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The Effect of Stigma on Intimate Partner Violence Reporting Among Men Who Have Sex with Men

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Abstract

This study examined the relation between stigma and reporting of intimate partner violence (IPV) in a sample of men who have sex with men (MSM). It was hypothesized that enacted stigma would result in lower reporting of IPV and that the type of IPV would moderate the relationship between enacted stigma and reporting. Using an online survey, we measured IPV (physical, psychological, and sexual violence) and stigma (perceived, enacted, and internalized). Participants (N = 46) were asked if they had ever experienced any of those forms of violence, as well as if they had ever reported the violence through an online survey. They were then asked how likely they would be to report the violence if it happened again in the future. Responses were analyzed using logistical regression with moderation to determine if a) enacted stigma was associated with lower reporting of intimate partner violence and if b) type of violence moderated stigma and reporting, such that physical violence would have the strongest relation between stigma and reporting of IPV. Results showed that enacted stigma was associated with more IPV reporting across all types of violence: physical (coefficient: 1.539, $p<.0005$), sexual (coefficient: .999, $p<.05$), and psychological (coefficient: 1.203, $p<.005$). Results of testing the moderating role of violence type on the relationship between enacted stigma and IPV were non-significant for all types of violence. In conclusion, the more enacted stigma that was experienced, the more reporting occurred. In addition, type of violence did not moderate the relation between enacted stigma and reporting of intimate partner violence.

The Effect of Stigma on Intimate Partner Violence Reporting among MSM

Overview of Intimate Partner Violence

Intimate partner violence (IPV) is a public health problem that affects all persons across age, gender, class, sexual orientation, and race (Ellsberg et al., 2008). IPV is a form of interpersonal violence that occurs between persons in intimate partnerships such as spouses, partners, companions, and any other relationship that can be considered intimate. Intimate partner violence is not limited to physical violence, it can and does include, sexual violence, psychological violence, financial violence, and stalking. Intimate partner violence has traditionally been studied as violence enacted by a male partner upon a female partner. Studies have shown that intimate violence affects one out of every three women around the globe. It is easy then to see why the bulk of IPV studies have focused on male perpetrated/female victim violence. Later, some researchers began to look at IPV from a male victim perspective, but it was still under the lens of a male/female dynamic (Kimmel, 2002; Magdol et al., 1997). It is only much more recently that populations of men who have sex with men (MSM) have been studied in the context of intimate partner violence. The term *men who have sex with men* is used to be inclusive of gay men, bisexual men, and straight or other identified men who have same-sex partners. Few studies have been conducted that show rates of intimate partner violence in MSM populations. Physical IPV rate estimates range from 12% (Stephenson, R., Khosropour, C. and Sullivan, P, 2010) to 45% (Craft, S. M. and Serovich, J. M., 2005.) Estimates for sexual based intimate partner violence range from 5% (Greenwood et al., 2010) to 33% (Craft, S. M. and Serovich, J. M., 2005.) The overall lifetime prevalence rate of any type of intimate partner violence experienced by anyone who identifies as a male who engages in an intimate relationship

with someone who also identifies as male is between 15-51% depending on the population studied. Evidence shows that rates of IPV are higher when it comes populations of MSM of color , less educated men (Greenwood et al., 2002) and men with positive HIV status (Greenwood et al., 2002).

Overview of Sexual Stigma and its Effects in Men who have Sex with Men (MSM)

Stigma is a mark or attribute that is deeply discrediting (Goffman, 1963). Often stigma leads to negative discrimination for those it attaches to (Link & Phelan, 2001). Stigma in general is typically defined as three distinct aspects; stereotype, prejudice, and discrimination (Sartorius & Schulze, 2005; Corrigan, 2005). However, this study examined perceived stigma, given the focus on stigmatized individuals (i.e., MSM). For populations of men who have sex with men, the stigma that attaches to them is studied under the auspices of homophobia. The negative beliefs and actions that are associated with homophobia can have manifest effects on an individual's physical and mental health as well on these individual's ability to seek and receive treatment in these areas (Bouris et al., 2010). The negative attitudes that are associated with homophobia against men who have sex with men can lead to rejection in their community, rejection by friends and family, acts of violence, and even official laws and policies that are discriminatory in nature (Espelage et al., 2008).

Sexual stigma can; a) affect income amounts at the household level; b) affect the ability to get and maintain employment;c) affect the ability to receive and keep current health insurance; d) decrease access to high quality doctors and healthcare; e) reduce access to healthcare that is centered around health issues; f) increase risk of substance abuse; g) add to existing poor mental health, or cause it; h) increase the risk or a suicide attempt; i) alter the ability to have long lasting same-sex relationships j) increase risk of HIV k) make it hard to "come out" l) increase stress m)

limit support from social circles n) overall, negatively affect health (Espelage et al., 2008; Ryan et al., 2009). Gay, bisexual, and other men who have sex with men have generally more adverse mental health outcomes compared to heterosexual men (Cochran et al., 2003; Sandfort et al., 2007). Stigma is often cited as the cause of the increased mental distress that MSM populations face (Goldberg & Smith, 2011).

The Present Study

Literature concerning IPV in men is in its infancy when compared to opposite sex studies of intimate partner violence. The research shows that male same-sex partnerships experience IPV at a rate similar to and sometimes higher than opposite-sex partnership. Current scholarship tells us that men who have sex with men also experience stigma in it many manifestations throughout their lifetime. What the current research overlooks is how these two negative outcomes may be related. I set out to perform a cross-sectional study to determine the effect of stigma on intimate partner violence among populations of men who have sex with men. My study utilized online research methodology in order to reach men in this group. The participants were asked questions about their experiences with intimate partner violence, sexual discrimination, and reporting behaviors.

This study sought to test two main hypotheses:

H1: Higher enacted stigma results in lower reporting of intimate partner violence

H2: Physical violence moderates the relationship between stigma and reporting of intimate partner violence (Figure 1)

Given that men who have sex with men often suffer from negative outcomes when reaching out for services including physical health, mental health, and support from authority (Espelage et al., 2008; Ryan et al., 2009), I hypothesized that these negative experiences (enacted stigma) would

cause the men to be less likely to report instances of violence in fear of further discrimination. The present study sought to add to the body of knowledge available to those who study intimate partner violence, specifically as it relates to same-sex male couples.

Method

Sample

Participants were self-identified males that indicated they had been in a same-sex partnership at some point in their lives. Participants were recruited online through an extensive recruitment strategy outlined below. Participants had to have been at least 18 years of age, able to read English, and reside in the United States. Due to the nature of the survey and recruitment methods, Internet access was also required to participate in this study. Out of 57 responses, 46 were included for analyses. The remaining 11 were disqualified for accessing but not completing the survey or for not meeting the study criteria. Of the remaining 46 participants, the mean age was 35 years. In addition, 32 identified as white, 12 as African-American, 9 as American Native, and 10 as Asian (note that participants were allowed to select more than one racial category). Gender identification also varied across the sample with 31 participants identifying as male (65.2%), 4 as male to female transgender (8.7%), 9 female to male transgender (19.6%), and 2 participants identifying as intersex (4.3%). Sexual orientation also varied, with 3 participants identifying as heterosexual (6.5%), 20 as homosexual (43.5%), 13 as bisexual (28.3%), 5 as questioning (10.9%) and 5 as none of the above (10.9%). (Please see Table 1 for full descriptive statistics.)

Procedure

Online research was used in this study to encourage participation by those who might

experience stigma due to their stigmatized sexual orientation. A variety of methods were used to reach and recruit the study's target population of men who have sex with men. These methods included contacting 581 LGBT organizations around the United States via email, posting messages and public posts on the social network sites of: Facebook, Tumblr, Twitter, and Reddit, as well as posting to various forums. These outlets were chosen as they provide two aspects in regard to participants. The first is membership in LGBT identified groups which provided a sample of people who may identify more publicly with their sexual identity. The other provided a level of community coupled with anonymity which allowed participants to handle their sexuality on their own terms.

Email. An extensive list of 581 LGBT organizations that provide support and safe spaces for the LGBT community has been recorded and maintained from public records. The organizations were emailed with a flyer and information about the study and how members can participate. From this point, the distribution varied among the different groups. For instance, one group may have forwarded my email to their members, one may have posted the flyer to their webpage, or some may have chosen to not pass along the information.

Forums. Forums are online outlets that let users associate with one another in a manner that allows users as much anonymity as they wish to have. Individuals can socialize and build bonds without having to "come out" (McDermott, Roen, & Piela, 2013). This allows the internet to become private (McDermott et al., 2013). To identify relevant forums, search terms were coupled with the word "forum" in order to identify forums with topics specific to the current study. These terms included "lgbt", "gay", "lesbian", "bisexual", and "queer" all combined with the search term "forum". Forums whose content contained or focused on sexual content were not considered for this study. The search resulted in 11 forums that had a suitable audience for the

survey. Forum moderators were contacted to ensure that posting of research advertisements was acceptable, if so, advertisements were posted periodically on each forum.

Facebook. A Facebook fan page was created specifically for the purposes of this study. Following the methods used by Yuan, Bare, Johnson, and Saberi (2014) news articles, study announcements, survey dissemination requests, memes, and sexual minority-related resources were posted on the Facebook page as suggested by Yaun and colleagues. In addition, hashtags were used in moderation (as described below) to increase the number of people who see the posts. Continuing to follow the methods of Yuan and colleagues (2014), study information was listed under the "About" section of the page as well as information on investigators to build rapport and credibility. Other relevant fan pages were "liked" to help spread awareness of the study (Yuan et al., 2014).

Tumblr. Tumblr is an online blogging platform that incorporates the micro-blogging platform found on Twitter. Through the course of the study a blog was maintained that mimics the advertisements that were used on Facebook. Following the methods of Yuan and colleagues (2014), study information was listed under the "About" section of the blog as well as information on investigators to build rapport and credibility. Continuing to follow the methodology of Yuan, Bare, Johnson, and Sabri (2014), other blogs with relevant content were "followed" to help build an audience and facilitate recruitment. Blogs were contacted through direct messaging to inquire if they are willing to share the study information. Hashtags were also be used in moderation to attract participants to the study. Tumblr search was utilized to generate a list of 589 hashtags that will be rotated for each post to attract participants.

Twitter. Twitter is a microblogging platform that can be used to facilitate the recruitment of individuals in hard to reach populations (O'Connor, Jackson, Goldsmith, & Skirton, 2014).

Twitter posts are limited to 140 characters per post (Mollett, Moran, and Dunleavy, 2011), due to this limit, a shortened version of the Facebook ads were used for this platform. The advertising for the study utilized tweets, retweets, and the appropriate use of hashtags to attract more potential participants. In order to establish the twitter page, users that posted issues related to LGBT issues were followed in order to gain a base of followers that can retweet the information about the survey to those who may be interested in the survey (Mollett et al., 2011; O'Connor et al., 2014). Following the methods of O'Conner (2014), direct tweets were sent to certain personalities and groups that have an interest relevant to the research topic. Hashtags were used with each post as suggested by Mollett and colleagues (2011) to gain participants for the study.

Reddit. Reddit is a forum website that is composed of sub forums that are particular to certain interests. Registered users can post, text, images, and links which are then voted on by the community. The survey was advertised on Reddit by posting to the relevant sub forums. To find the particular relevant sub-Reddits to advertise in, "LGBT" was searched in the Reddit search bar, the sub-Reddits which contained that phrase were displayed. These terms were recorded and those that were deemed appropriate to the study were then placed into the Reddit search engine to idedntify another relevant set of sub-Reddits. These were recorded and then searched as well. This process was repeated until no new sub-Reddits had been suggested. This resulted in a total of 16 sub-Reddits for posting.

Measures

Homosexuality-related stigma. This scale was developed in 2013 by Ha, et. Al. (2013) in order to measure homosexual related stigma across three dimensions; enacted stigma, perceived stigma, and internalized stigma in populations of men who have sex with men. This 28 item scale provides a "total score" of the severity of homosexual stigma for men who have sex

with men, but also provides category scores for enacted, perceived, and internalized that records severity for those individually and respectively. The reliability of the scale is rated very high (α = 0.82) as a whole. In the present study, each sub-scale was rated as very reliable; enacted (α = 0.82), perceived (α = 0.82), and internalized (α = 0.79). A mean variable of enacted stigma was created by taking the possible number of responses indicating stigma and looking at the actual number of responses that indicated stigma. The possible range was 1-4, the actual range was 1-3.33. This variable had a mean of 2.24 and a standard deviation of .55.

Severity of violence against men scale. The Severity of Violence Against Women scale, developed by Marshall (1992; adapted version) was used in this study. This 46 item scale measures specifically violence that is carried out by a male partner. The scale gives an overall score on the severity of intimate partner violence that is experienced as well as providing a three subscales that differ in degrees of severity; psychological violence, sexual violence, and physical violence. In the present study, the subscales were reliable (scores ranged from α=.89-.96). Each IPV experience was given a sum variable. To do so, all items were added from each subscale of intimate partner violence. For physical IPV the possible range was 0-21 (for the number of items on the scale), the actual range was 0-18 (the lowest to highest number of items that were selected by participants) with a mean of 11.09 and a standard deviation of 6.63. Sexual IPV had a possible and actual range of 0-6 with a mean of 3.31 and a standard deviation of 2.21. Finally, psychological IPV had a possible range of 0-19 and an actual range of 0-18 with a mean of 10.69 and a standard deviation of 5.80.

IPV reporting. Participants were also asked about their reporting behavior after each type of violent incident (sexual, physical, and psychological). They were asked to who, if anyone did they report the behavior to. The categories for reporting included, a) friends b) family c)

mental health provider d) general health provider e) law enforcement. Participants were also asked how they would report similar incidents again in the future. Sum variables were created for the reporting of each type of intimate partner violence. Reporting of physical violence had a possible and actual range of 0-5 with a mean of 1.93 and a standard deviation of 1.48. Reporting of sexual violence had a possible range of 0-5 with an actual range of 0-4 with a mean of 1.71 and a standard deviation of 1.53. Finally, reporting of psychological violence had a possible and actual range of 0-5 with a mean of 1.85 and a standard deviation of 1.47.

Results

First, bivariate correlations were calculated among all main study variables and socio-demographic variables. Race, gender, and age all showed correlations significant at the p=.05 level. See Table 2.

Next, logistic regressions were conducted to test the main study hypotheses. Results for the relationship between enacted stigma and the reporting variables revealed that the overall ANOVA was significant (p = .0005), indicating that enacted stigma is significant for determining reporting of physical IPV. The coefficient for enacted stigma in relation to physical IPV reporting was 1.539 (p = .0005), evidencing a significant and positive relationship between the two variables. However, results revealed that type of violence did not moderate the relationship (physical violence p = .9997; sexual violence p = .4324; psychological violence p = .8269). (Table 3)

Results of testing the relation between enacted stigma and the reporting of sexual IPV revealed the overall ANOVA was significant (p = .005) indicating that enacted stigma was a significant determinant in reporting of sexual IPV. The coefficient for enacted stigma in relation to sexual IPV reporting was .999 (p = .05) which shows a significant and positive relationship

between the two variables. However, results revealed that type of violence did not moderate the relationship (physical violence $p = .9678$; sexual violence $p = .2266$; psychological violence $p = .9678$). (Table 4)

Results of testing the relation between enacted stigma and the reporting of psychological IPV revealed the overall ANOVA was significant ($p = .005$) indicating that enacted stigma was significant for determining reporting of psychological IPV. The coefficient for enacted stigma in relation to psychological IPV reporting was 1.203 ($p = .005$) which shows a significant and positive relationship between the two variables. However, results revealed that type of violence did not moderate the relationship (physical violence $p = .2464$; sexual violence $p = .0806$; psychological violence $p = .1516$). (Table 5)

Discussion

This study examined the relationship between enacted stigma and the reporting of intimate partner violence. Men who have sex with men face negative effects of stigma in their everyday lives and also when they seek out help from authority figures including doctors and police (Espelage et al., 2008; Ryan et al., 2009). Therefore, it was hypothesized that those who had experienced higher levels of enacted stigma would in turn report less, perhaps in fear of discrimination. Results showed that enacted stigma was associated with *more* IPV reporting across all types of violence: physical, sexual, and psychological. This significant and positive relationship was found, regardless of type of violence experienced (moderation tests were not statistically significant). In conclusion, the data did not support study hypotheses.

Although a statistically significant relationship between stigma and reporting was found for all types of violence reporting, this relationship was in the opposite direction of that hypothesized. Since participants in this study reported such a high level of violence, that could

account for the higher reporting. In other words, the level of violence that participants experienced, outweighed any possible negative outcomes from stigma. In addition, enacted stigma correlates to outness. There was an understanding in the questions forming the enacted stigma scale, that the person discriminating against the participant knew that they had sex with men. It is possible that by examining other types of stigma, namely internalized, and perceived, the relationship to reporting may be changed. Men who are less out may be less likely to report IPV in the face of anticipating stigma. Future research should examine the interplay of outness with these variables. The anonymous design of this study makes stigma less operant as there is no person to person interaction, therefore, the results of this study may be more meaningful than when viewing relationships in practice.

Contrary to hypotheses, type of violence did not moderate the relation between stigma and reporting of IPV. Again, this could have a lot to do with the level of violence that participants reported. Perhaps at low levels of violence, the effect is stronger, given that there is not a sense of urgency in reporting these violent behaviors. In addition, the types of violence were treated as variables that were independent of one another, when in fact, no participant reported only experiencing one type of violence. The combination of these different types of violence on any one person may rule out any effect that a single type of violence might have.

Limitations and Future Directions

There are several limitations to the current study. First, this study had a very small sample size (*n*= 46). This small size may have limited the statistical power for conducting analyses and also limits the generalizability of findings to the population as a whole. Second, this particular sample reported experiencing high levels of violence. Studies typically find low levels of violence, and have trouble analyzing their data due to skewed data. Therefore, this study may

not represent all men who have sex with men. The high rate of violence could be due to how the survey was advertised, as it was explicitly seeking people who had survived intimate partner violence and did not use more neutral language like “relationship outcomes” or “behaviors.” Third, the study employed a cross-sectional study design which does not allow testing of the directionality of the relationships; for example, the enacted stigma could have been a result of IPV reporting rather than the hypothesized direction. As such, future studies should involve longitudinal study design and larger and more representative samples of men who have sex with men.

Conclusion

It is difficult to draw any solid conclusions based on the limitations of this study. While the data show that in men who have sex with men enacted stigma leads to more reporting, this relationship could also be explained by other variables. Specifically, in future studies, it will be important to differentiate when persons experienced enacted stigma. Did it occur before the instance of intimate partner violence and effect whether or no they reported, or did it occur in course of their reporting, in which case it has different implications. What is interesting to note, however, is that type of violence seems to have no effect on the relationship of reporting to enacted stigma. This may hold true through other areas of interpersonal violence studies, if not, is this absence of difference only present in populations of same-sex partners.

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Table 1. *Full Descriptive Statistics.*

Race/Ethnicity	*n*	%
White	32	69.5%
African American	12	26%
Asian	10	21.7%
Alaskan Native/Native American	9	19.5%
Native Hawaii or Pacific Islander	7	15.2%
(Note: Percentages =>100%)		
Age	*n*	%
18-29	17	37%
30-44	13	28.3%
45-59	12	26.1%
>60	4	8.7%
Gender	*n*	%
Male	30	65.2%
Female to Male Transgender	9	19.6%
Male to Female Transgender	4	8.7%
Intersex	2	4.3%
Other	1	2.2%
Sexual Orientation	*n*	%
Heterosexual	3	6.5%
Homosexual	20	43.5%
Bisexual	13	28.3%
Questioning	5	10.9%
None of the Above	5	10.9%

Table 2. *Full Correlation Matrix.*

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Race	---										
2. Gender	-.144	---									
3. Sexual Orientation	-.033	.213	---								
4. Age	-.117	.363*	-.026	---							
5. Sum of Physical IPV	-.487**	.308*	.191	.436**	---						
6. Sum of Sexual IPV	-.465**	.314*	-.106	.460**	.905**	---					
7. Sum of Psychological IPV	-.416**	.431**	-.085	.394**	.931**	.815**	---				
8. Sum Physical Reporting	-.529**	.176	-.133	.273	.677**	.580**	.689**	---			
9. Sum Sexual Reporting	-.307*	.447**	-.081	.245	.701**	.696**	.720**	.492**	---		
10. Sum Psychological Reporting	-.373*	.120	-.064	.354*	.654**	.559**	.648**	.676**	.355*	---	
11. Sum Enacted Stigma	-.386**	.165	-.210	.318*	.738**	.602**	.752**	.704**	.464**	.574**	---

*$p < .05$, **$p < .01$, ***$p < .001$

Table 3. *Summary of Regression Analysis for Variables Predicting Physical IPV Reporting*

Variable	*B*	*SE B*	β	*t*	*p*
Race	-.844	.333	-.297	-2.655	.011
Gender	.025	.117	.024	.212	.833
Age	.049	.174	.033	.281	.780
Enacted Stigma	1.539	.310	.576	4.964	.000

Table 4. *Summary of Regression Analysis for Variables Predicting Sexual IPV Reporting*

Variable	*B*	*SE B*	β	*t*	*p*
Race	-.359	.412	-.118	-.871	.389
Gender	.436	.144	.408	3.018	.004
Age	-.092	.215	-.060	-.428	.671
Enacted Stigma	.999	.384	.365	2.602	.013

Table 5. *Summary of Regression Analysis for Variables Predicting Psychological IPV Reporting*

Variable	*B*	*SE B*	β	*t*	*p*
Race	-.499	.397	-.170	-1.256	.216
Gender	-.041	.139	-.040	-.296	.769
Age	.275	.207	.185	1.325	.183
Enacted Stigma	1.203	.370	.455	3.252	.002

Figure 1.