fleming and Resick (2017) suggest that the TPB was useful in predicting past use of help-seeking strategies in female targets of violence recruited at battered women agencies, and that attitudes and perceived behavioral control were significant predictors. Sulak and colleagues (2014) studied hypothetical domestic violence (DV) reporting behaviors and indicate that when considering the Theory of

Reasoned Action, there are some differences as a function of sex that should be highlighted. For instance, both attitudes and social norms explained 21% of the intentions to report in the global sample of females, but actual reporting behavior was not explained by these variables. For the global sample of male participants, only social norms predicted intentions, which in turn, significantly predicted actual reporting behavior. Most importantly, this study analyzed these variables in male and female participants who had experiences of DV, and the findings were similar to the previously mentioned model for the global sample of male participants.

Gender Role Conflict, IPV and Help-seeking

Research on the field of IPV has highlighted the potential role of gender norms in understanding violence among intimate partners. Gender is posited to be a social construct that is not static and changes overtime, and is dependent on social and historical settings (Connell, 2005). According to gender role theories, men and women are traditionally expected to adhere to rigid roles that limit their lives and reinforce historical asymmetries of power between genders (Brown, 2008). Adherence to more traditional gender norms was suggested to be positively associated with men's and women's perpetration of violence, among many other factors that play a role in these behaviors, such as demographic, historic, contextual, personal and interpersonal variables (Dardis et al., 2015). Research has also suggested that these rigid norms may reinforce heterosexist beliefs that can hinder the capacity of men and women in same-sex abusive relationships to recognize themselves as targets of violence and escape IPV (Brown, 2008). This may also impact help-seeking as same-sex couple violence has been seen as less serious than different-sex couple violence (Brown, 2008).

To better understand the impact that these norms may have on male individuals, the concept of Gender Role Conflict (GRC) was proposed. GRC occurs when rigid, sexist, or

restrictive gender roles result in the restriction, devaluation or violation of others or the self (O'Neil, 2008). It is theoretically linked to four patterns of attitudes and behaviors: Success, Power, and Competition, expressed as attitudes towards achieving success through competition and power; Restrictive Emotionality, expressed as having restrictions about voicing one's feelings and emotions; Restrictive affectionate behavior between men, expressed as having restrictions in voicing one's feelings with other men, as well as touching them; and Conflict between work and family relations, reflecting restrictions in balancing work, school and family relationships, potentially leading to health problems.

Literature posits that GRC is associated with over 85 psychological problems, including chronic self-destructiveness, hopelessness, depression, stress, and anxiety (O'Neil, 2015). When compared with gay men, heterosexual men tend to report higher levels of Restrictive Affectionate Behavior between men and Restricted Emotionality (O'Neil, 2008; Shepard, 2001). Several contexts may also lead to GRC, namely when men try to or fail to meet gender role norms of masculinity ideology (O'Neil, 2008). In line with this, in different-sex IPV, men may perpetrate violence in order to cancel threats to their masculinity, ensure their dominance, and thus resolve their internal conflict (Reidy et al., 2014).

Given that GRC was postulated to make sense of the consequences of adherence to male gender norms in men, this construct has scarcely been measured in women when compared with research conducted with men (O'Neil, 2015). Nevertheless, the studies that assessed GRC in women used a modified version of the Gender Role Conflict Scale, and have found mixed results when compared with men. For instance, in the majority of studies Conflict between work and family relations did not differ significantly between men and women. Conversely, men have reported significantly higher values on the remaining three GRC attitudes and behaviors (O'Neil, 2015). Overall, GRC was still associated with several

variables in women, such as psychological problems, feelings toward their weight and physical conditions, and identity distress tolerance (O'Neil, 2015).

When it comes to victimization, previous qualitative research points to male targets of violence questioning or feeling distress regarding their own gender roles when victimized, potentially due to expectations and violations about what being masculine means (Machado et al., 2020; Walker et al., 2020). To the best of our knowledge, GRC was quantitatively studied once in the context of male intimate partner victimization by Tsui in her doctoral thesis (2010), as reported by O'Neil (2015). Her findings suggest that all GRC subscales were related to barriers to help-seeking except for Restrictive Affectionate Behavior between Men. In line with this, research has indicated that GRC is significantly related to negative attitudes towards seeking psychological help in men from diverse ages, nationalities, races and sexual orientations (O'Neil, 2015; Smith et al., 2008). Evidence suggests that holding more traditional gender beliefs may hinder informal and formal help-seeking behaviors by victimized men (McClennen et al., 2002), and this could be due to the perception that those who seek help are stereotyped as weak, or out of control, which is incongruent with traditional masculinity ideology (Corrigan, 2004).

Aims of the Current Research

The main aim of the present cross-sectional study was to identify the predictors of behavioral intentions to call a helpline among victimized men and women. We expected that attitudes towards calling a helpline would be positively associated with intentions to call a helpline in both victimized men and women, in different-sex and same-sex relationships (H1). In addition, in line with research on the significant predictors of intentions to seek help in this field, we hypothesized that attitudes would also be a predictor of their intentions in the aforementioned population (H2).

For the purposes of this study, we also aimed to better understand the victimization of men considering gender-specific experiences. Thus, we examined whether gender role conflict in men would be related to victimization, and its role in the process of seeking help through calling a helpline. We hypothesized that gender role conflict in victimized men would be negatively associated with attitudes (H3) and intentions (H4) towards calling a helpline. Gender role conflict was not measured in women in our sample given that understanding women's adherence to traditional male norms was not within the scope and purposes of this study.

Exploratory analyses also investigated the potential predictive power of the belief-based constructs of the TPB on the direct measures that precede intentions, as stated in the model. Finally, we will investigate possible differences in all outcomes as a function of sex, having been victimized or not, and having prior knowledge or not about helplines.

The exploratory analyses as a function of sex will investigate sex differences in different outcomes as stated by the literature on help-seeking and impressions on helplines. Furthermore, we will assess the possible impact of victimization or no victimization due to its suggested impact in the processes of victimized men, mainly considering its possible intersection with masculinity norms. Additionally, previous research highlights the importance of having knowledge about helplines in those who experience violence, to facilitate their help-seeking process, and mitigate misconceptions. Taken all together, our findings will inform the formative evaluation research for the development of targeted pictorial campaigns directed at victimized men and women, with the aim of facilitating calls to helplines.

Method

The STROBE statement recommendations for the report of cross-sectional studies were followed when applicable (von Elm et al., 2007). This statement provides detailed guidelines on how to properly report observational research to improve its clarity, as well as streamline a set of prerequisites for research conducted with this type of study design (von Elm et al., 2007). Data collection took place in Portugal, with an online survey via a “snowball sampling” approach between April 2020 and November 2020. A portion of this sample received monetary compensation for the time spent participating in the survey.

Inclusion and Exclusion Criteria

Participants were considered if they had ever had an intimate relationship, of they were over 18 years old, and understood and read Portuguese fluently. Participants were excluded from participating if they did not meet one of the inclusion criteria, consent to participate, as well as if they did not fill at least 75% of the survey.

Participants

A statistical power analysis was performed a priori for sample size estimation (Faul et al., 2009). Considering a medium effect size ($f^2=.15$), an $\alpha = .05$ and $p = .80$, the projected sample size needed with this effect size was 85 participants.

From a total of 848 participants to whom the survey was available, we removed those who did not fill at least 75% of the questions ($n = 223$), those who never had an intimate relationship in their lives ($n = 59$) and 7 participants who did not consent to participate. A final sample of 559 Portuguese participants were considered for the analysis (290 Males, 51.9%; 269 Females, 48.1%). Ages ranged from 18 to 72 years old ($M=30.16$, $SD=11.13$), and most participants were heterosexual ($n=435$, 77.8%), employed ($n=223$, 45.1%), and in an intimate relationship, whether it was their first ($n=94$, 16.6%), or while also having been in

previous ones (n=318, 56.9%). A comprehensive view of sociodemographic characteristics is presented in the Supplementary File (Table S.1). Due to its characteristics, our sample may have limited representativity of the general population in Portugal, specially of those who are older, who do not have higher education, who are not heterosexual, or who are unemployed.

Measures

Victimization in Intimate Partner Relationships. An adapted version of the Conjugal Violence Inventory - 3 (CVI-3; Machado et al., 2006) was used to measure current and past victimization. Besides the 21 abusive/violent behaviors presented in the original version, two items were added: one related to the unwanted disclosure of the target's sexual orientation (as in Costa et al., 2006) and another about threatening to prevent contact with dependents, due to the perpetrator having legal custody. Participants reported the frequency (e.g., "He/she never did it", "He/she did it once", and "He/she did it more than once") of victimization, and were considered targets of violence if they indicated that a behavior happened at least once. As in Foshee et al. (1998), a variable representing the severity of suffered violence was created, composed by the sum of the scores for each of the 23 items presented. Scores for each response were coded as 1 = "Only once" and 2 = "More than once". Higher scores in this variable indicate higher frequency/severity of violence suffered.

Attitudes, subjective norm, perceived behavior control and intentions to call a helpline. To assess the TPB constructs applied to calling a helpline, recommendations by Ajzen (2006) were followed. We constructed this questionnaire based on previously assessed salient beliefs associated with calling a helpline in 14 males who self-identified as targets of abuse in different and same-sex relationships. This questionnaire was composed of all indirect and direct constructs of the TPB, and measured participant's opinions in the context of the 6 months following an aggression suffered in their current relationship. A

comprehensive list and descriptive statistics for all the items of all subscales is provided in the Supplementary File (Table S2-S8). All of the items were presented with a 7-point scale (e.g. “Highly Disagree” to “Highly Agree”; “Very Bad” to “Very Good”). Higher values in these variables indicate higher agreement, probability or beneficial aspects of the measured constructs. Additionally, variables that represented the antecedents to each predictor variable were created as the product between the corresponding indirect measures (e.g. Behavioral Beliefs = Outcome Evaluations x Behavioral Beliefs) (Ajzen, 2006). To calculate these composite variables, negative items were reverse coded. Internal consistencies for the subscales were good, ranging from $\alpha=.80$ (Negative Outcome Evaluations) to $\alpha=.94$ (Motivation to Comply with Referents).

Gender role conflict. The Portuguese version of the Gender Role Conflict Scale (GRS) (Faria, 2002) was used. The GRS assesses men's conflicts with their gender roles on the following four dimensions: Success, Power and Competition (12 items; e.g. “I worry about failing and how it affects my doing well as a man”) ($\alpha= .84$); Restricted Emotionality (10 items; e.g., “I have difficulty expressing my tender feelings”) ($\alpha= .90$); Restricted Affectionate Behavior Between Men – Homophobia (8 items; e.g. “Affection with other men makes me tense”) ($\alpha= .87$); Conflicts between Work and Family Relations (6 items; e.g. “My work or school often disrupts other parts of my life: home, health or leisure”) ($\alpha= .87$). In this study participants were presented using a 6-point scale (1- Strongly Disagree to 6 - Strongly Agree). The mean score was calculated for each subscale and for the global score ($\alpha= .93$). Higher values indicate greater gender role conflict.

Procedure

This study was accepted by the Ethical Review Board (Ref. omitted for masked review) of its hosting institution and pre-registered (Anonymous, 2020). The survey was

developed in the Qualtrics survey platform and shared through social networks, mailing lists, Portuguese non-governmental and governmental organizations, and through the online crowdsourcing Clickworker platform.

After agreeing with the informed consent, participants who were over 18 years old and have had an intimate romantic relationship at any point in their lives were considered eligible for participation. Then, participants filled in the CVI-3, and if they had been targets of violence in their relationship, they responded to the TPB measures. Only male participants were asked to fill in the GRC measure. At the end, a debriefing was provided informing the study aims and listing support services that aimed to reduce any potential discomfort from participating. Survey duration was a maximum of 15 minutes.

In what concerns data analysis, to test our hypotheses we conducted correlational analyses with the study's main variables. We also performed a multiple regression for the TPB main predictors. Linear regression analyses for some indirect TPB constructs were performed.

Results

Main descriptives

Considering our global sample ($N=559$), many participants had been the targets of some form of violence at a point in their lives (54.38%). Victimization as a function of sex was rather similar, with about 50% of women and 55% of men reporting suffering violence. Most participants were victimized exclusively in past relationships (25.22%), although 17.1% also reported current and past victimization in relationships (Supplementary File provides a detailed description of all victimization items in the latter sample - Table S9). Victimization severity, using the composite variable, ranged from 1 to 26. Global levels of GRC were above

the midpoint of the scale, but still moderate ($M=3.34$, $SD=.86$). Men had the highest levels for Success, Power and Competition ($n=245$, $M=3.80$, $SD=.91$), and the lowest for Restrictive Affectionate Behavior Between Men ($n=244$, $M= 2.66$, $SD=1.16$). Finally, overall attitudes ($M=5.30$, $SD=1.45$) and perceived behavior control ($M=5.26$, $SD=1.74$) to call a helpline were considerably high, whereas subjective norms were low ($M=2.49$, $SD=1.55$). Behavioral intentions to call a helpline were below the midpoint of the scale ($M=3.11$, $SD=1.60$). Descriptives for behavioral intentions, the predictors and its antecedents as a function of sex are presented in the Supplementary File (Table S8).

Hypothesis testing

The results for people who reported being currently abused, independently of past victimization, will be our main focus ($n=99$; 53 males, 46 females), as stated in the recommendations for the proper application of the TPB questionnaire. This sample was composed mostly of heterosexual (77.8%) and employed (52.2%) participants that were in an intimate relationship (51.1%). They reported a mean age of 31 years old ($SD=11.27$) and mean victimization severity ranged from 1 to 26 ($M=6.29$, $SD=5.75$). Point Biserial and Pearson correlations for the main variables are presented in Table 1.

Table 1.

Point biserial and Pearson correlations for study variables

Variable	S	VS	GRC	A	SN	PBC	BI
Sex ^a (S)	-						

Victimization	.11	-					
Severity (VS)							
Gender Role	-	.21	-				
Conflict (GRC)							
Attitudes (A)	-.07	-.18	-.12	-			
Subjective	-.13	.03	.04	.23*	-		
Norms (SN)							
Perceived	-.24*	-.22*	-.35*	.48**	.10	-	
Behavioral							
Control (PBC)							
Behavioral	-.22*	.07	.01	.39**	.48**	.24*	-
Intentions (BI)							

Note: ^aMales=1, Females=2; * $p < .05$; ** $p < .01$, $n=99$.

Among the predictors of the TPB, Attitudes were positively correlated with Subjective Norms, $r(87)=.233$, $p=.028$ and Perceived Behavioral Control, $r(87)=.483$, $p<.001$. The relatively weak correlations suggest that nevertheless these constructs are independent. Regarding the Intentions to call a helpline, positive associations were found for all the predictors, namely: attitudes, $r(86)=.388$, $p<.001$; subjective norms, $r(86)=.482$, $p<.001$; and perceived behavioral control, $r(86)=.239$, $p=.025$.

Regarding our first hypothesis, attitudes were significantly associated with intentions to call a helpline in both victimized men, $r(53)=.31, p=.020$, and victimized women, $r(38)=.48, p=.002$. Thus, H1 was verified for both samples.

Given that all TPB's constructs were related to behavioral intentions to call a helpline we further tested how much of the variance in intentions was accounted for by the joint predictive power of attitudes, norms and perceived behavioral control. To do so, we ran a linear multiple regression analysis (LMRA). Attitudes, subjective norms and perceived behavioral control were introduced in the model as predictors of intentions to call a helpline. As can be seen in Table 2, the model was statistically significant, $F(3, 87)=12.74, p<.001$, adj. $R^2=.28$. However, only attitudes, $B=.272, se=.123, t=2.21, p=.030$, and subjective norm, $B=.429, se=.097, t=4.43, p<.001$, towards calling a helpline were significant predictors. It is then suggested that both victimized men and women's intentions to call a helpline are predicted by the subjective norm and attitudes. Thus, H2 was confirmed for a sample of victimized men and women. Nevertheless, these findings encompass males and females, as well as heterosexual and non-heterosexual individuals, given that the sample size did not allow for specific analysis.

Table 2.

Multiple Regression results for behavioral intentions to call a helpline

Variable	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI
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C	.23	.60	.39	.700	[-.96, 1.42]
A	.27	.12	2.21	.030	[.03, .52]
SN	.43	.10	4.43	<.001	[.24, .62]
BC	.07	.10	.68	.496	[-.13, .27]

Note. C= Constant; A = Attitudes; SN = Subjective Norms; BC = Behavioral Control; CI = confidence interval.

Our findings suggest that perceived behavior control is negatively associated with victimization severity, $r(87) = -.22$, $p = .040$, and with GRC, $r(50) = -.347$, $p = .012$. As presented in Table 1, GRC was not significantly correlated with Attitudes, $r(50) = -.117$, $p = .41$, or Intentions to call a helpline, $r(50) = .011$, $p = .939$. Thus, H3 and H4 were not verified.

Exploratory Analyses

Firstly, to further test the potential predictive power of the belief-based constructs of the TPB on the predictors of intentions to call a helpline, two simple linear regressions and one multiple regression analysis were conducted. Belief-based attitudes significantly predicted attitudes towards calling a helpline, $F(1,86) = 10.52$, $p = .002$, explaining 9.9% of the explained variability in attitudes. Additionally, belief-based behavior control predicted perceived behavioral control, $F(1,82) = 13.04$, $p = .001$, accounting for 12.7% of total variability. Finally, regarding the multiple regression model for subjective norm, the model was statistically significant, $F(2,62) = 16.94$, $p < .001$, Adj. $R^2 = .332$. Both belief-based injunctive norms, $B = .016$, $se = .006$, $t = 2.59$, $p = .012$, and belief-based descriptive norms,

$B=.012$, $se=.004$, $t=2.80$, $p=.007$, contributed to explain the subjective norm (see Supplementary File - Table S10-S12 for Pearson Correlations and details on regression analyses).

Secondly, we also explored whether there were specificities in the experiences of violence and on the levels of the TPB constructs between victimized men and women. Our findings indicate that women reported higher violence severity ($n=75$; $M=8.20$, $SD=.89$) than males ($n=66$; $M=4.77$, $SD=.68$) $t(133.89)=-3.05$, $p=.003$, Cohen's $d = 0.71$, but only for those who reported being victimized exclusively in past relationships. In these cases, victimized men indicated higher motivation to comply with referents ($M= 2.86$, $SD= 1.87$) in comparison with women ($M=2$, $SD=1.41$), $t(73)=2.20$, $p=.031$, Cohen's $d= .511$. Men registered also significantly higher levels of perceived behavioral control ($M=5.63$, $SD=1.45$) than women ($M=4.80$, $SD=2.01$), $t(61.45)=2.14$, $p=.037$, Cohen's $d=.472$.

Thirdly, we compared victimized and non-victimized men. Victimized men reported significantly higher levels in the GRC (overall and in most subscales, with the exception of Restrictive affectionate between Men) than non-victimized men (see the Supplementary File - Table S13 for descriptives and t-test values).

We also found differences for Negative Outcome Evaluations and Beliefs as a function of having prior knowledge about helplines: victimized people who knew about helplines rated negative outcomes as worse, $t(89.62)= -2.25$, $p=.027$, Hedge's $g=.435$, and believed negative outcomes of calling were less likely to occur, $t(89.83)= 2.09$, $p= .039$, Hedge's $g= .385$, than targets who did not know about helplines. Lastly, targets of violence who had prior knowledge, had more favorable attitudes towards calling a helpline ($M=5.73$, $SD=1.19$) than those who did not ($M=5.08$, $SD=1.53$), $t(87)= -2.034$, $p=.045$, Hedges $g=.456$.

Discussion

This study aimed to test if the Theory of Planned Behavior was adequate to explain intentions to call a helpline in victimized men and women, and to understand whether gender role conflict relates to the help-seeking process of victimized men. To the best of our knowledge, this was the first study to quantitatively measure GRC in victimized men, and to investigate the TPB in this specific help-seeking context.

In what concerns our 1st and 2nd hypotheses, overall the TPB seems to be an adequate model to explain intentions to call a helpline in victimized men and women. Attitudes were positively associated with intentions in victimized men and women, and intentions to call a helpline were significantly predicted by attitudes and subjective norms for both sexes. We also found a significant contribution of each of the indirect constructs on their corresponding predictors of intentions to call a helpline, lending further support to the model similarly to Hou and colleagues (2020) findings on the perpetration of violence.

Taken all together, our results partially mirror previous research with this model in the context of IPV and domestic violence that highlight the role of the subjective norm in predicting intentions (Sulak et al., 2014; Fleming & Resicks's, 2017). Nevertheless, in our study we have inquired about the specific act of calling a helpline, something that has not been done before with this model, to the best of our knowledge. Our findings add to this field as they result from a more specific questionnaire of the TPB constructs that was developed with the input of victimized men on their beliefs about calling a helpline, which is in line with the recommendations by Ajzen (2006). An adequate application of the questionnaire should inquire about future behaviors, and we highlight that our results pertain to men and women that were victimized at the moment of participation and inquired about future intentions to call a helpline. This approach may be more representative of targets of violence who actually seek help due to the on-going victimization and may specifically inform more effective

interventions in this population, thus potentially increasing access to key information and facilitating help-seeking.

Furthermore, the higher motivation to comply with referents and higher perceived behavior control found for victimized men are important data to tackle IPV through a gendered approach. Previous literature states that men seek help at lower rates than women (Smith et al., 2008), and our findings may suggest that the path from intentions to actual behaviors in victimized men is conditioned by specific factors. Nevertheless, considering unique trajectories for victimized men and women may yield more beneficial results than “one size-fits-all approaches”.

Based on previous literature showing that GRC was associated with barriers towards seeking help in victimized men (Tsui, 2010) and less favorable attitudes towards seeking psychological help in non-victimized men (O’Neil, 2015; Smith et al., 2008), we predicted that GRC would be associated with attitudes and intentions to call a helpline. However, these two hypotheses (H3 and H4) were not supported and our results challenge the above postulations.

One possible explanation may be the type of help-seeking that was inquired about, given that calling a helpline has different implications than seeking a therapist, for example. Another possible explanation lies in the often-found discrepancy between intentions and actual behavior change as stated in previous research (Nabi, Southwell & Hornik, 2002), but this was not measured in our study. Furthermore, the negative associations between GRC and perceived behavior control illustrate to what extent internal stress might influence men’s help-seeking process. Essentially, men who suffer with higher GRC may feel less confident and capable to act and seek help. This is different than having less favorable attitudes, as the target of violence’s own sense of autonomy may be impacted, and this has been found to be

central to lead people to act in different contexts (Fishbein & Ajzen, 2011). Conversely, an increase in perceived behavioral control might lead to a reduction in GRC, which could signal possible interventions in this field.

Victimized men had significantly higher GRC when compared with non-victimized men, even though no association was found between victimization severity and GRC for men who were suffering on-going abuse. Additionally, no differences were found for Restrictive affectionate behavior between Men, suggesting that it could be stable across different contexts. These quantitative findings greatly contribute to the existing body of knowledge on victimized men and GRC. Our questionnaire inquired only about suffered behaviors, and not about whether these men identified as “victims” of IPV in order to preserve their integrity in already sensitive positions. This may indicate that independently of identification with this term, the mere presence of some violence is sufficient to elicit higher levels of internal conflict.

One possible explanation could be based on O’Neil’s (2015) postulations about the different sources of GRC. He identifies that victimization by others could lead to gender role violations, which potentially lead to the worst health outcomes for those who experience violence when compared with gender role devaluations or restrictions. Nevertheless, our findings could also be explained by the potential bidirectionality of violence. Previous research suggests that GRC is associated with perpetration of violence (O’Neil, 2015) and thus, part of the violence suffered by these men could be a retaliation of the violence they perpetrated because they had higher levels of GRC in the first place. It is also possible that both unidirectional and bidirectional violence were present in our sample, which could be due to the seemingly prevalent nature of bidirectionality (Laskey, Bates & Tayloer, 2019; Larsen

& Hamberger, 2015). Overall, our results pertaining to GRC add novel insights to the literature on this field and may inform about victimization through a gendered perspective.

When compared with non-victimized people, victimized men and women who had prior knowledge of helplines had more favorable attitudes towards calling and believed that negative outcomes were worse and less probable of occurring. Additionally, we did not find differences as a function of sex on attitudes towards calling a helpline, which can be argued is not consonant with previous research on victimized men's impressions of domestic violence helplines (Hines et al., 2007; Tsui, 2014) but a possible positive outcome of outreach on this topic. Over the recent years, governmental and non-governmental organizations in Portugal have increased the awareness about victim support helplines, highlighting their benefits. These helplines were further promoted with the emergence of the COVID-19 pandemic, during which our sample was collected.

Despite the considerably low percentage of participants who knew and actually called a helpline in their lifetimes, these results point to the beneficial potential of providing information to targets of violence. Previous research indicates that male IPV targets may hinder help-seeking efforts because of the normative impression that these services are mainly for women who were victimized by their male partners (Hines & Douglas, 2011). But independently of the gender of those who experience violence, having access to adequate knowledge is important and may inform targets of violence of what to realistically expect from helplines and their benefits, while also mitigating biased notions towards what helpline services provide, who they are for, as well as the quality of their services (Inter-American Development Bank, 2019; Hines & Douglas, 2011). This knowledge could be offered by tailored interventions such as public awareness campaigns, that should aim to tackle possible

misconceptions while being anchored on theory and the needs of the target population (Reis et al., 2020).

Our findings regarding suffered violence at the moment of participation revealed similar prevalence between men and women, which diverges from a large body of research on this field (Chan, 2011; Hamberger & Larsen, 2015). Nevertheless, when accounting for exclusively past victimization, rates for women were essentially double than that of men's, which is congruent with the overarching findings by research in IPV over the last decades (Hamberger & Larsen, 2015). Our results must be contextualized in our methodological approach and how violence was measured, and the fact that it did not allow for the differentiation between different types of violence. Finally, interpretations about these findings should nevertheless consider the possible bidirectionality of violence in different and same-sex relationships (Laskey, Bates & Taylor, 2019), and given that we did not measure perpetration, our inferences on this topic are limited.

Policy and Practice Implications

The results of this study shed light on the importance of educating the general public and specially targets of violence in order to foster adaptive attitudes towards help-seeking. More specifically, our findings may also inform policies regarding help service provision towards males who suffer from IPV. Policy-makers should consider the potential role of GRC in the experiences of victimized male, and its potential in primary and secondary prevention efforts, such as public awareness campaigns. The concept of GRC may also be key for clinical practice as well given that our findings suggest that it may play a key role in men's experience of victimization and subsequent impact on their health.

Limitations and Suggestions for Future Research

Firstly, data collection was conducted during the COVID-19 pandemic, which not only has been a period of additional stress for targets of IPV and domestic violence, but also might limit the generalization of the results to non-pandemic contexts. This sample was also collected on internet platforms that may allow for differential responding and multiple responses by the same participant. Thus future studies should consider this if using this approach, and apply adequate measures to counter these types of occurrences.

Our sample was also limited in its representativity of different age groups, sexual orientations and occupations in Portugal. We did not inquire about participants' economic sustainability, but this may be an important indicator to consider in future studies in this field. Our extrapolations are also limited in the sense that they derived from a sample of Portuguese individuals, and thus may not represent realities with participants from other cultures and nationalities. More research within other cultural settings is key to understand the external validity of our findings.

Another limitation to highlight is the fact that we only inquired participants' sex, and not also their gender. Future research in this field may complement a measure of participant's sex with measures of gender identity to improve the understanding of the study's sample.

Although this sample was arguably more diverse than many typical convenience samples used in psychological research, it remains important to replicate these findings in more diverse samples. For instance, analysis as a function of sexual orientation for GRC and sex for the regression of the TPB constructs are key in the future but were not possible due to sample size limitations. In the future, collecting data on LGBT individuals is key to understanding the processes targets of violence go through, taking into account specificities for IPV in this population (Edwards, Sylaska & Neil, 2015).

Additionally, the literature on gender roles and GRC recognizes that as socially bound constructs they are not static. Thus, as gender roles are restructured and changed, the measures used to inspect these constructs should adapt as well. The Gender Role Conflict Scale has not been subject to any major adaptations to current social realities since its inception in 1986 (O’Beaglaioich, 2014), and this could potentially impact its measurements and subsequent possible extrapolations.

Furthermore, in our sample attitudes towards calling a helpline were considerably favorable and the levels of GRC were moderate. It is possible that a sample of participants with higher GRC could potentially lead to a significant association with attitudes, and that the type of help-seeking method may condition the results. Future studies could inquire about different help-seeking methods, victimization, perpetration, initiation, and retaliation of violence to improve the accuracy of measurements on the experiences of those who experience violence.

Moreover, the TPB questionnaire was constructed taking into account only the beliefs of victimized males but was applied to victimized females as well. It could be argued that the beliefs gathered are transversal to the experiences of victimized women and men, but future research should assess the salient beliefs and normative referents for victimized women. Lastly, the cross-sectional design of the present study also does not allow for causal determinations about the study’s main variables.

Conclusion

The present study aimed to test the explicative power of the Theory of Planned Behavior in the context of calling a helpline in victimized men and women. Additionally, it investigated the relation between gender role conflict, victimization in victimized men and attitudes and intentions to call a helpline. Our results support the Theory of Planned Behavior

as an explicative model, as attitudes and subjective norms predicted intentions to call a helpline in both victimized males and females. Furthermore, victimized men felt significantly greater gender role conflict than non-victimized men, but gender role conflict was only negatively associated with perceived behavioral control, and not with attitudes or intentions to call a helpline. Overall, a gendered approach to victimization is supported, with victimized men and women experiencing unique trajectories in their abusive relationships and processes. Future studies should collect data about different help-seeking methods, and with more diverse samples.

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[removed at this point to ensure a masked review]

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