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## Lived Experiences of Gay Men and Barriers to Reporting Intimate Partner Violence

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Nicola Seahorn

has been found to be complete and satisfactory in all respects,  
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Walden University  
2020

Abstract

Lived Experiences of Gay Men and Barriers to Reporting Intimate Partner Violence

by

Nicola Seahorn

MS, Walden University, 2019

MS, Our Lady of the Lake University, 2008

BA, University of North Carolina at Charlotte, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Walden University

May 2020

## Abstract

Gay men encounter barriers when reporting same-sex intimate partner violence (IPV) to officials. This phenomenon is vital to address, given that IPV impacts gay men more than others in the LGBTQ community, with gay men making 31.5% of the IPV reports among that population. The identified gap in the literature showed the lack of research regarding the lived experiences of barriers encountered by gay men in reporting IPV, which was the purpose of this qualitative phenomenological study. Merten's strain theory served as a framework to answer the study's two research questions on how barriers in reporting IPV affect gay men's lives and what the men have done to overcome those barriers. Data collection was from semistructured interviews with 10 men ages 18 to 35 years who self-identified as gay, had been in a same-sex relationship involving IPV for 3 months or more, and experienced barriers to reporting same-sex IPV. Data analysis showed how barriers to reporting IPV affected the lived experiences of gay men by causing three significant forms of distress, including shame and embarrassment from feeling responsible for the abuse, loss of support associated with fear and despair, and fear of retaliation from the abuser. Three themes also emerged specific to overcoming barriers to reporting IPV; these were a nondiscriminatory law enforcement response, confiding in trusted people, and supportive health care providers. This study has implications for positive social change in that findings might contribute to the development of training programs for law enforcement and health care providers to learn about IPV among gay men in same-sex relationships so as to respond with respect and compassion.

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## Dedication

I would like to dedicate this work to my amazing, God-fearing husband, DaMarus F. Seahorn, Sr., and my three children, 7-year-old son DaMarus F. Seahorn III and 5-year-old twins Keziah Life and Ocean Blue Seahorn. DaMarus, you are truly the best husband this side of glory and I thank God daily for you! I have experienced so many highs and lows in the past 3 years of this process and I know that it was only God's grace and your amazing strength that pulled me through. You believed in me at times when I did not believe in myself. This doctoral degree belongs to both of us. You are my best friend, my confidant, and the gift that keeps on giving. To my three "little people," I want you to know that Mommy diligently prayed to God for each of you, and I thank Him for all of you angels. I hope that this study encourages you to always be proud of who you are, and empowers you to be the best version of yourself at all times.

*"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."*

*—Maya Angelou*

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First, I would like to thank God for empowering me to accomplish my ultimate educational goal. Next, I would like to thank my amazing husband, who supported me throughout this journey by caring for our three little people who were all under the age of 5 years old. You are everything I needed in a husband, father to my children, and best friend. If I had a thousand tongues, I still could not thank you enough for everything you do and continue to do for our family.

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## Table of Contents

List of Tables .....	iv
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	3
Problem Statement.....	7
Purpose of the Study.....	8
Research Questions.....	8
Theoretical Framework.....	9
Nature of the Study.....	10
Definitions.....	11
Assumptions.....	13
Scope and Delimitations .....	13
Limitations .....	15
Significance.....	17
Summary.....	18
Chapter 2: Literature Review.....	21
Introduction.....	21
Literature Search Strategy.....	23
Theoretical Foundation.....	24
Literature Review Related to Key Variables and Concepts.....	27
Intimate Partner Violence Incidence.....	28



Intimate Partner Violence Perpetration.....	39
Intimate Partner Violence Experience .....	44
Seeking Help for Intimate Partner Violence.....	49
Methodological Issues and Contribution .....	60
Summary and Conclusions .....	61
Chapter 3: Research Method.....	64
Introduction.....	64
Research Design and Rationale .....	64
Role of the Researcher .....	67
Methodology.....	69
Participant Selection Logic.....	69
Instrumentation.....	71
Procedures for Recruitment, Participation, and Data Collection.....	73
Data Analysis Plan.....	74
Issues of Trustworthiness.....	76
Ethical Procedures .....	78
Summary.....	79
Chapter 4: Results.....	80
Introduction.....	80
Setting.....	80
Demographics .....	81
Data Collection .....	81

Data Analysis .....	82
Evidence of Trustworthiness.....	86
Credibility .....	86
Transferability.....	87
Dependability .....	87
Confirmability.....	87
Results.....	88
Research Question 1 .....	88
Research Question 2 .....	94
Summary .....	100
Chapter 5: Discussion, Conclusions, and Recommendations.....	101
Introduction.....	101
Research Question 1: Barriers Experienced in Reporting IPV .....	102
Research Question 2: Overcoming Barriers to Reporting .....	104
Interpretation of the Findings.....	105
Limitations of the Study.....	111
Recommendations.....	112
Implications.....	113
Conclusion .....	115
References.....	117
Appendix A: Interview Protocol.....	134
Appendix B: Demographics Questionnaire .....	136

## List of Tables

Table 1. Preliminary Formulation of Meaning Frequencies.....	84
Table 2. Grouping of Meanings Into Themes.....	85
Table 3. Theme Frequencies.....	86
Table 4. Number of Participants Contributing to Themes.....	88
Table 5. Number of Participants Contributing to Themes.....	95

## Chapter 1: Introduction to the Study

### Introduction

Research involving victims of intimate partner violence (IPV) in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community has been scarce. This scarcity is, in part, due to a lack of incidence reporting, leading to minimal data (Calton, Cattaneo, & Gebhard, 2016). In general, there is a history of underreporting IPV among same-sex or gender-diverse relationships (Donovan & Hester, 2010). According to Ball and Hayes (2010), government, policy, research, justice, and practice-based responses to IPV have overwhelmingly taken on a heterosexual concept, with the woman seen as the victim and the man as perpetrator.

This qualitative study was a means to better understand LGBTQ individuals' reluctance to report IPV, specifically the barriers to reporting IPV among gay men. Professional implications exist in conducting this study, as health care practitioners can use the findings of this study to comprehend the lived experiences of gay men who experience barriers to seeking help for same-sex IPV. This study was unique because it centered on the specific obstacles faced by the gay community. Ball and Hayes (2010) suggested that *outing* an individual as gay (i.e., revealing the sexuality of someone without his or her permission; Chambers & Homer, 1997), disclosing HIV status, or threatening to reveal a partner's sexual orientation or gender identity could serve as tools for silence in abusive relationships. The abusive partner may use homophobia, biphobia, or transphobia to convince the subordinate partner that nobody would believe claims of abuse or consider assisting the abused partner (Calton et al., 2016). Such threats serve to

isolate the abused partner, causing even more stress and emotional suffering. Therefore, more research is necessary in the area of how underreporting or fear of reporting affects victims of IPV in the LGBTQ community (Lawson, 2015; Lose, 2012).

A potential social implication of this study is that it may provide an increased understanding of reporting same-sex IPV for both victims and police officers, perhaps contributing to reduced incidence of victimization and increased assistance provided to the gay community. Results may also provide law enforcement with information to better understand the severity of IPV among individuals in same-sex relationships, helping them to be more sensitive to members of the gay community. If law enforcement and other agencies are better educated about the barriers gay men experience when seeking help for same-sex IPV, then fewer individuals will go without help or experience revictimization. Moreover, findings from this study could contribute to positive social change by helping members of the gay community feel more accepted and protected, as well as increasing the prosecution of IPV offenders.

Chapter 1 provides further background on the topic of gay men's failure to report IPV and the resultant need for this study. There is an in-depth discussion of the problem statement and purpose of this qualitative phenomenological study, which is to explore the lived experiences of gay men and the barriers they encounter when reporting same-sex IPV. The two research questions appear, along with a discussion of the theoretical framework of strain theory. Chapter 1 also includes the definitions, assumptions, scope and delimitations, and limitations related to this study. Following a discussion of the

potential contributions and implications of the study is a chapter summary, with a look to Chapter 2.

### **Background**

There is peripheral research regarding the field of barriers to IPV reporting among gay men. Most scholars have focused on the gender roles of IPV, particularly those among the heterosexual population. LGBTQ IPV has received significantly less study, with no research to date of gay men's lived experiences regarding barriers to reporting IPV. The following is a brief background of research literature related to the scope of the study topic.

Members of the LGBTQ community experience IPV at an equal or higher rate than their heterosexual counterparts (Shearson, 2017). Moreover, specific barriers prevent members of the LGBTQ community from reporting domestic violence to law enforcement (Calton et al., 2016). Disclosure of their LGBTQ status is a deterrent for many who have not yet revealed that information to family, employer, or landlord. Calton et al. (2016) explained feelings of fear and low self-esteem related to exposure as belonging to the LGBTQ population, thus discouraging the abused partner from reporting IPV to authorities.

Males are victims of crime more often than females; however, men do not seek help as frequently as women, nor are they likely to receive police support like women do (Barkhuizen, 2015). The lack of reporting and support is a particular concern with same-sex individuals, 20% of whom experience IPV (Calton et al., 2016). Ball and Hayes (2010) explored how same-sex IPV remains mostly invisible in Australia, with limited

understanding of the phenomenon. The authors researched government and nongovernment actions to address same-sex IPV, ultimately finding the barriers to reporting played a significant role in the overall lack of awareness of IPV among same-sex couples (Ball & Hayes, 2010). Calton et al. (2016) identified three significant hurdles associated with help-seeking in the LGBTQ community: a lack of clarity regarding the issue of LGBTQ IPV, stereotypes related to the LGBTQ community, and flawed systems. Finneran and Stephenson (2014) examined the perceptions of IPV among gay and bisexual men within the LGBTQ community regarding law enforcement involvement. Their findings included characteristics likely to cause IPV between gay men related to power and negotiation, relationship, life stressors, and threats to masculinity.

Gay men face a range of barriers to reporting IPV. A victim of IPV may not report due to threats by their partner to reveal their sexual orientation or gender orientation (Ball & Hayes, 2010). Using Landenburger's model of entrapment in and recovery from violent relationships, Shearson (2017) explored the challenges faced by Australian IPV victims in seeking help, as well as those faced by law enforcement officers responsible for handling the cases. Shearson found the likelihood and means of victims to seek help depended on the phase of their relationship and the strategies they used to manage violence. Finneran and Stephenson (2016) provided insight into minority stress involving IPV and gay men in Atlanta, Georgia. The researchers explored relationships between IPV and three minority stress indicators: "internalized homophobia, sexuality-based discrimination, and racism" (p. 952), finding significant associations with each. Stephenson, Freeland, and Finneran (2016) examined the

relationship between condom negotiation efficacy among gay and bisexual men. These researchers found that gay and bisexual men who reported a recent IPV experience were significantly less likely to report having felt able to negotiate condom use. Stephenson et al. concluded that IPV appeared a risk factor for HIV acquisition and transmission among gay and bisexual men.

Research has shown a reduced likelihood of awareness, understanding, or response to same-sex IPV. Franklin, Goodson, and Garza (2019) presented hypothetical situations depicting IPV to 467 police participants to assess the likelihood of arrest. Upon measuring three factors—sexual orientation, physical evidence, and trauma response—they found a decreased risk of arrest for sexual minorities. Kubicek (2018) posited that the shortage of programs for IPV prevention and intervention of sexual minorities was due to the limited amount of research on this population. Kubicek argued the combination of sexual identity, age, and gender required additional research. Following focus groups with gay and bisexual men, Finneran and Stephenson (2014) identified 30 types of IPV. From this, the researchers developed the Intimate Partner Violence-Gay and Bisexual Men (IPV-GBM) scale as a means of measuring IPV among this population.

Limited research is available on IPV and violence by males against females, a gap identified by Ball and Hayes (2010). Members of the LGBTQ community reporting incidences of IPV often go unheard because of police officers' frequent inability to view such violence outside the norms of gender power roles. More research is needed on this community, as the IPV reporting rate of LGBTQ individuals is equal or higher than that of heterosexual reports (Shearson, 2017). Gay men make 31.5% of IPV reports among



the LGBTQ community (Olliffe et al., 2014). Thus, IPV reporting by same-sex male couples is of concern.

Research has shown varying rates of IPV incidence and reporting within LGBTQ communities. Based on current research, members of the LGBTQ community experience IPV at an equal or higher rate than their heterosexual counterparts (Shearson, 2017). Moreover, specific barriers prevent members of the LGBTQ community from reporting domestic violence to law enforcement (Calton et al., 2016). Disclosure of their LGBTQ status is a deterrent for many who have not yet revealed their sexual orientation to their family, employer, or landlord. Calton et al. (2016) explained feelings of fear and low self-esteem related to exposure is common in the LGBTQ population, thus discouraging the abused partner from reporting IPV to authorities. What is not known is the lived experiences of gay men who have elected not to report incidents of IPV and the barriers preventing them from doing so, thus indicating a gap in knowledge addressed by the present study.

The recent and relevant literature about gay individuals who have experienced barriers to reporting same-sex IPV served as a reference to address the current study's research questions and problem statement. The empirical studies reviewed aided in providing a more in-depth understanding regarding the lived experiences of gay men and barriers to reporting IPV (Calton et al., 2016; Kubicek, 2018), as was the focus of the study. This study was necessary due to the limited research of IPV reporting among gay men. Gay men face numerous barriers to reporting IPV, including public perception, stigma, and bias inherent in laws and policies (Calton et al., 2016). No one had yet

explored gay men's perceptions of barriers encountered when reporting IPV; therefore, this study's findings provide valuable, much-needed information regarding the phenomenon under study.

### **Problem Statement**

The research problem was the lack of scholarly inquiry regarding the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV. Same-sex IPV occurs in one of five same-sex relationships, making it a widespread social concern in need of address in U.S. society (Calton et al., 2016). According to Oliffe et al. (2014), IPV impacts gay men more than other members of the LGBTQ community, with gay men representing 31.5% of the LGBTQ IPV reports. The Centers for Disease Control and Prevention (CDC) suggested some barriers associated with reporting same-sex IPV are unique to the LGBTQ community (Calton et al., 2016). Among these are the public's lack of knowledge and understanding of same-sex IPV, the stigma associated with LGBTQ relationships, and biases regarding laws and policies. Ball and Hayes (2010) identified additional barriers to gay men reporting same-sex IPV, including being outed as gay and having one's HIV status exposed.

Researchers have studied abusive actions between male romantic partners. According to Ball and Hayes (2010), abusive men in same-sex relationships may threaten sexuality outing and HIV exposure to gain control, as well as to prevent their partners from seeking help. Moreover, Brown and Herman (2015) suggested same-sex IPV resources are limited when it comes to the gay community. Lewis, Carvalho, Derlega, Winstead, and Viggiano (2011) examined the correlation between minority stress and

same-sex IPV victimization and perpetration. Lewis et al. recommended researchers and counselors focus attention on understanding and reducing same-sex IPV, as well as the sexual stressors associated with same-sex partners. The lack of research regarding this topic indicated a meaningful gap in the current research literature.

### **Purpose of the Study**

The purpose of this qualitative phenomenological study was to explore the lived experiences of gay men and the barriers they encounter when reporting same-sex IPV. Data collection occurred through the use of interviews with men aged 18 to 35 years who self-identified as gay, were not college students, and had been in a same-sex relationship involving IPV for 3 months or more. The purpose of the study was to fill the research gap regarding the phenomenon of barriers to gay men reporting IPV, which may include having their sexuality exposed, the lack of sufficient or non-gender-biased agencies, concerns regarding police officers' responses, and stigma associated with their race (Finneran & Stephenson, 2014). This study best fit a qualitative approach because it involved an explanation of the lived experiences and emotions of participants that is unobtainable through quantitative research.

### **Research Questions**

Research Question 1 (RQ1): How do the barriers to reporting intimate partner violence affect the lived experiences of gay men?

Research Question 2 (RQ2): How do gay men overcome the barriers they encounter in reporting intimate partner violence?

## Theoretical Framework

The theoretical lens that framed this study was Robert Merton's (1938, as cited in Agnew, 2010) strain theory. According to strain theory, certain situations may result in increased stress levels that lead to deviant coping strategies (Agnew, 2001). Another theory supports the concept of stress-related effects of stigmatization. Meyer (2007) used the minority stress theory to support the assumption that in a heterosexual society, LGBTQ people endure an increased level of stress related to stigmatization, which prevents them from seeking help in situations such as victimization (Meyer, 2007). According to Merton, strain is the result of societal expectations placed on people to achieve unrealistic goals. The premise of strain theory is that strain results in frustration, anxiety, anger, stress, and other negative emotions that cause people to engage in criminal behavior (Agnew, 2010). A stigmatized LGBTQ person may face increased stress; a person in an intimate partner relationship may use physical aggression as a means to relieve stress (Zavala, 2017). Future researchers may use this study's findings through the lens of the strain theory to show ways that such abusive situations may be prevented; therefore, I applied this theory to the findings.

Strain theory is a prominent theoretical and explanatory framework that researchers have applied to gay relationships. Dentato (2012) noted that gay individuals experience a lifetime of harassment, maltreatment, discrimination, and victimization because of the stressors associated with their sexuality. Meyer (2007) suggested that victimization can affect the way a person perceives meaning and order in the world. Moreover, victimization is a stressful form of strain that could lead people to blame

others for their misfortunes and result in a need for coping strategies to minimize negative emotions (Agnew, 2001). Agnew (2001) suggested that people who feel devalued may abuse others to eliminate stress, something Zavala (2017) also noted. These strains are contributing factors to the barriers of reporting same-sex IPV, which was the primary premise explored in this study. Research and application of Merton's strain theory provide insight into the challenges faced by survivors of same-sex IPV. Further discussion of the theoretical framework appears in Chapter 2.

### **Nature of the Study**

In this qualitative study, a phenomenological research design facilitated the exploration of how gay men who are survivors of same-sex IPV experience barriers to reporting same-sex IPV. This design was appropriate for the study of lived experiences, as a phenomenological analysis involves gathering data seen as natural rather than artificial (Smith, 2017). Specifically, a researcher can use interpretive phenomenological analysis (IPA) to explore the lived experiences of individuals from their perspectives (Smith, 2017; Smith, Flowers, & Larkin, 2013). Researchers can use IPA to maintain the integrity of every participant's personal experiences by focusing on the details of each case and ensuring the study sample has sufficient amounts of convergence and divergence (Smith, 2017).

With IPA, Smith (2017) suggested a researcher can acknowledge the importance of observing participants' personal e to best articulate their lived experiences. In this study, I used IPA to explore the understanding of participants' lived experiences with the barriers they faced (see Smith, 2017). Data collection came from a homogeneous sample

and in-depth, semistructured interviews with participants. Qualitative interviewing allows a researcher to obtain rich and detailed data from the participant (Rubin & Rubin, 2012). The use of IPA was essential because it enabled me to develop an experiential, psychological methodology (see Smith, 2017). Moreover, IPA is consistent with examining lived and experienced barriers to reporting same-sex IPV, which was the focus of this dissertation.

The phenomenon of barriers to gay men reporting IPV was vital to address, given that IPV impacts gay men more than other members of the LGBTQ community. LGBTQ individuals are responsible for 20% of IPV reports, with gay men comprising 31.5% of that number (Smith, 2017). These LGBTQ statistics indicated the need for additional study of the barriers facing gay men in reporting IPV. Therefore, I conducted qualitative phenomenological research using IPA to explore the lived experiences of gay men who encounter barriers in reporting same-sex IPV.

### **Definitions**

The following are definitions of terms used in the context of this study.

*Cisgender.* Individuals who are cisgender identify with their sex (male or female) defined at birth (Trans Student Educational Resources, 2019).

*Emotional intimate partner violence.* Also referred to as psychological violence, emotional IPV is the act of one partner using threats, coercion, humiliation, or other sensitive means to control the other (National Institute of Justice, 2019). Psychological IPV may include controlling the victim's activities; denying the victim access to friends

or family; or withholding resources, money, or information (National Institute of Justice, 2019).

*Gay men.* Gay men are males who are involved or interested in same-sex physical, romantic, or emotional relationships with other men (GLAAD, n.d.). *Gay* is the preferred term to describe homosexual males.

*Intimate partner violence.* IPV is a violent act committed by one romantic or sexual partner against another (National Institute of Justice, 2019). IPV may include emotional, sexual, and physical abuse.

*LGBTQ.* LGBTQ is an often-used acronym to refer to the lesbian, gay, bisexual, transgender, and queer or questioning community (Lesbian, Gay, Bisexual & Transgender Community Center, 2019). Within this study, LGBTQ is also understood to mean LBGTQ+, with the + sign incorporating anyone identifying with this group but not otherwise included in the acronym (Gold, 2018).

*Out, outed, or outing.* Within the gay community, *outing* means revealing an individual's sexuality without that person's permission (Chambers & Homer, 1997). Because of the stigma that persists around LGBTQ individuals and their lifestyles, outing "is considered a serious social sin" (Chambers & Homer, 1997, p. 255).

*Physical intimate partner violence.* Physical IPV is the use of physical force to inflict pain, injury, disability, or even death (National Institute of Justice, 2019). Such physical force may include punching, kicking, hitting, choking, or using weapons to harm or kill (National Institute of Justice, 2019).

*Sexual intimate partner violence.* According to the National Institute of Justice (2019), there are three categories of sexual IPV: physically forcing an individual to perform a sexual act, attempting intercourse or another sexual act on a person who is unable to protest, or imparting physical or psychological abuse through sexual contact.

### **Assumptions**

Assumptions are a necessary component of scholarly inquiry. Without assuming certain states or situations, a researcher could not adequately collect or interpret data. The chief assumption in this study was that participants would be honest and forthcoming in responding to semistructured, open-ended interview questions. I expected that they would report their experiences accurately rather than try to cover up any embarrassment they might feel as a result of their situation. Also assumed was that participants were truthful in self-identifying as gay, reporting their age, and being in a same-sex relationship involving IPV for at least 3 months. The final assumption was that participants would use member checking only to clarify their previous responses rather than to expand upon them. Had these assumptions been incorrect, I would be unable to trust in my findings.

### **Scope and Delimitations**

The research problem addressed in this study was the lack of scholarly inquiry regarding barriers to reporting IPV among gay men. According to Calton et al. (2016), approximately 20% of same-sex relationships in the United States involve IPV. Among the LGBTQ community, gay men make 31.5% of IPV reports (OliFFE et al., 2014), making a study of this particular population necessary. The majority of research on IPV within the LGBTQ community has been on the LGBTQ population overall, with little



study specific to gay men. In addition, among this subset, no researchers had conducted qualitative research on the barriers gay men have experienced in reporting IPV.

Therefore, I am the first to explore the lived experiences of gay men who face barriers in reporting IPV.

The overarching population in this study was men who self-identified as gay, were between the ages of 18 and 35 years, and had been in a same-sex relationship involving IPV for at least 3 months. The sample consisted of 10 participants who met the population criteria and resided in a large city in central Texas. The sampling strategies for this qualitative study were convenience sampling followed by snowball sampling, if needed, the latter a means of recruitment based on referrals and recommendations from current participants. Data collection came from in-depth, semistructured interviews and field notes. The goal of conducting interviews was to understand the participants' perspectives of IPV and explain the phenomenon.

The initial recruitment strategy entailed contacting personal connections who may have met the criteria for participation. Snowball sampling would have allowed participants to recruit additional individuals within the gay community whom they believed were qualified for the study; however, I obtained sufficient participants through convenience sampling. Excluded from consideration were men who self-identified as something other than gay or had not been in relationships involving IPV for 3 months or more.

The theoretical framework chosen for this study was Merton's strain theory (1938, as cited in Agnew, 2001). Minority stress theory was also relevant to this research,

as it pertains to higher levels of stress endured by LGBTQ individuals as members of a broader heterosexual environment. Other models researchers have used to study the LGBTQ community include psychosocial models of identity development and sexual orientation (Cass, 1979, 1984). According to these theories, LGBTQ individuals move through various stages of identity development, often beginning in their teenage years (Gonsiorek, 1995). Although these theories are compelling concerning the population under study, I did not find them to be as relevant to an examination of gay men's experiences with barriers to reporting IPV as strain theory and minority stress theory.

Transferability refers to the ability to apply a qualitative study's findings to populations or settings outside the initial sample (Polit & Beck, 2014). Transferability is a concern with qualitative research, as participants are unique and not gauged on a series of numbers; instead, their perceptions and experiences form the basis of the findings. As a result, this study's findings are not directly transferrable to the population of gay men facing barriers in reporting IPV. However, to approach transferability, I accurately reported the participants' experiences and overall data collection findings.

### **Limitations**

Limitations are inherent in any research. Specific to this study, the first limitation was the use of the qualitative methodology. Because qualitative researchers uncover and present lived experiences and particular contexts of study participants, results are not transferable to populations outside the specific sample (Polit & Beck, 2010). Achieving dependability in qualitative research requires collecting and presenting evidence as related by the participants rather than guided by researcher bias (Polit & Beck, 2010). I

maintained objectivity and kept detailed notes to mitigate any concerns with the use of the qualitative methodology.

Another potential limitation of this study was in recruiting individuals who have not felt safe to report to law enforcement but who felt safe talking to me about their abuse and sharing their barriers to reporting. The National Intimate Partner and Sexual Violence Survey shows that members of the LGBTQ community experience IPV at an equal or higher rate than their heterosexual counterparts (CDC, 2013). However, many of these victims refuse to report their abuse to law enforcement due to barriers specific to the LGBTQ community (Calton et al., 2016). I minimized this recruiting limitation by using convenience sampling.

The sole focus on gay and bisexual individuals from local agencies around the central Texas city of study was another limitation. Accordingly, the findings cannot be generalized beyond the group of study due to the limited geographical area and the small sample size of this qualitative study. Additionally, the results of this study are insufficient to answer moral or ethical questions (Polit & Beck, 2010). Nevertheless, I provide a detailed discussion of the methodology implemented for this study. As such, other researchers can easily replicate the methodology for another target population to enhance the transferability of the data (Lincoln & Guba, 1985).

As all researchers approach scholarly examinations with preexisting biases and expectations, it is imperative to acknowledge and address these biases to prevent them from intruding on the data. One way to do this is through bracketing (Hamill & Sinclair, 2010), which I practiced by writing down my preconceptions to set them aside when

collecting and analyzing data. Moreover, I remained vigilant to any preferences that emerged during data collection and analysis.

### **Significance**

Findings from this study advance knowledge in the discipline. Because the incidence of IPV within the LGBTQ community is underreported, accurate data on the phenomenon are not available. In addition, and perhaps because of this limitation, an insufficient number of researchers have studied the phenomenon of IPV among gay men in same-sex relationships, with no examinations of the lived experiences of gay men who face barriers in reporting IPV. Therefore, I expanded the knowledge in this area, lessening the knowledge gap.

The results of this study have practical implications for gay men who experience barriers to seeking help for same-sex IPV. This study is unique because of its focus on the specific obstacles associated with the LGBTQ community. The results of this study may lead to an increased understanding of reporting same-sex IPV for victims and police officers, reduced incidence of victimization, and increased assistance provided to the gay community. The results may also provide law enforcement with information to better understand the severity of IPV among individuals in same-sex relationships and to be more sensitive to the gay community. The generalizability of this study's findings receives a discussion in the limitations section of the study. If law enforcement and other agencies are better educated about the barriers gay men experience when seeking help for same-sex IPV, then fewer people will experience revictimization. Moreover, I

contributed to positive social change by helping members of the gay community feel more accepted and protected, as well as increasing the prosecution of IPV offenders.

This study is relevant to the field of forensic psychology in that it involves law enforcement, crime victims, research, and education and training. Forensic psychology professionals working in policing provide law enforcement personnel with education and training, assessments, and evaluations involving crime victims, and conduct research to build upon the literature where there is a gap. Barkhuizen (2015) suggested that more training is needed for police officers regarding the phenomenon of male battering, to include knowledge concerning the emotional, sexual, and physical abuse of male victims who may suffer subsequent revictimization by police officers and the justice system. Moreover, this research is significant because the results may inspire communication between advocates, policymakers, and researchers regarding the next steps (Calton et al., 2016).

The study also has potential implications for positive social change. If law enforcement and other agencies are better educated about the barriers gay men experience when seeking help for same-sex IPV, then fewer people will go without assistance or experience revictimization. Moreover, I contributed to positive social change by helping members of the gay community feel more accepted and protected, as well as increasing prosecution rates of IPV offenders.

### **Summary**

Chapter 1 included discussions of the research problem and the purpose of this qualitative phenomenological study. The purpose of this study was to explore the lived

experiences of gay men and the barriers they encounter in reporting same-sex IPV. The research problem was the lack of scholarly inquiry regarding the lived experiences of gay men and the obstacles they face in reporting same-sex IPV. Although there is limited research involving barriers to reporting domestic violence, it pertains to a more general population, such as relationships between heterosexuals. The need for this study was apparent because much of the information gathered about gay and bisexual men regarding IPV was specific to LGBTQ individuals with HIV and medical limitations.

Chapter 1 included an introduction to the phenomenon under study, namely, gay men who faced barriers to reporting IPV. Because LGBTQ individuals experience IPV at least as often as heterosexuals, if not more (Shearson, 2017), this population merits additional study, especially as many cases go unreported. Within the LGBTQ community, gay men experience the highest rates of IPV, making nearly one-third of reports (Oliffe et al., 2014). Additionally, members of the LGBTQ community face unique barriers to reporting IPV that include stigma, homophobic bias, a lack of understanding, and unequal rules and policies (Ball & Hayes, 2010; Calton et al., 2016). These findings indicate a need for further research in the area of gay men who experience IPV.

Chapter 1 presented discussions of the research problem and the purpose of the study, which was to explore the lived experiences of gay men who have encountered barriers in reporting IPV. Because of the goal to uncover individual perspectives, a qualitative approach was most appropriate for this study. Addressed in this chapter was the theoretical framework of Merton's (as cited in Agnew, 2001) strain theory. I

Minority stress theory also applies to the unique challenges faced by the LGBTQ community in reporting incidences of IPV and similar victimization, which may lead them to remain silent (Meyer, 2007). Also, the chapter included the nature of the study, which was a qualitative phenomenological research design. I used IPA to explore the participants' lived experiences from their perspectives. Assumptions, scope and delimitations, and limitations also appeared, followed by an overview of the significance of the study about advancing knowledge and lessening the research gap.

Chapter 2 will comprise an exhaustive review of existing literature directly or peripherally related to the topic under study. I present the literature search strategy, including sources and databases used as well as keywords and terms searched. Past researchers have used the theoretical foundation of strain theory, as discussed in Chapter 2. I then present a lengthy summary of prior research on IPV. To close the chapter, I discuss trustworthiness, including my adherence to ethical procedures.

## Chapter 2: Literature Review

### **Introduction**

The research problem was the lack of scholarly inquiry regarding the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV. The purpose of this qualitative phenomenological study was to explore the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV. The CDC defines intimate partnership as a relationship that includes some or all of the following: emotional connection, consistent contact, identifying as a couple, and ongoing physical and sexual contact (Kubicek, 2018). Violence between intimate partners, also known as domestic violence or dating violence, can take many forms, including physical, sexual, emotional, or psychological abuse.

IPV is widespread among same-sex relationships. By some estimates, one out of every five same-sex relationships includes IPV (Calton et al., 2016); in addition, IPV occurs in more same-sex relationships than different-sex relationships (Messinger, 2017, 2018; Finneran & Stephenson, 2016). Among the incidence of IPV among sexual and gender minorities, men in same-sex relationships are, by some measures, disproportionately impacted (Messinger, 2017; Oliffe et al., 2014). For instance, 31.5% of reports of IPV from sexual minority relationships involve men involved with men (Oliffe et al., 2014). In a review of literature on same-sex IPV, Rollè, Giardina, Calderera, Gerino, and Brustia (2018) found that more than 50% of gay men admitted to being psychologically abused by their partners.



Despite the prevalence of IPV in same-sex relationships, some barriers to reporting are unique to the LGBTQ community (Calton et al., 2016). These barriers include a lack of knowledge and understanding of same-sex IPV, the stigma around LGBTQ relationships, homophobic bias, fear of being outed, and fear of exposure to HIV status (Ball & Hayes, 2010; Calton et al., 2016). Indeed, IPV perpetrators may use these barriers to reporting to gain and maintain control in abusive relationships and prevent their partners from reporting the abuse (Ball & Hayes, 2010). Further, the prejudice and stigma that often accompany a sexual minority may serve as a form of emotional abuse (Woulfe & Goodman, 2018). In other words, the particular stressors that gay men face as members of a marginalized community—what the literature commonly terms minority stress—might not only contribute to the incidence of IPV, but serve as a tool to maintain power and control by perpetrators of IPV (Ball & Hayes, 2010). For this reason, coupled with the disproportionate incidence of IPV among men in same-sex relationships, it is essential to understand how minority stress associated with LGBTQ identity affects IPV victims' decisions whether or not to report.

There is a gap in the current literature on IPV among sexual minorities. The vast majority of the research on IPV among same-sex couples comprises quantitative empirical studies that rely on survey data, with few qualitative researchers asking men who have undergone IPV about their lived experiences (Laskey, Bates, & Taylor, 2019). Further, all of the researchers who incorporated the particular stressors of being a member of a marginalized minority group do so to explain the incidence of IPV; however, they do not explicitly use the framework of minority stress to explain help-

seeking behaviors. This is a significant gap, as understanding why people do not seek help for IPV is a crucial aspect of identifying why IPV persists in relationships.

The review of relevant, insightful, and recent literature returned from this search follows. Following a discussion of the theoretical foundation underlying this study is a comprehensive review of literature related to the key variables and concepts. This review includes relevant studies on IPV incidence, perpetration, experience, and help-seeking in sexual minority relationships. The chapter concludes with a summary and a look at Chapter 3.

### **Literature Search Strategy**

To review the literature on IPV in sexual minority relationships, I conducted iterative searches using Google Scholar and the Walden University library. Among the databases most commonly used were ERIC, EBSCO, PsycINFO, PsycARTICLES, PsycEXTRA, SAGE Journals, LexisNexis Academic, and Academic Search Complete. Search terms were, individually and in combination: *barriers for gay men, gay men and intimate partner violence, barriers to reporting intimate partner violence, bisexual, coercion, dating violence, domestic abuse among gay men, domestic violence, emotional abuse, gay, help-seeking, heterogendered norms, HIV prevention, homosexuality stigma, identity abuse, intimate partner violence (IPV), intimate partner violence among gay men, intimate partner violence or domestic violence in the LGBT community, LBG, LBGT, LBGTQ, legal intervention, male couples, men who have sex with men (MSM), minority stress, perceptions of intimate partner violence, police arrest decisions, same-sex intimate partner violence, sexual minorities, sexual orientation, sexual risk, sexual*

*violence, social determinants, social learning, social support, stigma, strain theory, target vulnerability, victim cooperation, victim decision-making, victimization, violence, and violence perception.*

Searches began at the Google Scholar search engine with queries on all keywords, allowing for the identification of relevant articles, authors, and journals. The Walden University Library website was the next site visited, where I explored individual journals and databases using the same keywords and combinations of keywords. When the authors cited seminal research, I reviewed the list of references to identify sources for further study. Use of the Thoreau Multi-Database Search helped me locate additional sources. Although I found no research specific to the lived experiences of gay men who encountered barriers in reporting IPV, I reviewed sources related to the phenomenon.

### **Theoretical Foundation**

The theoretical foundation of this study is strain theory, first conceptualized by Merton in 1938 and subsequently honed in various works by Agnew (2001, 2010). The underlying concept of strain theory is that some situations cause increased stress levels, which can then produce deviant coping strategies (Agnew, 2010). Agnew (2001) outlined the major theoretical propositions of strain theory, identifying strain as arising when individuals think they are not receiving the treatment they would like. Such adverse circumstances can pertain to relationships, objective events, or subjective experiences of an event. Agnew noted that certain types of strain are more likely to result in crime, as different kinds of strain variously influence individuals' ability to cope in a noncriminal manner. According to Agnew, strains that often result in criminal behavior are those

perceived to be unjust, great in magnitude, associated with low social control, and creating incentives to engage in criminal activity.

Researchers frequently use strain theory as a theoretical and explanatory framework to explain adverse behaviors in same-sex relationships. As Agnew (2001) suggested, victimization is a stressful form of strain that can lead people to blame others for their misfortunes, turning to coping strategies that produce negative emotions. In particular, people who feel devalued may abuse others to eliminate stress (Agnew, 2001). Because members of sexual minorities may encounter homophobic discrimination or feel devalued, strain theory was appropriate to explore IPV incidence in same-sex relationships.

Related to the current study, men in same-sex relationships perceive strain to be unjust, particularly when related to discrimination based on their sexual orientation. Further, such strain is inherently associated with low social control, as homophobia is based on the marginalization and disempowerment of sexual minorities. Finally, the strain that disempowers gay men can create incentives to reclaim a sense of power, which may involve unlawful means, including IPV. On top of this, homosexuality stigma might prevent gay men from seeking help to cope with the strain, as one of the sources of minority stress for LGBTQ individuals is the incentive to conceal one's sexuality (Meyer, 2007).

In a seminal work, Dentato (2012) explained how strain theory could apply to IPV between individuals in same-sex relationships. Following a review of the literature on the unique health risks faced by sexual minorities, including IPV victimization, Dentato

argued that many studies centered on minority stress theory, an offshoot of strain theory. Common among findings were that the unique stressors of being in a sexual minority could contribute to harmful coping mechanisms, leading to adverse health outcomes, including IPV (Dentato, 2012). IPV may be both an unhealthy coping mechanism and a negative health outcome (Dentato, 2012), something affirmed by recent empirical researchers. For example, in a quantitative study based on a survey of 665 college students, 160 of whom identified as sexual minorities, Zavala (2017) found strain theory best explained IPV perpetration.

The aforementioned researchers all used strain theory to explain the incidence of IPV among men in same-sex relationships. However, my study was the first using strain theory to explain contributing factors to reporting IPV in same-sex relationships among gay men. I was also the first to solicit the experiences of gay men who report their experience of violence at the hands of their intimate partners to the criminal justice system. Due to this empirical focus, I expanded on existing understanding of how strain theory applies to IPV in same-sex relationships, and of strain theory's applicability more broadly.

Secondary to strain theory is minority stress theory. According to Meyer (2007), minority stress theory ties in with the assumption that LBGQTQ individuals experience greater stress due to the stigma of sexual orientation. Therefore, nonheterosexual individuals may be less likely to report acts of violence, including IPV. Minority stress theory is a component of understanding the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV.

Both strain theory and minority stress theory contribute to understanding the phenomenon in the present study. The research questions for this study were as follows: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men? and How do gay men overcome the barriers they encounter in reporting intimate partner violence? Answering these questions provides further support for the application of strain theory and minority stress theory in understanding why gay men choose not to report IPV.

### **Literature Review Related to Key Variables and Concepts**

The following section includes a review of the literature on IPV in sexual minority relationships. Remarkably, almost all of this research is predicated on a singular, baseline empirical finding: People in same-sex relationships are at least as likely as individuals in heterosexual relationships to experience IPV (Martin-Storey & Fromme, 2016; Messinger, 2017, 2018). Statistics vary based on the measure of IPV. The National Intimate Partner Violence and Sexual Violence survey showed that almost one third of sexual minority males and nearly half of sexual minority females had experienced physical violence, sexual abuse, or stalking by intimate partners at some point their lives (Messinger, 2017). When accounting for emotional abuse, almost one-half of sexual minority males and three-quarters of sexual minority females reported experiencing IPV (Messinger, 2017). Beyond these statistics, however, a more sophisticated analysis showed that LGBTQ people were at heightened risk of experiencing IPV (Martin-Storey & Fromme, 2016). Following a longitudinal study of 1,942 U.S. college students, Martin-Storey and Fromme (2016) found sexual minority students became more likely to

experience IPV with each sexual partner they had; in comparison, heterosexual and cisgender students' likelihoods of experiencing IPV remained static despite the number of partners.

Researchers of the incidence, perpetration, experience, and aftermath of IPV in same-sex relationships have sought to understand the prevalence and increased risk of IPV in same-sex relationships or to create research-informed strategies to address the phenomenon. I created the research questions with a focus on IPV in same-sex relationships; however, it is also worthwhile to review the literature on IPV in heterosexual relationships, sexual minority relationships broadly construed, and gender minorities' experiences with IPV. Any studies not specific to IPV in same-sex relationships included in this literature review provide crucial analytical leverage for understanding the scholarly study of IPV in same-sex relationships.

### **Intimate Partner Violence Incidence**

Most of the literature on IPV incidence in same-sex relationships stems from a single question: Why is the rate of IPV in same-sex relationships at least as high as the rate of IPV in different-sex relationships? (Martin-Storey & Fromme, 2016; Messinger, 2017, 2018). To answer this question, the following subsections detail the four most prominent factors contributing to IPV incidence. These are substance use, condomless anal intercourse (CAI), minority stress, and early experiences of IPV.

**Substance use.** In quantitative studies relying on survey data from large samples of men who have sex with men, researchers have found substance use substantially increases the likelihood of violence in an intimate relationship between two men (Duncan

et al., 2018; Peacock, Andrinopoulos, & Hembly, 2015; Stults, Javdani, Greenbaum, Kapadia, & Halkitis, 2015). Like much of the understanding of IPV incidence in same-sex relationships, this line of research arose from empirical findings that substance abuse in heterosexual relationships makes IPV more likely to occur (Leone, Crane, Parrott, & Eckhardt, 2016). Stults et al. (2015) found substance abuse increased the risk of IPV in same-sex relationships between men. After conducting a survey of 528 young men in American cities who have sex with men, Stults et al. used multinomial logistic regression models to test how substance use affected participants' likelihood of reporting the occurrence of IPV in their relationship within the previous 30 days. The researchers found that when participants used marijuana or alcohol, the odds of recent IPV increased by 1.6 times; when the men used stimulants, the odds increased by 1.8 to 2.5 times; and when they used any other illicit substance, the odds increased by 4.1 to 6.1 times. Based on these findings, Stults et al. concluded that substance use is a key contributor to IPV incidence in many same-sex male relationships.

In a study of men who have sex with men using participants recruited from the male dating platform Grindr, Duncan et al. (2018) identified an association between substance abuse and IPV incidence in intimate relationships of various durations. Duncan et al. surveyed participants ( $N = 175$ ) not only on their intimate partnerships but also their most recent sexual encounters, some of which did not take place within the context of a longer intimate relationship. After analyzing survey data using multivariable regression models, the researchers found a significant positive association between IPV incidence and substance abuse. In particular, participants who had increased their substance abuse



were at higher risk of experiencing sexual IPV (Duncan et al., 2018). These findings indicate that substance abuse not only contributes to IPV in long-term partnerships, but in intimate relationships of many types and durations.

Other researchers, however, have suggested the link between substance abuse and IPV might be more complicated than previous studies indicated. Peacock et al. (2015) argued that substance abuse is as much a cause of IPV as it is an effect of the same fundamental, underlying cause of IPV in sexual minority relationships: minority stress. In other words, substance abuse and IPV often appear together in sexual minority relationships because they are both ways for sexual minorities to cope with the particular stressors they experience. Peacock et al. supported this assertion in an analysis of data collected from 670 survey responses of men and transgender women in El Salvador who have sex with men. Participants answered a survey on their binge drinking and sexual risk-taking habits. The results showed the only factor that significantly predicted which participants binge drank at least once a week was a high level of self-stigma. In addition, binge drinking at least once a week was associated with increased sexual risk-taking. Peacock et al. suggested the clear underlying impetus for adverse behavior in same-sex relationships, even when substance abuse is involved, is not the substance abuse itself, but rather the self-stigma that may serve as its impetus.

Another concept raised by this group of studies is that of endogeneity. Because none of these researchers employed a longitudinal research design, it is difficult to assess whether substance abuse contributes to or is an outcome of IPV incidence. More qualitative research on the lived experiences of men who experienced IPV in same-sex

relationships, such as the focus of this study, might show the nature of the relationship of substance abuse and IPV among sexual minorities.

**Condomless anal intercourse.** Another major factor that similar descriptive, large-*N*, quantitative, survey-based studies have shown to be associated with an increased incidence of IPV in same-sex relationships between men is CAI. Empirical findings on the relationship between CAI and IPV in intimate relationships between men indicate various reasons for the association (Finneran & Stephenson, 2017; Stephenson et al., 2016; Stults, Javdani, Greenbaum, Kapadia, & Halkitis, 2016; Wang et al., 2018). Stephenson et al. (2016) found that low condom negotiation efficacy—the inability to convince one’s partner to use a condom—is significantly correlated with IPV. Survey data collected from a sample of 745 gay and bisexual men in Atlanta, Georgia, showed that participants who reported experiencing IPV within the past year also stated being significantly less able to convince their partners to use a condom. Such findings indicate that the power dynamics created in intimate relationships where there is IPV also translate to control of condom use or the lack thereof (Stephenson et al., 2016).

Correspondingly, empirical findings also illustrate men in relationships that include IPV are significantly more likely to report not regularly using a condom during sexual encounters (Finneran & Stephenson, 2017; Stults et al., 2016). Using survey data from 750 gay and bisexual men in Atlanta, Georgia, Finneran and Stephenson (2017) found participants who reported that their last encounter included CAI were significantly more likely to report experiencing IPV, as well as having perpetrated it. Although the research design did not allow Finneran and Stephenson to determine the cause of IPV, the

researchers speculated that this finding is in line with previous empirical research that male perpetrators of IPV are more likely to be risk-takers, and thus less likely to use condoms. Similarly, in a study based on survey data from 528 young urban men who have sex with men, Stults et al. (2016) found that men who reported ever being in a relationship that included IPV were significantly more likely to report recently engaging in sex without a condom. Similar to Finneran and Stephenson, Stults et al. also found that men who both perpetrated and experienced IPV were significantly more likely not to have used a condom in recent sexual encounters.

Both studies on the association between recent condomless sex and experience with IPV occurred within urban settings in the United States (Finneran & Stephenson, 2017; Stults et al., 2016); however, other empirical findings indicate the ability to generalize this association to other geographical contexts. For example, in a prospective cohort study of 437 men who have sex with men in Shenyang, China, Wang et al. (2018) yielded empirical evidence of the same association. In this case, though, the dependent variable was HIV incidence, a transparent proxy for CAI. The researchers conducted a longitudinal study of all participants, surveying them about their experiences with IPV and administering HIV tests. Wang et al. found the incidence of HIV during the study period was almost three times higher among victims of IPV, and that 39.4% of the HIV incidence they observed could stem from experiencing IPV. Wang et al. offered convincing evidence not only that the association between IPV and CAI is generalizable beyond the American context, but the association can lead to another adverse health outcome, namely HIV. Further, and perhaps more importantly, the longitudinal research

design allowed researchers to understand the temporal relationship between CAI and IPV, and to show that IPV likely contributes to CAI as reflected in higher HIV risk (Wang et al., 2018). The close link between IPV, CAI, and HIV is yet another example of the importance of understanding IPV incidence in same-sex male relationships.

**Minority stress.** Arguably the most prominent explanation for the incidence of IPV in same-sex relationships is minority stress, defined broadly as the unique, inevitable, and consistent strains sexual minorities experience by being a marginalized group in their social contexts (Meyer, 2007). All minority stress is unique to minority status, chronic, and socially based; however, minority stress among sexual minorities has particular triggers (Meyer, 2007). Actions of prejudice, such as experiences of discrimination or violence, often trigger minority stress for LGBTQ individuals, as do more diffuse conditions such as expectations of rejection, the need to conceal their sexual identity, and internalized homophobia (Meyer, 2007).

This section includes a review of literature that connects variables conceptualized as indicators of minority stress with reports of IPV incidence in same-sex relationships. As subsequent sections of this literature review will show, other researchers have drawn direct causal links between minority stress and IPV perpetration, and minority stress and IPV experience. Discussions of these studies appear elsewhere in the literature review.

Much of the recent literature on IPV in sexual minority relationships involves minority stress (Decker, Littleton, & Edwards, 2018; Lewis, Mason, Winstead, & Kelley, 2017; Longobardi & Badenes-Ribera, 2017). Several researchers have empirically shown how minority stress is associated with an increased incidence of IPV in intimate

relationships between men. Using survey data from 750 gay and bisexual men in Atlanta, Stephenson and Finneran (2017) found 47.8% of participants reported experiencing IPV within the past year. The researchers also identified statistically significant associations between the incidence of IPV and every measure of minority stress included in the survey battery (i.e., the IPV-GBM scale). The IPV-GBM scale incorporates five domains, including physical abuse such as kicking or hitting; monitoring, including demands for cell phone or e-mail access and accessing messages without explicit permission; isolating the abused partner from friends and family; disclosing HIV status and/or previous sexual interaction; and inflicting emotional IPV, including instructions to act differently around specific people (Finneran & Stephenson, 2017). The manifestation of minority stress most strongly associated with IPV incidence was internalized homophobia.

Building off of this finding, other scholars have examined the relationship between IPV incidence and internalized homophobia, one manifestation of minority stress among sexual minorities. Surveying 160 male couples in Atlanta, Boston, and Chicago, Suarez et al. (2018) found that not only did 46% of participants experienced IPV in the past year, but that internalized homophobia significantly predicted experiencing and perpetrating IPV within that period. The similarity between my findings and those of Finneran and Stephenson (2017) indicates a robust and essential link between internalized homophobia and IPV in same-sex male relationships. This link aligns with Meyer's (2007) explanation of how minority stress manifests among LGBTQ people, with internalized homophobia identified as one of three diffuse forms of minority stress experienced by LGBTQ people.

Further evidence that minority stress in the form of internalized homophobia contributes to IPV incidence in same-sex relationships comes from examining the experiences of sexual minorities who are secure and integrated into their sexual identities. Notably, Quirk, Newcomb, and Mustanski (2018) noted that young LGBTQ individuals who reported high integration in their sexual identities might be significantly less likely to encounter IPV in their relationships. In a survey of 276 LGBTQ youth, Quirk et al. found participants who showed high levels of integrated LGBTQ identity were the least likely to justify violence in any context, including intimate relationships. As a justification of violence is a known predictor of IPV perpetration and experience, Quirk et al. claimed this finding could indicate that as internalized homophobia increases vulnerability to IPV, integration of LGBTQ identity might mitigate the risk of IPV in same-sex relationships.

Although much of the research on how minority stress impacts the incidence of IPV in same-sex relationships has been on the role of internalized homophobia, externalized homophobia is still prevalent, and is still a fact of life for many sexual minorities. Based on survey data and HIV test results from 202 men in Vietnam who have sex with men, researchers found enacted homosexuality or living publicly as a gay man, was the only significant predictor of experiencing sexual violence within the past year (Hershow et al., 2018). Coupled with the high rates at which participants reported experiencing enacted homosexuality stigma, Hershow et al. (2018) argued that minority stress in the form of explicit homophobia could be a significant driver of IPV in intimate relationships between men. Such findings are in line with Meyer's (2007) theory of how

minority stress affects LGBTQ people in intimate relationships, which shows the direct experiences of discrimination as an external, event-based trigger for minority stress among LGBTQ people.

Not all researchers have identified minority stress as directly contributing to IPV in same-sex relationships. Martin-Storey and Fromme (2017) suggested that, instead of leading to IPV in same-sex relationships, minority stress makes same-sex couples more vulnerable to other risk factors that then, in turn, lead to IPV. Using survey data from a sample of 2,474 participants, Martin-Storey and Fromme found the significance of sexual minority identity in predicting IPV incidence disappeared from statistical models that included any control variables representing known risk factors of IPV. Martin-Storey and Fromme argued that sexual minority identity does not directly cause IPV, but rather is associated with or perhaps heightens the role of other risk factors that contribute to IPV incidence.

Part of the reason for the lack of consensus of the causal drivers of the association between indicators of minority stress and incidence of IPV may be that scholars have relied on large-*N* quantitative studies, which can only illustrate causal processes to a limited extent. More qualitative research, such as this study, might disaggregate whether Martin-Storey and Fromme (2017) were correct when they claimed that minority stress does not directly cause IPV in sexual minority relationships so much as it heightens sexual minorities' vulnerability to other factors that cause IPV.

**Early experiences of intimate partner violence.** There is also significant evidence IPV incidence leads to more IPV. A recent study of heterosexual women

showed they were significantly more likely to have experienced IPV in the past year if they had endured IPV or previous relational violence in their youth (Jewkes et al., 2017). Evidence from longitudinal research on the experiences of 600 gay men indicated this dynamic likely generalizes to intimate relationships between men (Stults, Javdani, Kapadia, & Halkitis, 2019). Participants in the study, all young men in the New York City area who had sex with men, participated in six surveys over 6 months. Based on survey responses, Stults et al. (2019) found that early experiences with IPV significantly predicted participants' likelihood of both experiencing and perpetrating IPV later in life. These findings give added impetus to understanding IPV within same-sex relationships, indicating that keeping IPV from occurring early in a gay man's life could prevent years of recurring IPV. Therefore, identifying means of preventing IPV may not only help avoid single instances of IPV, but years-long patterns (Stults et al., 2019).

**Intimate partner violence varies in form.** Throughout most of the literature on IPV in same-sex relationships, IPV incidence broadly construed is the outcome variable of interest, with various means of parsing out the explanatory variables associated with IPV. However, there has been a recent turn toward disaggregating different kinds of IPV incidence into multiple outcome variables. In turn, increased attention has gone to emotional abuse, which some have identified as comparatively neglected in favor of studies of physical and sexual abuse (Woodyatt & Stephenson, 2016). This is an important focus, given findings on the prevalence of emotional abuse in same-sex relationships between men. In focus group conversations involving 64 gay and bisexual men in Atlanta, participants reported that emotional abuse was the most prevalent form of



IPV in intimate relationships between men (Woodyatt & Stephenson, 2016). Emotional abuse occurred so frequently that many men had come to expect it as a component of their relationships, attributing it to jealousy and insecurity from their partners (Woodyatt & Stephenson, 2016).

Further, it is essential to understand emotional abuse in same-sex relationships, which could be an antecedent to physically violent forms of abuse (Raghavan, Beck, Menke, & Loveland, 2019). In a study of 126 men in violent same-sex relationships, Raghavan et al. (2019) found coercive dominating behaviors that excluded violence were the best predictors of violent episodes within these relationships, even when controlling for more explicit indicators of violence, such as weapon use. Based on these findings, it appears researchers cannot fully account for the incidence of IPV without understanding emotional abuse, which is a precursor to other forms of violence.

Finally, emotional abuse within the specific context of same-sex relationships might be especially important to understand because sexual minorities' marginalized identities could give IPV perpetrators additional tools to establish power and control in intimate relationships. Woulfe and Goodman (2018) articulated a concept of identity abuse, a tactic of emotional violence unique to LGBTQ relationships. Identity abuse tactics all fall under the category of emotional abuse and include outing, belittling a partner's LGBTQ identity, using homophobic or transphobic language, and isolating a partner from the LGBTQ community (Woulfe & Goodman, 2018). Using the first survey designed to assess the incidence of identity abuse in LGBTQ relationships, Woulfe and Goodman found that 16.8% of 734 survey respondents had experienced identity abuse

within the past year, suggesting that it is a prevalent form of emotional abuse. Further, because identity abuse is exclusive to LGBTQ relationships and in some ways predicated on the minority stresses that sexual minorities experience, it is a vital component in understanding IPV in same-sex relationships. Woulfe and Goodman expanded the understanding of how minority stress contributes to IPV in same-sex relationships by showing that internalized homophobia can be not only a contributing factor to abuse but also a tool of abuse.

### **Intimate Partner Violence Perpetration**

The second significant strain of literature on IPV in same-sex relationships relates to IPV perpetration and the factors leading IPV perpetrators to commit violent acts against their intimate partners. This body of literature is also mostly, but not exclusively, comprised of large-*N* quantitative studies based on survey data and founded on criminological theories. Researchers have concentrated on five explanatory factors: the experience of coercion, desire for and capacity of control, propensity to commit a crime, community-based factors, and hegemonic masculine gender roles. Because masculine gender roles receive by far the most scholarly attention, a discussion of this subject appears in a separate subsection.

Individuals who experience coercion are more likely to perpetrate IPV against their intimate partners. Zavala and Kurtz (2016) administered a survey to 665 college students, 160 of whom identified as a sexual minority, to test the efficacy of various criminological theories in explaining self-reported perpetration of IPV. Among both sexual minority and heterosexual respondents, Zavala and Kurtz found only the

experience of coercion, defined broadly as the factors that incentivize an individual to act to mitigate fear and anxiety, significantly predicted respondents' likelihood to report perpetrating IPV on their partners. These findings broadly correspond with minority stress theory in that IPV can be a form of coping with stress. Therefore, to understand why IPV is prevalent among sexual minority populations, it is necessary to understand the particular stressors associated with being a sexual minority.

Paradoxically, individuals are more likely to perpetrate IPV when they have a strong desire for control of the relationship but a low capacity to exercise self-control over their actions. Brewer, Cochran, Powers, and Sellers (2018) surveyed 1,826 college students to assess their desire for control, level of self-control, and self-reports of perpetrating IPV. The researchers did not disclose the sexual identity of the respondents and did not disaggregate the findings by whether respondents were in same-sex or opposite-sex relationships (Brewer et al., 2018). Brewer et al. found that participants who had a high capacity for self-control were significantly less likely to report perpetrating IPV; in addition, participants who reported a strong desire for control were much more likely to report perpetrating IPV. Again, these findings correspond with Meyer's (2007) contention that the stress of being a sexual minority may contribute to IPV perpetration because the marginalization experienced by sexual minorities can incentivize them to regain a sense of control through adverse coping mechanisms such as IPV.

As many forms of IPV are criminally sanctioned, it is perhaps logical the propensity to commit crimes overall would also predict the likelihood to perpetrate IPV. Although Cochran, Jones, Jones, and Sellers (2016) empirically demonstrated as much in

a study of 1,124 university students, the researchers did not disaggregate between respondents in same-sex and different-sex relationships. Results showed that even when respondents revealed high degrees of social learning on anti-IPV norms, social learning could not mitigate the effect of criminal propensity on their likelihood to perpetrate IPV (Cochran et al., 2016). In other words, if respondents showed high criminal propensity, they were likely to perpetrate IPV, regardless of their level of social learning (Cochran et al., 2016).

Community-based factors, especially for members of marginalized communities, might also contribute to the perpetration of IPV. Findings from a study based on interviews of 28 men from Baltimore who had perpetrated IPV against female partners and were currently enrolled in an abuse prevention program indicated that community-based factors were perhaps the most significant contributors to IPV perpetration (Holliday et al., 2019). Although respondents were straight men, they identified as members of a marginalized urban community, meaning the findings of this study might be generalizable to other marginalized populations (Holliday et al., 2019). Participants in the study reported that their sense of hopelessness about the future was the single biggest contributor to their IPV perpetration, followed by their socioeconomic struggles and witnessing violence in other contexts (Holliday et al., 2019). These findings provide evidence that minority stress, especially when it leads to feelings of disempowerment, can incentivize people to perpetrate violence against their intimate partners.

**Masculine gender roles.** The single biggest explanation that emerged from the literature on IPV perpetration, as well as the explanation most explored that specifically

pertains to IPV perpetration among men in same-sex relationships, is the role of norms surrounding masculinity. Indeed, a review of studies explaining the incidence, perpetration, and experience of IPV in male same-sex relationships showed masculine norms to be one of the three principal predictors of IPV incidence (Kubicek, 2018). Researchers of IPV have broadly established that cultural ideas about masculinity can contribute to IPV perpetration; this happens by creating and spreading norms about the roles men should play in their intimate relationships that, when challenged, can incentivize men to perpetrate IPV (Kubicek, 2018). As Kubicek (2018) found, literature on masculine norms among men who have sex with men indicated this population also tends to hold masculine norms about how men should behave, including in the context of intimate relationships; subsequently, gay men may use masculine behavior to compensate for the social marginalization experienced as a result of their sexual orientation. Studies based on empirical data, which largely rely on qualitative approaches and interview data, are in line with these assertions (Goldenberg, Stephenson, Freeland, Finneran, & Hadley, 2016; Hall, Ibragimov, Luu, & Wong, 2019; Oliffe et al., 2014; Sanger & Lynch, 2018).

Although same-sex relationships between men necessarily involve two partners of the same gender, numerous studies based on reports of gay men indicate gender role conflict is a significant driver of IPV in intimate relationships between men. The fundamental source of the conflict is a competition to play the masculine role, which can incentivize partners to assert dominance over each other using violent means (Goldenberg et al., 2016; Hall et al., 2019). In seven focus group discussions with 64 gay and bisexual men from Atlanta, participants attributed the struggle to play the masculine

role in the relationship as a significant contributor to IPV in intimate relationships in their community (Goldenberg et al., 2016). This finding is corroborated in a study conducted well outside the American context (Hall et al., 2019). An exploratory inquiry comprised of interviews and focus group assessments of 13 men in Tajikistan who have sex with men showed two roles in male-male relationships: the active or more dominant and traditionally masculine partner and the passive partner (Hall et al., 2019). Participants reported that partners who enthusiastically assumed the active role exhibited behavior closely aligned with concepts of hegemonic masculinity, including IPV.

It is imperative to note that masculine gender role contributions to IPV are based on culture and socialization and not merely being male. Findings from a study of IPV in same-sex relationships between women also indicated that desire to play the masculine role in the relationship contributed to IPV perpetration (Sanger & Lynch, 2018). Using qualitative data collected from interviews with 42 lesbian, bisexual, or queer South African women, Sanger and Lynch (2018) found that women in same-sex relationships who attempted to follow the gendered script, which included enacting norms of masculine dominance, attributed these attempts to the incidence of IPV in their relationships. In other words, masculinity is separable from men, serving as a cultural script that can promote the perpetration of IPV in intimate relationships between partners of any gender. Further, as Kubicek (2018) detailed, hegemonic masculine norms can incentivize IPV not because they teach that people occupying the male role will inevitably perpetrate IPV, but because hegemonic masculine norms of dominance and

control can incentivize people to perpetrate IPV as a way of claiming or reclaiming the masculine role in an intimate relationship.

Finally, hegemonic masculine norms can lend themselves to IPV in same-sex male relationships not only by contributing to IPV perpetration, but by preventing men from experiencing IPV by identifying it as such. In a study based on interviews with 14 gay or bisexual men in Canada, Oliffe et al. (2014) found that one of the principal ways masculine norms contribute to the incidence of IPV in same-sex relationships between men is by preventing them from identifying what is happening as IPV. Due to their gender identities, many participants reported failing to identify the pattern of behavior they experienced as IPV, purely because they did not consider that IPV would happen to men, or that IPV behaviors in their context would be considered IPV because they were men (Oliffe et al., 2014). Therefore, masculine norms might give perpetrators cover to continue perpetrating violence by preventing their partners from seeing IPV for what it is.

### **Intimate Partner Violence Experience**

Distinct from IPV incidence, IPV experience or victimization refers to the experience of having violence perpetrated upon oneself by an intimate partner. The baseline finding within the literature is that minority stress makes individuals more vulnerable to experiencing IPV in their intimate relationships; therefore, the next subsection will include summaries of relevant studies. From this baseline finding, studies have also shown that having multiple, intersecting marginalized identities makes individuals especially vulnerable to experiencing IPV, a discussion of which appears in a subsequent subsection.

**Minority stress.** This study's theoretical framework indicates how the stress of being a sexual minority makes individuals more vulnerable to perpetrating or experiencing IPV in their intimate relationships (Agnew, 2001; Dentato, 2012; Meyer, 2007). A long-established finding in the literature on IPV in sexual minority relationships (Kubicek, 2018), minority stress theory corresponds with the target vulnerability theory, which comes from the literature on IPV in different-sex relationships (Zavala & Guadalupe-Diaz, 2018). To illustrate, a survey of 665 college students, 160 of whom identified as a sexual minority, indicated that victims were more likely to experience emotional abuse when they elicited a negative reaction from the offender, or, in the parlance of target vulnerability theory, when they were vulnerable targets (Zavala & Guadalupe-Diaz, 2018). Being a sexual minority, especially in a social context in which prejudice and discrimination against sexual minorities are still common, might make an individual especially vulnerable to IPV.

A newer set of findings, however, shows that certain sexual minorities are more marginalized than others; in addition, some sexual or gender minority identities might be marginalized even within the LGBTQ community (Griner et al., 2017; Guadalupe-Diaz & Jasinski, 2017; Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016; Turell, Brown, & Herrmann, 2018; Whitfield, Coulter, Langenderfer-Magruder, & Jacobson, 2018; Whitton, Newcomb, Messinger, Byck, & Mustanski, 2019). Correspondingly, studies indicate that individuals who have marginalized identities within the already-marginalized sexual minority community are at particular risk of experiencing violence from their intimate partners (Griner et al., 2017; Guadalupe-Diaz



& Jasinski, 2017; Langenderfer-Magruder, Walls, Whitfield, Brown, & Barrett, 2016; Turell et al., 2018; Whitfield et al., 2018; Whitton et al., 2019). The literature has shown that both bisexual and transgender individuals are at heightened risk of violence from their intimate partners, even when compared with sexual and gender minorities, because they hold identities that are marginalized among and within the LGBTQ umbrella.

Empirical findings indicate that bisexual individuals might be at particular risk of violence from their intimate partners, even when compared to gay individuals (Turell et al., 2018; Whitfield et al., 2018). For example, a study based on a convenience sample of 439 bisexual people solicited via social media and MTurk showed that prejudice against bisexual people and jealousy in relationships made the incidence of IPV more likely in relationships with a bisexual partner (Turell et al., 2018). According to these findings, prejudice exists against bisexual individuals even within sexual minority relationships; as a result, bisexual individuals are more at risk of violence from their intimate partners. In a much larger study based on 88,975 student responses to the National College Health Assessment, Whitfield et al. (2018) corroborated Turell et al.'s (2018) findings on the prevalence of IPV in relationships with a bisexual partner. Whitfield et al. found that bisexual and transgender college students were more likely than gay or cisgender students to be victims of IPV.

In their analysis of the National College Health Assessment, Whitfield et al. (2018) revealed another marginalized group within the LGBTQ community that is particularly vulnerable to IPV: transgender people. Comparing transgender individuals' experiences of IPV with men's and women's experiences with IPV, Griner et al. (2017)

found transgender individuals were more likely to face every form of IPV and were especially apt to suffer sexual violence at the hand of their intimate partners. Smaller quantitative studies based on survey data from LGBT people engaged in a Colorado community organization also indicated that transgender people were more likely than gay men or lesbians to experience IPV (Langenderfer-Magruder, Walls et al., 2016; Whitton et al., 2019).

Qualitative approaches can go beyond the baseline quantitative finding that transgender people are more likely to experience IPV, subsequently yielding insight into the reasons transgender people are more vulnerable to violence from their intimate partners. One such qualitative study indicated that transgender individuals' gender identities made them more susceptible to persistent IPV, not only because of external stigma around their gender identity, but because their gender identity does not fit into the traditional gendered paradigm that has long defined socialization on how to perceive IPV (Guadalupe-Diaz & Jasinski, 2017). From interviewing 18 transgender people, the researchers found members of this population struggled to identify instances of abuse in their relationships because they could not situate themselves within the gendered discourse used to describe and define IPV (Guadalupe-Diaz & Jasinski, 2017). Because participants were unable to identify their abuse, the abuse persisted. This finding indicates yet again that, in the case of sexual and gender minorities, minority stress increases vulnerability to IPV by directly causing stress and incentivizing negative coping mechanisms, compounded by the exclusion of sexual and gender minorities from the cultural scripts used to address IPV (Guadalupe-Diaz & Jasinski, 2017).

**Multiple marginalized identities.** Just as individuals with identities marginalized within and among the LGBTQ umbrella are more vulnerable to IPV, individuals with multiple, intersecting marginalized identities are also more vulnerable. Quantitative studies based on survey data collected from LBGT people under age 25 in the United States indicated this vulnerability (Langenderfer-Magruder, Walls et al., 2016; Reuter, Newcomb, Whitton, & Mustanski, 2017; Whitton et al., 2019). By surveying 248 participants in Chicago, Whitton et al. (2019) showed that race was an important dimension of intersectionality that heightened how vulnerable participants were to experiencing IPV. Although all participants identified as sexual minorities, the researchers found a greater likelihood of IPV victimization among women than men, transgender people than cisgender people, and racial minorities than Whites (Whitton et al., 2019). Reuter et al. (2017) also found LGBT racial minorities disproportionately likely to experience IPV. The researchers conducted a longitudinal study of 147 sexual minority youth, finding that participants who held certain intersectional identities had a heightened risk of experiencing IPV (Reuter et al., 2017). Specifically, women were at higher risk than men, Black or African American youth were at higher risk than youth from all other racial groups, and male-to-female transgender youth were at higher risk than female-to-male transgender individuals (Reuter et al., 2017). Applicable to my study, Reuter et al.'s findings show that gay men's experiences with reporting IPV experiences to the police might differ in part based on their race.

In another quantitative study, Langenderfer-Magruder, Walls et al. (2016) suggested a possible causal pathway for intersecting marginalized identities to an

increased risk of IPV. A survey of 140 youth recruited by an LGBTQ service organization in Colorado showed the same factors that contributed to minority stress in LGBTQ youth—familial abuse, homelessness, and binge drinking—also made them more likely to experience IPV (Langenderfer-Magruder, Walls et al., 2016). Since these factors are associated with other marginalized identities, it is possible that minority stress also explains why individuals who hold marginalized identities beyond being a sexual minority are more vulnerable to experiencing IPV: For each marginalized identity they hold, they face increasing exposure to risk factors for IPV (Langenderfer-Magruder, Walls et al., 2016).

### **Seeking Help for Intimate Partner Violence**

It is important to specifically understand help-seeking behaviors, not only due to the analytical focus of this dissertation, but because the adverse consequences of IPV differ for people in same-sex and different-sex relationships (Gehring & Vaske, 2017). To prevent IPV experiences, it is essential to understand help-seeking broadly, and the factors affecting help-seeking for gay men who have experienced violence from their intimate partners specifically. Toward this endeavor, this section of the literature review begins with a broad exploration of relevant literature on help-seeking for IPV in heterosexual as well as homosexual populations, narrowing in focus to how sexual orientation and gender identity affect reporting IPV to police. The four subsections are factors that prevent help-seeking; factors that promote help-seeking; modes of help-seeking, excluding reporting IPV as a crime; and reporting IPV to the criminal justice system.

**Factors that prevent help-seeking.** Research on factors that prevent help-seeking for IPV broadly still brings much to bear on the factors that prevent help-seeking for IPV in same-sex relationships. Following a survey of 676 students at a U.S. university, Baker, Cobb, McNulty, Lambert, and Fincham (2016) found that when individuals who experienced IPV in their relationships had a high sense of relationship self-efficacy, they were less likely to leave the relationship compared with those who had a low sense of relationship self-efficacy. Although the methodology did not allow Baker et al. to assess the cause, the researchers suggested individuals with high relationship self-efficacy were more likely to stay in abusive relationships because they believed they could improve the situation or change their partner's behavior.

A study based on a random sample of 3,086 Tweets with the hashtag #WhyIStayed indicated an additional set of factors that could keep individuals who experience IPV from leaving the relationship (Storer, Rodriguez, & Franklin, 2018). Content analysis of these Tweets showed that in deciding to stay or leave, victims of IPV considered the IPV's impact on their well-being, lacked awareness of the dynamics of abuse, did not identify as the stereotypical IPV victim, feared reinforcing racial stereotypes, internalized problematic social scripts about relationships, faced structural barriers to leaving, and needed time to leave (Storer et al., 2018). Several of these findings corresponded with the literature on victims of IPV in sexual minority relationships. For instance, Storer et al.'s (2018) conclusion that IPV victims stayed in their relationship because they did not identify as stereotypical IPV victims or lacked awareness of the dynamics of abuse corresponds with Guadalupe-Diaz and Jasinski's

(2017) finding. From their analysis, Guadalupe-Diaz and Jasinski noted that transgender people persisted in violent intimate relationships because the extent to which traditional gender norms influence ideas about IPV made it hard for them to identify what they experienced as abuse.

Some researchers directly examined factors that prevented help-seeking for men experiencing IPV in same-sex relationships, finding some to rest on the victim's coping strategies. For instance, a survey of 89 sexual minority men who experienced IPV showed that they were most likely to cope through behavioral disengagement (Goldberg-Looney, Perrin, Snipes, & Calton, 2016). This passive approach to responding to IPV can be detrimental to help-seeking, which necessitates an active approach. Other scholars suggested men who have sex with men are hindered from seeking help because they anticipate prejudiced or uninformed responses. For example, a study based on survey data from 532 gay and bisexual men in the United Kingdom showed that these men did not unconditionally support inquiries from IPV from sexual health practitioners, partially due to concerns about stigma (Bacchus, Buller, Ferrari, Brzank, & Feder, 2018). This indicates that among men who have sex with men, fear of stigma can still be a hindrance to discussing their experiences with IPV.

**Factors that promote help-seeking.** Although researchers have explored factors that prevent help-seeking in both different- and same-sex relationships, there is less empirical evidence about factors that promote help-seeking in different-sex relationships and no empirical evidence on the factors that promote help-seeking in same-sex relationships;—an essential gap in the literature for this study to fill. One crucial starting

point could be Shearson's (2017) study of help-seeking behaviors among heterosexual women who reported their experiences of IPV to police. In-depth interviews with 16 women who experienced IPV revealed that women unanimously reported IPV to the police because they wanted a way to stop the violence, and they viewed police as able to do that (Shearson, 2017). However, beyond this baseline motivation, the interviews revealed a more complicated story in which the women's further help-seeking goals depended on the current phase of their relationship with their intimate partner (Shearson, 2017). Researchers on help-seeking for IPV among men in relationships with men should also consider the current phase of the help-seekers intimate relationship.

Taken together, research on the factors that prevent and promote help-seeking indicates that people who experience IPV report their experiences when they have decided they can no longer manage the situation without help. To illustrate, individuals with high relationship self-efficacy were less likely to seek help, showing that when people perceive themselves as personally able to fix the problems in their relationships to include IPV, they likely do not seek help because they do not believe they need it (Storer et al., 2018). On the other hand, Shearson's (2017) finding that women in violent relationships reported to police because they sought an ally in ending the violence confirmed Storer et al.'s (2018) conclusion that people with low relationship self-efficacy were more likely to seek help, as they felt unable to deal with the violence in their relationships alone; however, these findings hinge on the assumption that people who are experiencing IPV decide the individuals they go to for help—in many cases, the police—are willing and able to provide it. No one had yet empirically applied this assumption to

men seeking help for IPV from police; as such, I aimed to fill this gap with qualitative, interpretative research design and focus on the lived experiences of gay men who reported IPV to police.

**Help-seeking excluding reporting intimate partner violence as a crime.**

Important to note about the literature on help-seeking in violent intimate relationships is that many researchers have explored modes of help-seeking that do not include reporting the violence to the criminal justice system. Several scholars focused exclusively on such help-seeking for IPV in sexual minority relationships (Calton et al., 2016; Cannon, 2019; Freeland, Goldenberg, & Stephenson, 2018; Furman, Barata, Wilson, & Fante-Coleman, 2017; Scheer & Poteat, 2018). A review of the broad literature on IPV among LGBTQ individuals showed members of this population encounter three primary barriers to seeking help for IPV: a lack of understanding of the problem, homophobic stigma, and systematic inequalities (Calton et al., 2016).

However, recent empirical studies indicated another explanation: a lack of tailored services. This is a crucial barrier to seeking help, as services specifically tailored to the experiences of the help-seeker are an essential component in recovery from IPV (Scheer & Poteat, 2018). Pertinent to sexual minorities specifically, Scheer and Poteat (2018) conducted a study of 439 LGBTQ adults who experienced and sought health care for IPV. Findings showed that those who perceived their health care to be trauma-informed reported more empowerment and emotional regulation and less social withdrawal, which, in turn, contributed to better mental health (Scheer & Poteat, 2018).



Furman et al. (2017) were the first researchers to show that lack of services could be a significant barrier to help-seeking among LGBTQ people experiencing IPV. Ten professional service providers in Canada participated in semistructured interviews and indicated they did not currently provide services adequately targeted toward LGBTQ people (Furman et al., 2017). Cannon (2019) upheld this finding in a qualitative study to assess the specific services available to LGBTQ people experiencing IPV in North America.

Empirical evidence also shows that not only do service providers and researchers perceive a lack of specific services for LGBTQ people experiencing IPV, but so do LGBTQ people themselves. In a qualitative study based on focus group conversations with 64 gay and bisexual men in Atlanta, Georgia, participants reported that men who experienced IPV did not have adequate access to IPV services tailored to their specific needs (Freeland et al., 2018). It is important to note that Freeland et al. (2018) intended to assess community perceptions of the services available to them, and neither directly recruited people who had experienced IPV nor directly asked participants about their experiences of IPV. The current study stands to build upon Freeland et al.'s findings by learning not only about gay men's perceptions of services available to their community, but about their lived experiences of seeking help for the IPV they directly experienced.

Freeland et al. (2018) conducted a study of gay men's perceptions of the perceived lack of availability of services specific to IPV in single-sex relationships in a major metropolitan area. When considered in light of Cannon's (2019) conclusions that many areas had no services for IPV accessible to sexual minority populations, Freeland et

al.'s results show that findings on men who had sex with men and perceived very few services available for sexual minorities experiencing IPV may extend beyond their study. Such transferability has a great impact on men's decisions to report IPV because if men who have sex with men experience violence in their intimate relationships and they know adequate services are not available to help them recover, they have little incentive to seek services.

**Reporting intimate partner violence to the criminal justice system.** Finally, there is a robust strain of literature centered on the experiences of reporting IPV to the criminal justice system. Two findings emerged from the baseline of this literature: First, victims choose to report to the criminal justice system partially because they want to promote their healing by pursuing justice (Holder & Daly, 2017). For this reason, whether victims can expect justice and healing after reporting is likely to affect their decision to report. Second, and perhaps related, there is empirical evidence that marginalized sexual minorities who experience IPV are less likely to report it to the police (Langenderfer-Magruder, Whitfield et al., 2017). A study of stalking among LGBTQ youth showed individuals with marginalized identities were the least apt to report their experiences to the police (Langenderfer-Magruder, Whitfield et al., 2017).

Although no researchers have yet empirically established this causal link, LGBTQ individuals might be less likely to report IPV to police because there is evidence they will be perceived and treated differently than heterosexual people at every stage of the criminal justice process. Even before individuals reach the stage of reporting, the social messaging relevant agencies give about reporting favors different-sex over same-sex

relationships (Ball & Hayes, 2010). For example, in discourse analysis of government and nongovernmental campaigns in Australia designed to encourage IPV victims to report, Ball and Hayes (2010) found these campaigns targeted exclusively to heterosexual women. Accordingly, as LGBTQ individuals consider whether to report experiences of IPV to police, they might be primed to believe the reporting system is not interested in addressing this issue among their community. Through a qualitative, interpretative approach and a focus on the lived experience of participants, I provide empirical, descriptive insight about how gay men who have experienced IPV perceived they would be treated by police when they reported, and how those perceptions affected their decision to report their experiences of IPV to police.

Quantitative, qualitative, and survey experiment evidence shows that nonfemale victims reporting IPV perpetrated by men might receive different treatment from police investigating the case (Barkhuizen, 2015; Russell, 2018). One critical dimension of the differential treatment is the gender of the person reporting (Barkhuizen, 2015). For example, a study of five men who experienced IPV from their female partners showed that, in some cases, police reacted negatively to men who reported their experiences (Barkhuizen, 2015). A more systematic study with a survey experiment research design that could assess causality showed that police officers' perceptions of the danger posed by an IPV perpetrator and the credibility of an IPV victim undergo influence by the genders of both victim and perpetrator, with male victims seen as less credible (Russell, 2018). Russell (2018) administered a survey to 273 police officers in which participants responded to IPV scenarios with varying genders of perpetrators and victims. Findings

showed that gender and whether the couple was of the same sex or different sexes moderated how police officers perceived the situation (Russell, 2018). On the whole, police officers saw female victims in heterosexual relationships as the most credible and male perpetrators in heterosexual relationships the most dangerous (Russell, 2018).

The finding that a victim's gender and sexual orientation affect police perceptions of victim credibility connects to another set of studies. Police respond differently to complaints of sexual violence from sexual minority couples than they do to complaints from heterosexual couples; in addition, officers' varied perceptions of IPV among different-sex couples and same-sex couples drove their responses to reports of IPV (Franklin et al., 2019; Fröberg & Strand, 2018; Kaiser, O'Neal, & Spohn, 2017; Messing, Thomas, Ward-Lasher, & Brewer, 2018). One study indicated that police compare same-sex couples less favorably than the societal baseline scenario for IPV, which is violence committed by a man against his female partner (Fröberg & Strand, 2018). An experimental survey of 248 police students in Sweden showed that participants perceived IPV among a same-sex couple to be less severe than IPV perpetrated by a heterosexual male on his female partner (Fröberg & Strand, 2018). In an even stronger example, observational data of police responses to strangulation reports indicated that officers might be less likely to notice strangulation cases among same-sex couples than among different-sex couples, a finding that held even when controlling for physical evidence of strangulation (Messing et al., 2018). Therefore, the societal script about perceptions of IPV means that police might not be only less likely to take IPV seriously among same-sex couples, but less likely to notice it happened in the first place.

Further, research has shown that police not only perceived IPV differently among same-sex couples, but that they also made different arrest decisions as a result (Franklin et al., 2019; Kaiser et al., 2017). An experimental survey of 467 police officers from a police department in a large U.S. city indicated that police were less likely to arrest for IPV when dealing with a sexual minority couple (Franklin et al., 2019). This finding holds even when other factors should promote arrest in an IPV scenario (Kaiser et al., 2017). Victim cooperation is a strong predictor of arrest for IPV; however, an experimental survey of police officers showed that the presence of a cooperative victim is less predictive of arrest in IPV situations in same-sex relationships than in different-sex relationships (Kaiser et al., 2017). In other words, when an IPV situation involved a heterosexual female victim and a heterosexual male perpetrator, a cooperative female victim increased the likelihood that police would arrest the perpetrator (Kaiser et al., 2017). However, in situations involving a same-sex couple, even when the victim was highly cooperative with police, the likelihood of police arresting the perpetrator remained static, suggesting sexual minorities reporting IPV to police have less agency over the outcome of their situation than do heterosexual women reporting IPV to police (Kaiser et al., 2017).

Differential treatment of same-sex couples in IPV situations might extend beyond police involvement to later phases in the criminal justice process, including prosecution, trial, and sentencing (Cox, Meaux, Stanziani, Coffey, & Daquin, 2019; Russell & Kraus, 2016; Stanziani, Cox, & Coffey, 2018). Empirical examinations of prosecutors' responses to IPV cases, manipulated for the sexual orientation and gender identity of the couple,

showed these factors did not affect the decision to prosecute; however, lawyers were more likely to prosecute without victim cooperation when the victim was a woman and the perpetrator was a man (Cox et al., 2019). This aligns with Kaiser et al.'s (2017) finding that in reporting to police—an earlier phase of the criminal justice process when same-sex victims are willing to cooperate—victim cooperation is less likely to ensure the criminal justice system pursues their case. These findings indicate that, on the whole, sexual minorities have less agency when reporting IPV.

Empirical evidence from surveys shows that people reporting IPV in same-sex relationships receive different treatment in the courtroom (Russell & Kraus, 2016; Stanziani et al., 2018). Stanziani et al. (2018) found that jurors will treat IPV cases differently when they involve same-sex couples. Following a survey experiment, the researchers learned members of a random, nationally representative sample of people asked to serve as jurors had increased likelihood of viewing IPV cases as more punishable and more morally wrong if committed by men against women than if committed by men against men (Stanziani et al., 2018). These findings are noteworthy because they indicate the importance of heteronormative cultural scripts in conditioning perceptions of IPV. For example, participants considered IPV more morally objectionable if committed by a man against a woman (Stanziani et al., 2018). Findings also extend to the degree of illegality participants assigned to IPV: Participants thought IPV committed by a man against a woman merited the harshest legal sanction (Stanziani et al., 2018).

The finding that heteronormative cultural scripts influence how much legal sanction people feel IPV perpetrators deserve is similar across multiple studies (Russell

& Kraus, 2016; Stanziani et al., 2018). Another survey experiment, again with a nationally representative sample, showed that participants assigned higher charges and longer sentences to IPV perpetrators when the victim was female (Russell & Kraus, 2016). This again evidences that people perceive IPV to be more punishable when it happens to women rather than men, giving further credence to the idea that gay men can expect different treatment when they report IPV to the criminal justice system.

It is imperative to note all of the literature on how LGBTQ people receive different treatment than same-sex couples when reporting IPV in the criminal justice system involved large-*N* quantitative research designs using survey data or survey experiment data. None of the researchers directly asked LGBTQ people who have reported experiences of IPV to the police or pursued cases through the criminal justice system about their experiences. Because of its small sample size of gay men who have experienced IPV, this study helped to fill an essential gap in the literature.

### **Methodological Issues and Contribution**

The review of the literature on help-seeking showed empirical evidence of differential perceptions of IPV in sexual minority relationships, and even different treatment of same-sex couples experiencing IPV. Also revealed was empirical evidence that people who experienced IPV in same-sex relationships were less likely to report their experiences to the police (Langenderfer-Magruder, Walls et al., 2017). However, since none of the researchers directly assessed the lived experiences of LGBTQ individuals who reported IPV experiences to the police, it is unclear whether these differential perceptions and treatment affect reporting behaviors and experiences. There is evidence

that sexual minorities are less likely to report IPV to police as well as that sexual minorities reporting IPV to receive different treatment within the criminal justice system; however, there is no empirical evidence on the factors that influence sexual minorities' decisions to report to the criminal justice system or their perceptions of their lived experiences of reporting. With a qualitative research design and focus on the lived experiences of gay men reporting IPV to police, I filled that gap.

### **Summary and Conclusions**

There is a growing line of studies on the experiences of LGBTQ individuals who choose to report their IPV experiences to police and pursue their cases through the criminal justice system (Cox et al., 2019; Franklin et al., 2019; Fröberg & Strand, 2018; Kaiser et al., 2017; Messing et al., 2018; Russell & Kraus, 2016; Stanziani et al., 2018). These studies indicated that police perceive IPV among sexual minority couples differently than they view IPV among different-sex couples, and even that they make different arrest decisions as a result (Franklin et al., 2019; Kaiser et al., 2017). Empirical evidence shows sexual minorities are less likely to report experiences of IPV to the criminal justice system (Langenderfer-Magruder et al., 2017) and that they will likely receive different treatment when they do report; however, it remains unclear whether minority stress factors make people more or less likely to report experiencing IPV in same-sex relationships. With this study, I contributed toward filling that gap.

A minority stress framework was appropriate to explain the incidence, perpetration, and experience of IPV within LGBTQ relationships. My potential contribution to minimizing the literature gap comes from the use of a strain framework to



explain the help-seeking behaviors of men experiencing IPV in same-sex relationships. Previous researchers showed minority stress factors influenced the incidence of IPV in same-sex relationships, making same-sex couples more vulnerable to IPV incidence (Decker et al., 2018; Hershov et al., 2018; Lewis et al., 2017; Longobardi & Badenes-Ribera, 2017; Finneran & Stephenson, 2017; Suarez et al., 2018). Scholars also found minority stress factors make people more likely to perpetrate IPV in same-sex relationships, with hegemonic masculinity a particularly significant predictor of IPV in same-sex male relationships (Goldenberg et al., 2016; Hall et al., 2019; Kubicek, 2018; Oliffe et al., 2014; Sanger & Lynch, 2018). Finally, past scholarship showed minority stress factors make people more likely to experience IPV in same-sex relationships, with individuals who hold marginalized identities within the LGBTQ community or intersecting marginalized identities being particularly susceptible to experiencing IPV (Griner et al., 2017; Guadalupe-Diaz & Jasinski, 2017; Langenderfer-Magruder, Walls, et al., 2016; Turell et al., 2018; Whitfield et al., 2018; Whitton et al., 2019).

Chapter 3 contains a description of the research method and design used to understand the experiences of men who do not report IPV in their relationships with other men. A qualitative methodology was appropriate for exploring the lived experiences of gay men who face barriers to reporting IPV. A phenomenological design enables a researcher to explore participants' perspectives. In addition to a detailed discussion of methodology, Chapter 3 includes a review of the research design and rationale and role of the researcher. Issues of trustworthiness appear concerning the credibility, transferability,

dependability, and confirmability of findings, followed by an outline of ethical procedures and a transition to Chapter 4.

## Chapter 3: Research Method

### **Introduction**

Same-sex IPV rates are considerably higher among gay men, impacting them more than others in the LGBTQ community (Oliffe et al., 2014; Finneran & Stephenson, 2016). Few researchers have focused on the barriers gay men face in reporting same-sex IPV (Calton et al., 2016); my study was unique in that regard. The demographic contexts of study participants are crucial aspects of the experiences that add to the body of knowledge regarding understanding and reducing same-sex IPV among gay men. A qualitative research approach provides empirical insight into the meaning gay men construct in their lives as they experience this phenomenon of same-sex IPV. The purpose of this qualitative phenomenological study was to explore the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV.

This chapter begins with the problem statement, as discussed in previous chapters, followed by the study's introduction. The research questions, the phenomenon under exploration, research tradition, and rationale also appear. After these, I address the study's methodology, which includes sampling, data collection, and satisfying the Walden University Institutional Review Board (IRB) requirements. A discussion of issues of trustworthiness for qualitative research serves as a summary of the chapter's main points.

### **Research Design and Rationale**

This qualitative study using a phenomenological design entailed the use of semistructured interviews to explore the following two questions:

RQ1: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men?

RQ2: How do gay men overcome the barriers they encounter in reporting intimate partner violence?

The central phenomenon under study was that gay men encounter barriers when reporting same-sex IPV. The qualitative phenomenological approach was a means to explore participants' lived experiences with this phenomenon. Qualitative researchers take an interpretive approach to human experience and personal perception (Yin, 2016), making it the appropriate methodology for my study. A phenomenological design allows a researcher to gather participants' perspectives based on their lived experience of a given phenomenon and to learn how participants interpreted these experiences (Moustakas, 1994).

The phenomenological approach calls for the identification of noteworthy statements later assembled to form more extensive data sets or themes to illustrate the experiences of gay men, including the specific barriers to reporting IPV. As such, a phenomenological research design facilitated exploration of how gay men who are survivors of same-sex IPV experienced barriers to reporting same-sex IPV. In a phenomenological analysis, a researcher gathers data seen as natural rather than artificial (Smith, 2017). The phenomenological approach allows a researcher the opportunity to elicit participants' lived experiences while striving to suspend preconceived notions and known information about the phenomenon experienced by participants (Yin, 2016). A researcher can use IPA to explore the lived experience of individuals from their

perspectives (Smith, 2017). IPA is unique in that it allows researchers to maintain the integrity of each participant's personal experiences by focusing on the details of each case and ensuring the study sample has sufficient amounts of convergence and divergence (Smith, 2017). Additionally, phenomenological research is a means to get at the essence of the phenomenon—in this case, the challenges in reporting IPV (Moustakas, 1994).

With IPA, Smith (2017) suggested a researcher can acknowledge the importance of obtaining participants' perceptions to illustrate their lived experiences. In this study, I used hermeneutic phenomenology to explore the understanding of participants' lived experiences as they attempt to make sense of the barriers they faced. Data collection involved in-depth, semistructured interviews with a homogeneous sample of convenience. Qualitative interviewing allows the researcher to obtain rich and detailed data from the participant (Rubin & Rubin, 2012). The use of IPA was essential because it enabled me to develop an experiential, psychological methodology (Smith, 2017). Moreover, IPA is consistent with examining lived and experienced barriers to reporting same-sex IPV, which was the primary focus of this study.

Phenomenology, as a methodological approach, guided this study. Dowling (2007) referred to the work of van Kaam, Giorgi, and Colaizzi in describing steps in the methodological approach to phenomenology: (a) the original descriptions break down into units; (b) the researcher transforms units into meanings expressed in psychological and phenomenological concepts; and (c) combined, these transformations create a general description of the experience. I utilized Colaizzi's (1978) Husserl-inspired

phenomenological approach for this study. Colaizzi suggested the phenomenologist obtains a report of the experience from participants by asking direct questions. A detailed description of Colaizzi's seven-step phenomenological analytic method appears in detail in the Data Analysis section of this chapter.

### **Role of the Researcher**

My role as the researcher included that of interviewer and observer throughout the semistructured interview process. Using an interview protocol (see Appendix A), I asked questions related to the phenomenon under study. I also asked follow-up questions as needed for the sake of accuracy, clarifications, and content verification.

During data collection and analysis, I controlled potential bias by eliminating personal assumptions and viewpoints, which Creswell (2009) indicated are common in conducting a qualitative study. Before drawing any conclusions, I looked for common themes emerging from data collection. To further minimize bias, I had no preexisting relationships with any of the participants, either professionally or personally.

I had an awareness of some volunteers prior to their selection to participate in the study. However, as there were no supervisory or instructor relationships, I was in no position of power over any participants. Even so, it was especially imperative to approach this research from the perspective of an outsider, as posited by Hamill and Sinclair (2010). Given this foreknowledge, I integrated bracketing throughout the research process to control for researcher bias. Additionally, I kept a reflective journal to practice reflectivity, self-awareness, curiosity, and openness (see Hamill & Sinclair, 2010).

My professional discipline of psychotherapy shaped my approach to this research. This qualitative study was a means to add the voices of gay men to the literature on IPV. Given the nature of qualitative research studies, one assumption was that there are different and specific obstacles associated with the LGBTQ community. Polit and Beck (2010) noted that the subjective experiences of those undergoing the phenomenon under study support the naturalistic paradigm that many constructions of reality are possible. Given the small sample size of this qualitative study, the chief limitation was that findings are likely not generalizable to other research or groups. Additionally, the results of this study are insufficient to answer moral or ethical questions (Polit & Beck, 2010).

Another potential for bias was that I am a licensed clinical social worker and psychotherapist knowledgeable of psychotherapy. In this role, I have provided therapy to gay men for over 10 years and have noticed a growing theme involving IPV, including the lack of reporting incidents due to multiple barriers. In efforts to provide the best therapy I could to each client, I began to research the reasons why many members of the LGBTQ community were hesitant to report violence; in doing so, I found there was little literature available. Because gay men appear to face the most challenges in reporting IPV, I hoped to bridge the knowledge gap.

Based on my background working as a licensed clinical social worker and psychotherapist with knowledge in the field of psychotherapy, I used Colaizzi's (1978) proposition of carrying critical self-awareness for subjectivity. In doing so, an outline of vested interest and assumptions emerged throughout the research. As described by

Colaizzi, I incorporated participant feedback through member checking, as discussed in the next sections of this chapter.

### **Methodology**

Qualitative methodology guided this research, from participant selection to interpretation of findings and results. I used a hermeneutic phenomenological design to shape the study, which entailed conducting semistructured, one-on-one interviews with participants. Following is a discussion of the methodology of the study.

#### **Participant Selection Logic**

The population under study was men who self-identified as gay, were between the ages of 18 and 35 years, and had been in a same-sex relationship involving IPV for at least 3 months. Convenience sampling was appropriate for this qualitative phenomenological study, as it allows for the selection of participants known to have the knowledge and experience needed to provide an in-depth understanding of the phenomenon to answer the research questions (Petty, Thomson, & Stew, 2012). Had convenience sampling proven insufficient to obtain the determined sample size, snowball sampling would have enabled participants to suggest additional individuals who met the criteria for participation (Siciliano, Yenigun, & Ertan, 2012); however, snowball sampling was not necessary. I administered a demographics questionnaire to each volunteer to confirm eligibility.

The sample comprised 10 men between the ages of 18 to 35 years who self-identified as gay. The sample size of 10 was in line with Polit and Beck (2014), who posited that, in qualitative research, a smaller number of participants provides in-depth



information about the phenomena under exploration. As such, I determined the appropriate sample size by use of data saturation, sampling to the point where no new information emerged from additional participants (Polit & Beck, 2014). I generated themes from the sample of 10 participants using data collected from semistructured interviews. Sutton and Austin (2015) supported a sample size of 10, noting that in qualitative research, a smaller number of participants provides in-depth information about the phenomenon under exploration. The final sample size depended on achieving data saturation, which entails sampling to the point that no new information emerges from participant interviews (Polit & Beck, 2008). I ceased collecting data after the 10th participant interview yielded no new themes.

I was solely responsible for identifying, recruiting, and contacting participants. Convenience sampling was the primary strategy to recruit participants for this qualitative study. Recruitment began with me reaching out to known connections who met participant criteria and might have been interested in taking part in the study. Upon initial contact, either by telephone or e-mail, I explained the research problem and purpose of the study to gauge interest. Had convenience sampling been insufficient to obtain a minimum of 10 participants, I would have implemented snowball sampling by asking volunteers to recommend individuals they knew who met the criteria. Snowball sampling often yields additional participants who are a rich source of information. However, no further recruitment was necessary beyond convenience sampling.

## **Instrumentation**

The most critical data in this qualitative study came from direct interactions with participants. The primary data collection instrument for this phenomenological study was semistructured interviews with open-ended questions, sufficient to gather rich data. A researcher-produced interview protocol (see Appendix A) guided each interview, with room for exploratory or follow-up questions as needed. Creswell (2009) noted that researchers determine what type of interview (telephone, focus group, or one-on-one) will yield the most useful information to answer the research questions.

During each interview, I utilized an interview protocol, a prepared guide with a list of questions and issues to explore during an interview process (see Appendix A). The interview guide ensured I maintained the same primary lines of inquiry with each participant. According to Patton (2015), an interview protocol provides topics or subject areas the researcher is free to explore, probe, and query to elucidate and illuminate the subject. This instrument enabled me to build a dialog related to the subject area, as well as to establish a conversation on a predetermined subject area. The interview protocol also acted as a checklist during the interview process to ensure coverage of all pertinent topics during the session. Further, the interview protocol served as an instrument to minimize change due to participant behavior, which is characteristic in face-to-face interviewing (Glaser & Strauss, 2017).

The use of an audio recorder allows researchers to preserve interview responses (Pezalla, Pettigrew, & Miller-Day, 2012). Upon receiving permission from each participant, I audio-recorded the interviews for later transcription and review. The use of

an audio recorder allowed me to establish content validity and minimize the risk of bias, with playback available for verification and transcription. I also used note-taking throughout the interview process to record my observations. Finally, I implemented member checking, allowing participants to review transcripts and a summary of my handwritten notes with the opportunity to clarify or amend the material.

I incorporated two additional data collection instruments, a questionnaire and archival data. A pre-interview questionnaire allowed me to establish that participants met the inclusion criteria for the study. Because qualitative research is emergent (Creswell, 2009), a questionnaire enabled me to collect necessary demographic data relevant to this study regarding variables such as age and a history of being in a same-sex relationship involving IPV. Another source of information was a review of archival data about gay individuals who have reported same-sex IPV and encountered barriers. I prioritized prospective, peer-reviewed articles and books published between 2014 and 2019 as references for the study to ensure a review of recent and relevant literature relating to the phenomenon of the study.

Questions on the researcher-developed interview protocol emerged following a review of the literature and an understanding of the phenomenon of barriers faced by gay men in reporting IPV. The dissertation committee reviewed the interview protocol, thus establishing content validity. Interview questions were such to elicit responses sufficient to answer the research questions guiding the study.

### **Procedures for Recruitment, Participation, and Data Collection**

I took the following steps for collecting and analyzing data, as well as describing the study's findings:

1. Invite individuals who expressed interest in participating in the study.
2. Via e-mail or telephone, schedule an initial meeting with each volunteer to confirm eligibility.
3. During the initial meeting, administer a demographic questionnaire (see Appendix B). During this time, participants also read and signed the informed consent form.
4. Review responses to the questionnaire to ensure participants meet the study criteria.
5. Encourage participants to ask questions regarding the research.
6. Schedule individual interviews with the 10 participants who meet the study's participation criteria.
7. Audio record and later transcribe individual interviews.

As outlined in the informed consent form, participants were able to cease participation at any time, for any reason and without consequence. In the event a participant had withdrawn from the study, I would have removed his data from the analysis; however, no individuals withdrew. Participants received a copy of their transcribed interviews and my notes to confirm accuracy, something known as member checking. Had it been necessary, I would have contacted participants with any requests for clarification or follow-up interviews; however, there was no such follow-up needed.

## **Data Analysis Plan**

To gain a full understanding of the phenomenon, I focused on the central research questions: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men? and How do gay men overcome the barriers they encounter in reporting intimate partner violence? With this focus throughout the study, I compiled the participants' responses through recording and transcription. Data analysis occurred in accordance with Creswell's (2009) approach of data organization, data reduction into themes, and condensation of data.

I entered responses into NVivo 12 software, assigning pseudonyms to ensure the privacy of participants and grouping the gathered information into themes for ease of coding. NVivo 12 is a software tool that assists qualitative researchers in managing, shaping, and understanding the unstructured information derived from open-ended questions (Bazeley & Jackson, 2013). I used coding for themes, phrases, terms, and statements found significant to the study. The analysis also included searching for supporting evidence relative to the central research questions.

I coded participant responses and reviewed the content, context, initial interpretation, and language used by respondents to make detailed notes about their lived experiences. Once my notes were complete, I identified patterns, themes, and relationships among participants' responses (Colaizzi, 1978). I used Microsoft Word computer software to place my ideas under headings and subheadings to create categories and information flow, as well as to review and edit them easily. Lastly, I incorporated phrases with descriptive details to explain the conclusions of my study.

This research was a qualitative study using a phenomenological design. Phenomenology allowed me to focus on the involvement or awareness of participants by soliciting in-depth descriptions of their lived experiences (Patton, 2015). The use of IPA enabled me to examine the lived experiences of gay men who have faced barriers to reporting same-sex IPV. Moreover, IPA facilitates an exploratory and creative approach (Smith, 2017).

Data analysis in line with Colaizzi's (1978) method was in keeping with the epistemology of phenomenology and the theoretical lens of Robert Merton's 1938 strain theory. Colaizzi's methodology guided an exhaustive description of the phenomenon. As recommended by several researchers, I followed Colaizzi's seven steps for data analysis (Polit & Beck, 2010):

1. Read and reread the transcript to gain an understanding of the entire content to identify significant statements and phrases.
2. Extract meaningful statements that pertain to the phenomenon under study; list the comments on a separate sheet of paper, noting the page and line numbers.
3. Formulate meanings from these significant statements and aggregate the purposes.
4. Sort the formulated meanings into categories, a cluster of themes, and themes common to all of the participants' transcripts. This process integrates the resulting ideas comprising categories, clusters of topics, and themes.

5. Integrate the findings of the study into an exhaustive, in-depth description of the phenomenon under investigation.
6. Describe the fundamental structure of the phenomenon as precisely as possible.
7. Validate the findings with research participants to compare the researcher's descriptive results with participants' lived experiences.

In addition, I analyzed the data and used the information to fill a gap in the literature, provide answers to the central research questions, and encourage future research related to the phenomenon of this study.

### **Issues of Trustworthiness**

Critics of qualitative research may raise the question of rigor and scientific excellence, which could be a limitation. Polit and Beck (2010) outlined methods of enhancing trustworthiness in qualitative research. Trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of results (Polit & Beck, 2014). A qualitative researcher should be focused on credibility, transferability, dependability, and confirmability to enhance the trustworthiness of findings.

Polit and Beck (2014) referred to credibility as the robustness of the research method, which should engender confidence in the truth of the data, as well as in the researcher's interpretation of the data. Establishing a study's credibility—or the confidence in the truth of the study and, therefore, the findings—is essential (Polit & Beck, 2014). Member checking and peer review served as tools for credibility in this

study. During member checking, a researcher outlines and share emergent themes with participants, requesting their input as to whether the findings are congruent with participants' experiences (Harvey, 2015). The output during this process of feedback and participant responses became a part of the study's documentation. An experienced qualitative researcher from Walden University served as the second reader of the transcribed audio-recorded text to ensure further credibility.

In qualitative research, transferability is the degree to which findings are generalizable to populations outside the sample under study (Lincoln & Guba, 1985). Although qualitative results are not directly transferable to individuals who do not take part in the study, researchers can take steps to improve the applicability of findings. I worked toward transferability through maintaining a thick description, keeping careful documentation of the procedures and observations of the study. Using an interview protocol also contributed to transferability.

Dependability in qualitative research is the equivalent of reliability in qualitative studies (Lincoln & Guba, 1985). Findings that have dependability are consistent and stable. The use of member checking improved the dependability of this study's findings. In addition, by creating an interview protocol, I ensured that each participant received the same basic questions, as consistency is another component of dependability. This is in line with Yin's (2016) assertion that process repetition leads to higher degrees of data dependability.

One means of improving research credibility is by bracketing, with a researcher identifying and setting aside personal bias (Hamill & Sinclair, 2010). This was



particularly important, as I had preexisting awareness of some potential participants. Triangulation is another element of confirmability, which I achieved by using more than one source of data. In addition to one-on-one participant interviews, I administered demographic questionnaires, took notes during interviews and data analysis, and reviewed archival data. Finally, I analyzed participant responses in such a way to ensure all conclusions came from the data, not the researcher.

### **Ethical Procedures**

Walden University IRB approval was required (Approval No. 11-05-19-0721198) before I could collect any data. Participants completed both the informed consent and the release of information forms before filling out the survey. I followed the guidelines outlined by Polit and Beck (2014) in that, during recruitment, no individuals felt pressured to join the study; rather, they learned about their right to refuse to participate and the ability to withdraw at any time. Participants had the opportunity to ask for clarity throughout the study, either in person or using my provided telephone number or e-mail address. Study participants did not undergo physical harm. In addition, I took the necessary steps to safeguard the participants' privacy. The participants received assurance that their information would remain confidential, with identification through pseudonyms in all transcriptions, written notes, coding, and findings. To enhance confidentiality, unique identifiers served as labels in lieu of participant names in the course of data analysis.

All participants received an informed consent form to sign before participation, which revealed information about the study, assurance of confidentiality, and means of

data collection. All digital files reside on a password-protected thumb drive. I will store all forms, transcripts, and journals along with the thumb drive in a locked file cabinet for 5 years, after which time I will destroy the data.

### **Summary**

Gay men encounter barriers when reporting same-sex IPV. This phenomenon is vital to address given that IPV impacts gay men more than others in the LGBTQ community, with gay men making 31.5% of the IPV reports among that population (Oliffe et al., 2014). In this chapter, I outlined the methodology for a qualitative phenomenological study to explore the lived experiences of gay men and the barriers they encounter when reporting same-sex IPV. The sample comprised 10 men between the ages of 18 to 35 years who self-identified as gay, had been in a same-sex relationship involving IPV for 3 months or more, and had experienced barriers to reporting same-sex IPV.

The research questions and the theoretical framework of Robert Merton's 1938 strain theory shaped the foundation for the study. This chapter included a reintroduction of the study and further discussion of the problem statement. The research questions, the phenomenon under study, research tradition, and rationale appeared. Descriptions of the study methodology, including sampling, data collection, data analysis, and satisfying IRB requirements, were also components of the chapter, in keeping with the tradition of phenomenology. Following the collection of information was a review of the ethical, reliability, and validity considerations of the research. Chapter 4 is a presentation of the results, along with descriptions of data collection, data analysis, and trustworthiness.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative phenomenological study was to explore the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV. Two research questions guided this study, as follows:

RQ1: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men?

RQ2: How do gay men overcome the barriers they encounter in reporting intimate partner violence?

In this chapter, I include a description of the data collection setting. Next, I describe the relevant demographic characteristics of the study participants, followed by descriptions of the implementation of the data collection and data analysis procedures detailed in Chapter 3. Chapter 4 then proceeds with a discussion of the evidence of the trustworthiness of the study's results. This chapter then includes a presentation of the results of the data analysis, followed by a summary.

### **Setting**

No personal or organizational conditions influenced participants or their experience at the time of the study in a way that might influence the interpretation of the study results. Specifically, I found no changes in personnel, budget cuts, or other trauma. No participants withdrew from the study, reported distress associated with the study, or refused to answer any interview or demographic questions.

### **Demographics**

The convenience sample included 10 men between the ages of 18 and 35 years who self-identified as gay. All participants had been in a same-sex relationship involving IPV for 3 months or more. Seven out of 10 participants reported being in a same-sex romantic relationship at the time of the study, and the remaining three participants said they were not in a romantic relationship. Eight out of 10 participants reported they were still coping with the effects of IPV at the time of the study.

The sample size was appropriate because 10 participants were sufficient to achieve data saturation. Data saturation occurs when additional data collection and analysis yield no new themes or ideas (Polit & Beck, 2008). I determined data saturation as achieved when analysis of the data from the ninth and tenth interviews yielded no new themes relevant to answering the research questions.

### **Data Collection**

All 10 participants completed a demographics questionnaire during an initial, one-on-one meeting in a private reading room at a public library. Participants filled out the printed demographics questionnaire by hand using a pen or pencil. After participants completed the printed form, I retained the form to ensure accurate reporting of responses. Participants took between 2 and 5 minutes to complete the questionnaire.

Each participant took part in one semistructured interview. Interviews took place in person in a private reading room at a public library; I used a digital recording device to audio record each interview. The duration of each interview was approximately 40

minutes. There were no variations in data collection from the plan presented in Chapter 3, with no unusual circumstances encountered during data collection.

### **Data Analysis**

Transcription of audio-recorded interviews was verbatim, with questionnaire responses entered into a Microsoft Excel spreadsheet. Analysis of questionnaire responses occurred using descriptive statistics, specifically including frequency counts for responses to the close-ended items. I uploaded member-checked interview transcripts into NVivo 12 software and analyzed the data using Colaizzi's seven steps for data analysis (see Polit & Beck, 2010). First, I read and reread the transcripts to gain an understanding of the entire content and to make preliminary identifications of phrases significant to answering the research questions. In the second step, I extracted statements from the transcripts that were relevant to characterizing the meaning of participants regarding barriers to reporting IPV. In NVivo, I isolated meaningful statements by placing each of them in a child node. The third step of analysis consisted of formulating meanings from significant statements by giving the child nodes preliminary labels to indicate their relevance to the experience of barriers to reporting same-sex IPV. For example, P1 stated:

Probably the [IPV victim's] financial situation [is a barrier to reporting]. For instance, if they're living together and the person that's causing the violence is taking care of [the victim] or [is] the breadwinner, [the victim] would feel stuck, so that would be something that would probably keep them from [reporting the IPV]. Not having or pretty much feeling like they don't have somewhere to go.

P1's statement, which indicated a barrier to reporting IPV as well as the feelings associated with it (feeling "stuck" and "like they don't have somewhere to go"), became an NVivo child node with a preliminary formulation of meaning with the label "Lack of resources as a barrier." As an additional example of this process, P7 stated the prospect of leaving a relationship involving IPV was associated with fears of "loss, being left alone, being unwanted, being unneeded, of having to start all over again." I placed P7's statement into an NVivo child node, with its meaning preliminarily formulated in the label "Not wanting to be alone." Table 1 indicates the preliminary formulations of meaning that emerged during Steps 2 and 3 of the analysis and the frequency of each meaning in the dataset.

Table 1

*Preliminary Formulation of Meaning Frequencies*

Preliminary formulation of meaning (code)	Frequency in dataset
Embarrassment and shame	14
Finding trusted confidants	13
Needed support from health care providers	11
Need for a nondiscriminatory law enforcement response	8
Nondiscriminatory law enforcement response unlikely	8
Fear of the abuser	6
Feeling helpless and worthless	6
Need for a nondiscriminatory law enforcement response not met	5
Lack of resources as a barrier	4
Not wanting to be alone	4
Facing minimization and judgment	4
Some people will not be supportive	3
Health care providers were not supportive	3
Need for a nondiscriminatory law enforcement response met	3
Suicidal depression	2
Fear of being outed by a vengeful ex	2
Determined to prove people wrong	1
Received support from health care providers	1

*Note.* Preliminary formulations of meaning appear in descending order of frequency.

In the fourth step of the analysis, I sorted the preliminary formulations of meaning into themes common to multiple participants' transcripts. As an example of this process, I grouped the preliminary formulations of meaning "Not wanting to be alone" and "Lack of resources as a barrier" into a theme labeled "Loss of support and companionship is associated with fear and despair." In NVivo, the process of clustering meanings involved creating parent nodes that represented themes, and then placing related child nodes under the appropriate parent node. Table 2 indicates how grouping the formulations of meaning

in Table 1 became emergent themes. Table 3 indicates the frequencies of the emergent themes in the dataset.

Table 2

*Grouping of Meanings Into Themes*

Theme	Meanings included in the theme
Feeling responsible for the abuse is associated with shame and embarrassment	<ul style="list-style-type: none"> <li>• Feeling helpless and worthless</li> <li>• Determined to prove people wrong</li> <li>• Embarrassment and shame</li> </ul>
Loss of support and companionship is associated with fear and despair	<ul style="list-style-type: none"> <li>• Lack of resources as a barrier</li> <li>• Suicidal depression</li> <li>• Not wanting to be alone</li> </ul>
The danger of retaliation from the abuser is associated with fear	<ul style="list-style-type: none"> <li>• Fear of being outed by a vengeful ex</li> <li>• Fear of the abuser</li> </ul>
A nondiscriminatory law enforcement response	<ul style="list-style-type: none"> <li>• Need for a nondiscriminatory law enforcement response</li> <li>• Need for a nondiscriminatory law enforcement response met</li> <li>• Nondiscriminatory law enforcement response unlikely</li> <li>• Need for a nondiscriminatory law enforcement response not met</li> </ul>
Confiding in trusted people	<ul style="list-style-type: none"> <li>• Facing minimization and judgment</li> <li>• Some people will not be supportive</li> <li>• Finding trusted confidants</li> </ul>
Supportive health care providers	<ul style="list-style-type: none"> <li>• Needed support from health care providers</li> <li>• Received support from health care providers</li> <li>• Health care providers were not supportive</li> </ul>



Table 3

*Theme Frequencies*

Theme	Frequency in dataset
Feeling responsible for the abuse is associated with shame and embarrassment	20
Loss of support and companionship is associated with fear and despair	10
The danger of retaliation from the abuser is associated with fear	8
A nondiscriminatory law enforcement response	24
Confiding in trusted people	20
Supportive health care providers	15

In the fifth step of the analysis, I integrated the findings of the study into an in-depth description of the phenomenon, subsequently describing the phenomenon as precisely as possible in the sixth step. The resulting precise, in-depth description of the phenomenon appears in the Results section of this chapter. There were no discrepant cases.

### **Evidence of Trustworthiness**

Polit and Beck (2010) outlined methods of enhancing trustworthiness in qualitative research. Trustworthiness, or the rigor of a study, refers to the degree of confidence in the data, interpretation, and methods used (Polit & Beck, 2014). Procedures to ensure trustworthiness center on enhancing the credibility, transferability, dependability, and confirmability of the findings.

### **Credibility**

Member checking and peer review were means to enhance credibility in this study. During member checking, I outlined and shared emergent themes with participants, requesting their input as to whether the findings were congruent with their

experiences (see Harvey, 2015). Participants recommended no alterations to the themes.

In the peer review process, an experienced qualitative researcher from Walden University served as the second reader of the interview transcripts to ensure further credibility.

### **Transferability**

I worked to facilitate future researchers' determinations of transferability by providing a thick description. I also kept careful documentation of procedures and observations during the study. The use of an interview protocol further contributed to transferability.

### **Dependability**

The use of member checking improved the dependability of the study's findings. In addition, by creating an interview protocol, I ensured that each participant received the same basic questions, as consistency is another component of dependability. This procedure was in alignment with Yin's (2016) assertion that process repetition leads to higher degrees of data dependability.

### **Confirmability**

The practice of bracketing strengthens research confirmability, with the researcher becoming mindful of and working to suspend personal biases (Hamill & Sinclair, 2010). I made efforts to become aware of and set aside my preexisting conceptions of participants. In addition, I ensured all conclusions came from the data. To allow readers to verify the confirmability of the findings, I provided extensive quotations from the data in the presentation of results as evidence for all findings. Participants' verification of the findings through member checking also strengthened confirmability.

## Results

The organization of this presentation of results is by research question, and within the research question by theme. Results associated with the first research question showed how barriers to reporting IPV affect the lived experiences of gay men. In relation to the second research question, results indicated how gay men overcome the barriers they encounter in reporting IPV. Within the presentation of results related to each research question, the discussion organization is by emergent theme.

### Research Question 1

RQ1 was: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men? Three themes emerged during data analysis to answer the research question: (a) feeling responsible for the abuse is associated with shame and embarrassment, (b) loss of support and companionship is associated with fear and despair, and (c) the danger of retaliation from the abuser is associated with fear. Table 4 is an expansion of the theme frequencies shown in Table 3 by indicating the number of participants who supported each theme.

Table 4

#### *Number of Participants Contributing to Themes*

Theme	Participants contributing data to the theme ( $N = 10$ )
Feeling responsible for the abuse is associated with shame and embarrassment	10
Loss of support and companionship is associated with fear and despair	6
The danger of retaliation from the abuser is associated with fear	5

**Theme 1: Feeling responsible for abuse is associated with shame and embarrassment.** Findings indicated that a barrier to gay men's reporting IPV is a sense of responsibility, either for deserving the IPV or for failing to prevent or stop the IPV without assistance, and that this barrier affects their lived experience with feelings of shame and embarrassment. All 10 participants provided data that contributed to this theme. No participants provided discrepant data.

P4 described how his feelings of shame about his appearance and occupation were associated with his decision not to report. P4 described the IPV he experienced as ranging “from being kicked, to being spit on to being told, ‘You’re never gonna amount to anything.’ I was really overweight at that time, so [he was] making fun of my weight, just stuff like that.” P4’s abuser used occupation as a focus for verbal abuse. He shared, “I was working at McDonald’s, so he’d tell me, ‘All you’re gonna do is McDonald’s; you’re never gonna be better than McDonald’s.’” P4 expressed that he occasionally perceived these verbal attacks statements of fact rather than abuse, saying, “Sometimes I’d believe him. I’d be like, maybe McDonald’s will be the best I’ll ever do.” P4 spoke in general terms when describing how believing he deserved the IPV was a barrier to reporting that reinforced feelings of shame and self-doubt:

Maybe sometimes people feel like they’re not good enough to [report IPV and leave the relationship], like being in that situation is, in a sense, what they deserve. They don’t deserve to have anything more, like not be in a situation where there’s no violence or verbal abuse. Maybe because they didn’t value themselves because they had a very low self-esteem.

Other participants reported a sense of responsibility and shame associated with failure to meet a perceived obligation to stop or prevent the abuse without help. P2 reported that gay men could feel ashamed of being unable to defend themselves against abuse, as if the experience of IPV signified their failure in the perceived obligation to embody traditional masculinity, rather than a legitimate experience of victimization. P2 reported that this feeling of responsibility for the IPV resulted in:

Just shame in general. You have this image of masculinity . . . so you're not gonna [report], "I'm a victim of violence," because you're supposed to be like the more masculine man . . . like the machismo thing. I think [we expect other people to say], "What, you let that person beat you? What, are you a little wimp, or what? You gonna let that happen to you, somebody put you in your place like that?"

P9 also spoke of the perceived obligation to exhibit traditional masculinity as an IPV-reporting barrier associated with shame. He added that feeling responsible for entering or remaining in a relationship with an abuser was associated with embarrassment:

As a man, I feel that society judges those men who aren't strong enough to deal with relationship problems on their own, or [who fail to] get themselves out of a situation of abuse. There is also an aspect of embarrassment of having to tell family and friends that someone wasn't smart enough to see the signs beforehand, or once things started happening, maybe didn't get out of the situation as quickly as they should have.

P6 reported feelings of shame and embarrassment associated with his perceived failure to recognize IPV in his relationship while he was professionally involved with helping other victims of IPV. He shared, “When you’ve been doing violence counseling as long as I have, you’d think you’d recognize [IPV] sooner rather than later. But I didn’t . . . it’s embarrassing.” P1 spoke of a sense of responsibility for “allowing” himself to be victimized: “I definitely feel like less of a person for allowing something like [IPV] to happen . . . it’s not something you want people to know is happening to you.”

**Theme 2: Loss of support and companionship is associated with fear and despair.** Participants perceived the prospect of losing the support and companionship of a partner as a barrier to reporting IPV, which affected their lived experience with feelings of despair and fear. Fear and despair were associated with the participant’s fear of being alone, and with dependence on the abuser for financial and emotional support. Six out of 10 participants contributed data to this theme, and no participants provided discrepant data.

P7 perceived his abuser as providing necessary emotional support by defining P7’s identity. He saw himself as incapable of emotional stability outside of the relationship:

When I left, I knew what I had to do, but I had no idea how to get there. I had no idea how to be complete without him. It’s almost as if he had reached in and taken a part of me, that made me “me,” and I had to go on living without it. Almost like a death.

For P7, fearing the loss of the support and companionship he perceived as defining him was associated with fear and despair, which he experienced as “loss, being left alone, being unwanted, being unneeded, of having to start all over again.” P7 described his experience of losing emotional support and companionship in despairing terms, saying, “I was so lonely, and I was so empty.” Experiences of fear and despair associated with the loss of companionship and emotional support led P7 to attempt suicide. He shared, “I downed a bottle of Xanax, and at the time, I was drinking heavily.” P8 used the word “anguish” in describing his experience of losing companionship and emotional support:

It’s caused me mental anguish and intense sadness. . . . I feel like I have two parts of me, one that tries to play things off and be the life of the party to cover up the pain, and then the times alone, when I’m just so very sad.

P1 discussed why the perception of financial dependence and the associated fear of losing the abuser’s material support were also components of fear and despair:

Probably the [IPV victim’s] financial situation [is a barrier to reporting]. For instance, if they’re living together, and the person that’s causing the violence is taking care of [the victim] or [is] the breadwinner, [the victim] would feel stuck, so that would be something that would probably keep them from [reporting the IPV]. Not having or pretty much feeling like they don’t have somewhere to go.

P4 expressed a similar perception of the association of fear with loss of financial support. He shared, “I feel like a lot of partners who are stuck in IPV are stuck because they don’t

know how to leave or feel like they can't leave. . . . Maybe financially they just feel like they can't leave."

**Theme 3: The danger of retaliation from the abuser is associated with fear.**

Participants reported that the danger of retaliation from the abuser was a barrier to reporting, and that this barrier affected their lived experience with the feeling of fear. Five out of 10 participants contributed to this theme, and no participants provided discrepant data. Participants who contributed to this theme associated fear with the danger of two types of retaliation, disclosure of confidential information and physical assault.

P1 discussed how relationships included sharing of intimate confidences. As such, an IPV victim might experience the fear associated with the danger that the abuser would retaliate for the victim's IPV report by disclosing those confidences to others. P1 found this danger compounded for gay men who had not yet come out to friends and family, given the risk that the abuser would disclose the victim's sexual orientation before the victim was ready:

Depending on how long you've been with a person, there are definitely more things they would know about you than other people would know about you, like friends. When you're in a relationship, you're a lot more intimate than with your friends or your family. Those are things that could definitely have bearing on someone being scared to talk about it, especially in a situation where they're not out. That would probably be one of the biggest things; I've actually heard of things happening like that before, people getting outed.



P4 reported that some gay men might also fear “being outed with HIV; the stigma of [family and friends] thinking that you got HIV because you’re gay.” Regarding the threat of reprisals from the abuser in the form of physical assault, P8 experienced a fear of lethal violence in connection with the danger that his abuser would retaliate:

I’m divorced, and the only thing I was really afraid of, in terms of reporting, was that [my abuser would] be able to find me. As I was filling out the police report, that was my biggest fear. . . . I used to always tell people, “One day he’s going to kill me or try to kill me.” I had e-mail and text threats; he had a gun. . . . For a solid 2 years, I would look around every time I came into or out of my apartment to be sure he wasn’t there with his shotgun to kill me. I lived in fear.

P1 also reported fear of lethal violence as a consequence of reporting, saying, “If the situation got really intense, [the IPV victim] could even fear for their life.”

## **Research Question 2**

RQ2 was: How do gay men overcome the barriers they encounter in reporting intimate partner violence? Three themes emerged during data analysis to answer the research question: (a) a nondiscriminatory law enforcement response, (b) confiding in trusted people, and (c) supportive health care providers. Table 5 supplements the theme frequencies reported in Table 3 by indicating the number of participants who supported each theme.

Table 5

*Number of Participants Contributing to Themes*

Theme	Participants contributing data to the theme ( <i>N</i> = 10)
A nondiscriminatory law enforcement response	10
Confiding in trusted people	10
Supportive health care providers	9

**Theme 4: A nondiscriminatory law enforcement response.** Participants reported that a nondiscriminatory law enforcement response helped or could have helped them to overcome barriers associated with reporting IPV. All 10 participants contributed to this theme, and no participants provided discrepant data. Participants perceived law enforcement responses as nondiscriminatory when the response involved reacting to a gay man's report of IPV in accordance with the procedures used in reports of IPV in heterosexual relationships. In particular, participants wanted law enforcement officers to treat them with with dignity, respect, and compassion, deeming their reports of IPV to be legitimate.

Of the ideal police response to a report of IPV, P10 said, "My biggest hope would be that they would treat me with respect and not make me feel degraded for needing them." P3 described how he would like law enforcement to respond to his report of IPV, and he contrasted this ideal with an example of the perceived tendency of police to minimize the significance of gay men's IPV reports:

We're people. That's what it all comes down to. Take each individual situation as it is. If you [as a police officer] come up and someone's eye is black, ask [the

abuser], “Did you do this? OK, you need to go sit in the car.” And then we need to figure out why [the victim’s] eye is black. Not just, “Oh, ya’ll got in a fight.”

P5 perceived law enforcement as tending not to regard gay men’s reports of IPV as legitimate; accordingly, he reported a need for a response that acknowledged, “Just because it’s two gay guys doesn’t mean [IPV is] not what’s going on. That still is domestic violence.” P9 stated that for a law enforcement response to help him overcome barriers to reporting, “I would want the police to treat me as they would any other domestic dispute-type situation, with respect and protection. I would want them to do their job and take the report, and make sure I was safe.” P6 discussed how law enforcement’s failure to take a gay man’s IPV report seriously could result in significant danger to the victim:

[Under the law in this state], if the police are called to family violence, someone will be arrested and go to jail to put an end to the violence for that evening . . . but if that doesn’t happen, then the survivor or victim is left there to deal with the [abuser] once the police are gone.

P7 stated that police had helped him report IPV by providing a nondiscriminatory response, taking his report seriously and following established procedures for responding to domestic violence:

I didn’t see that [the police] treated me with any differently than they’d treat anyone else. In those [IPV] situations, they have to remain outside the situation. At least in front of me, there was no snickering or, “Oh, we’re not gonna take your deposition,” or, “We’re not gonna take your word because you’re gay.”

For P4, a pattern of discriminatory law enforcement responses became a barrier to reporting IPV. The participant shared, “I’d hate getting [the police] involved because I never knew if they were going to respond to our situation or how they were going to treat us.” Of the discriminatory law enforcement responses he experienced, P4 said, “I don’t think they took my situation too seriously, like [it was just] a fight between two faggots; it’s not a real relationship.”

**Theme 5: Confiding in trusted people.** Findings indicated that having or finding trusted people to confide in assists gay men in overcoming barriers to reporting IPV. All 10 participants contributed to this theme, and no participants provided discrepant data. Trusted confidants could include family or friends accepting of the gay man’s sexual orientation and nonjudgmental about his victimization in IPV. P2 described the experience of having supportive, nonjudgmental friends in whom he could confide about IPV:

I’ve always had people that are supportive of me. Like, as close as my best friends. I can tell them anything. . . . I can open up about anything, and fear is their reaction, not of me, but of the [abuser].

P9 reported that his perception of potential confidants as nonjudgmental would influence his decision to discuss IPV with them. He said, “I would feel comfortable talking to friends over family, just because I feel friends would judge less.” P8 described a supportive network of nonjudgmental family and friends as particularly important for reporting IPV when law enforcement provided only discriminatory responses:

I don't have much trust in the legal systems, courts, or lawyers anymore because of what they put me through in not believing me, not believing that I could be a victim. . . . I was lucky to have a very close network of family and friends that I've known forever, so I felt I had a good deal of support.

P6 stated that the experience of confiding in his unsupportive family became a barrier to confiding in them again. He said, "I talked to my family about [my experience of IPV], and there was no support there. So, I certainly haven't gone back to talk about that." For P7, a close friend who witnessed the effects of IPV on him and who had experienced IPV herself became a trusted confidant. He said, "She saw me change [as a result of IPV]. She saw me become dark. She saw me become empty. . . . Honestly, I wasn't ashamed of [discussing IPV with] her. She's been through the same."

**Theme 6: Supportive health care providers.** Participants stated that supportive health care providers could help gay men to overcome barriers associated with reporting IPV. Nine out of 10 participants contributed to this theme, and no participants provided discrepant data. Participants perceived health care providers such as doctors and counselors as supportive when the providers treated them with respect and empathy and offered appropriate treatment and guidance. P10 compared the desirable provider response to the desirable law enforcement response:

Similarly to the police, I would hope to be treated with respect. I would also want to have a provider who was caring and empathetic. I mean, it's really no different for a man or a woman—if you are hurt, either physically or mentally, you need and deserve compassion.

P1 expressed a desire for guidance and empathy, saying, “I would expect for [providers] to give me as much guidance as they can give me in dealing with my emotions. And I would hope not to be treated like a patient but like a person.” P4 described supportive providers as patient-centric and nonjudgmental. He shared, “I’d like them to have an open mind, especially with me being a gay man. No judgment and . . . being client-centered, putting the patient first.” P3 expressed a desire for providers to be validating and reassuring:

I would hope [health care providers would] be nice and comforting; I mean, they should. I would hope they’d be like, “Oh, come in here, let’s talk about what happened,” give you that positive reinforcement and just let you know you aren’t the situation. The situation happened, and you’ve got options. You can move past this situation.

P6 indicated that a supportive provider who could assist gay men in overcoming barriers to reporting IPV would be one who “asks the questions. Because if you’re never asked, you may never think to bring it up.” P6 added that when a provider does not spontaneously ask him about IPV, “It tells me they’re not open to talking about it.” P6 further stated that a supportive provider should be prepared with resources and plans to ensure the victim’s safety and long-term support. He suggested, “I think they should be ready with safety plans. I think they should know the local resources. I think they should plan to see someone longer term because it’s probably gonna take a while.”

## Summary

Two research questions served to guide this study. Research Question 1 was: How do the barriers to reporting intimate partner violence affect the lived experiences of gay men? Findings indicated that barriers to reporting IPV affected the lived experiences of gay men by causing three significant forms of distress, including shame and embarrassment associated with feeling responsible for the abuse, fear and despair associated with loss of support and companionship, and fear associated with the danger of retaliation from the abuser. The second research question was: How do gay men overcome the barriers they encounter in reporting intimate partner violence? Findings showed that a nondiscriminatory law enforcement response, trusted people to confide in, and supportive health care providers have assisted gay men in overcoming barriers to reporting IPV. Chapter 5 includes the discussion, interpretation, and implications of these themes.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

There is a scarcity of research involving victims of IPV in the LGBTQ community, partly due to a lack of incidence reporting, which leads to minimal data (Calton et al., 2016). Oliffe et al. (2014) found that IPV impacts gay men more than other groups in the LGBTQ community, with gay men filing 31.5% of IPV reports within the LGBTQ community. Barriers in reporting same-sex IPV include the public's lack of knowledge and understanding of same-sex IPV, the stigma associated with LGBTQ relationships, and biases regarding laws and policies (Calton et al., 2016).

The purpose of this qualitative phenomenological study was to explore the lived experiences of gay men and the barriers they encounter in reporting same-sex IPV. I applied a phenomenological research design to fully understand and explore how gay men who are survivors of same-sex IPV experience barriers to reporting same-sex IPV. To achieve the purpose of this study, I developed two research questions regarding the barriers gay men experience in reporting IPV and what measures they used to overcome those barriers. I administered an interview protocol with semistructured questions to each of the participants. Data collection was from 10 participating gay men between the ages of 18 and 35 years who had been in same-sex partnerships involving IPV. Individual, audio-recorded interviews took place in a private reading room at a public library. Data analysis entailed using the seven steps of Colaizzi (see Polit & Beck, 2010); a summary of the findings follows in the next section.



The analysis of the results yielded six major themes, each with two or more supportive meanings. The main themes included barriers related to personal responses and fears of the abused partner and ways of overcoming the barriers. The following six themes emerged: (a) feeling responsible for the abuse is associated with shame and embarrassment, (b) loss of support and companionship is associated with fear and despair, (c) danger of retaliation from the abuser is associated with fear, (d) nondiscriminatory law enforcement response, (e) confiding in trusted people, and (f) supportive health care providers. The first three themes were associated with RQ1 regarding the barriers experiences and the last three answered RQ2, which focused on ways to overcome the barriers. A summary of the findings follows in accordance with each research question.

### **Research Question 1: Barriers Experienced in Reporting IPV**

Three themes emerged that provided answers to the first research question. The themes are as follows: (a) feeling responsible for the abuse is associated with shame and embarrassment, (b) loss of support and companionship is associated with fear and despair, (c) danger of retaliation from the abuser is associated with fear. The themes are indicative of the intense feelings of the victims, with fear present in two of the three themes. A discussion of each theme follows.

**Feeling responsible for the abuse is associated with shame and embarrassment.** All the participants reported barriers in terms of feelings of either a sense of responsibility or deserving IPV and/or failing to prevent or stop the IPV without assistance. The results indicated that this barrier affects the participants' lived experience

with feelings of shame and embarrassment. The responses of the participants indicated that they internalized the abusing partner's accusations and ended in believing that they were not worthy. Some participants experienced intense feelings of responsibility to stop the abuse without outside assistance, as well as shame that they were not able to defend themselves to stop the abuse. In addition, participants felt shame in having to admit to others that they did not recognize the warning signs early enough and became trapped in an abusive situation.

**Loss of support and companionship is associated with fear and despair.** Six of the 10 participants reported that the prospect of losing the support and companionship of a partner was a barrier to reporting IPV. This barrier caused feelings of despair and fear of being alone. Participants tied these feelings to being dependent on the abuser for financial and emotional support.

**The danger of retaliation from the abuser is associated with fear.** Fear of retaliatory actions from the abusive partner was two-pronged: fear of disclosing confidential information and physical assault. Five of the 10 participants contributed to this theme. Fear of disclosing confidential information was especially important in cases where gay men have not disclosed their gay status to family and friends. Such disclosure could put them at a disadvantage with loved ones who might associate being gay with contracting HIV. Two participants indicated that they feared grave bodily harm or death as a result of their reporting the IPV.

## **Research Question 2: Overcoming Barriers to Reporting**

The three themes associated with the second research question were (a) a nondiscriminatory law enforcement response, (b) confiding in trusted people, and (c) supportive health care providers. These themes are indicative of discrimination faced by gay men from law enforcement and police. Like women and straight males, gay men desire to be treated equally and with compassion.

**A nondiscriminatory law enforcement response.** All 10 participants reported that a nondiscriminatory law enforcement response helped or could have helped them to overcome barriers associated with reporting IPV. Nondiscriminatory law enforcement responses included reacting to a gay man's report of IPV in accordance with the procedures used in reports of IPV in heterosexual relationships. Participants wanted to be treated with dignity, respect, and compassion and for their reports of IPV to be regarded as legitimate. Participants' responses indicated that police did not act in a uniformly nondiscriminatory manner, which left the victim having to face the abuser once the police left the scene. In other cases, the victim felt even more ashamed of needing outside support and not being taken seriously. Depending on the seriousness of the abuse, the victims felt exposed to the risk of serious bodily harm.

**Confiding in trusted people.** All 10 participants indicated that having a trusted and nonjudgmental person in whom to confide assisted them in overcoming barriers to reporting IPV. Trusted confidants included people who accepted the sexual orientation of the gay man and who would not be judgmental about the IPV situation. In this regard, participants emphasized the importance of a trusted and nonjudgmental network of

friends and family. This need was especially true with gay persons, as the legal system does not always provide unbiased support to this population.

**Supportive health care providers.** Similar to the response of police officers, nonjudgmental and supportive responses from health care providers were another factor gay men perceived as helpful in reporting IPV. Participants described supportive health care workers such as doctors and counselors who treated their patients with respect and empathy and offered appropriate treatment and guidance. The nine participants who reported on health care workers wished for respectful treatment, having the opportunity to talk about their abuse together with the possibility of managing the situation in the long term.

### **Interpretation of the Findings**

In this study, I explored the lived experiences of gay men who were victims of IPV to understand the barriers in reporting the situation and what enabled them to overcome those barriers. Two research questions served to guide this study, asking about the barriers experienced in reporting IPV and what enabling conditions existed in supporting the gay men to report same-sex IPV. The theoretical framework of this study was the strain theory of Merton (1938, as cited by Agnew, 2010). Merton argued that strain is the result of unrealistic societal expectations. According to this theory, some situations cause increased stress levels, which could lead to frustration, anxiety, stress, anger, and other negative emotions that could lead to deviant behavior (Agnew, 2010). In an intimate partner relationship, the strain may encourage the dominant partner's use of physical aggression to relieve stress (Zavala, 2017). Gay persons experience harassment,

maltreatment, discrimination, and victimization during their lifetime because of their sexuality (Dentato, 2012). Victimization can affect a person's perceived meaning in the world (Meyer, 2007). Victimization is a highly stressful form of strain that can lead to blaming others and result in a need for coping strategies to minimize negative emotions (Agnew, 2001). Agnew (2001) suggested people who feel devalued could abuse others as a way to eliminate stress. In addition, the stigma associated with homosexuality might prevent gay men from seeking help to cope with the strain, as one of the sources of minority stress for LGBTQ individuals is the incentive to conceal one's sexuality (Meyer, 2007). Dentato (2012) asserted that IPV may be both an unhealthy coping mechanism and a negative health outcome. Zavala (2017) affirmed this notion following a survey of 665 college students, 160 of whom identified as sexual minorities. The researcher found strain theory best explained IPV perpetration. Strains associated with minority stress for LGBTQ are contributing factors to the barriers of reporting same-sex IPV, which was the primary premise under exploration in this study.

Participants described their feelings of being unworthy and fearing for their safety while in the same-sex IPV situation. Participants experienced increased stress as they felt a responsibility to put an end to the IPV, with further aggregation by feelings of not meeting the traditional perceptions of masculinity. Descriptions of the aggressive behavior of the perpetrating partner included blaming and threatening behavior, indicating that abusive partners used antisocial behavior to alleviate their own strain, in turn placing more strain and stress on the victim. The findings of this study confirmed the

notions of Merton's strain theory and Zavala's observation that strain caused physical aggression (2017).

Participants reported three barriers to report IPV: (a) feeling responsible for the abuse is associated with shame and embarrassment, (b) loss of support and companionship is associated with fear and despair, and (c) the danger of retaliation from the abuser is associated with fear. The themes identified in this current study differ somewhat from previous findings, although the last theme—the danger of retaliation or fear for their own safety—had mention in published research. The supporting theme of threats and/or fears to disclose the victim's gay status to family, friends, and employers was also a finding of previous researchers.

Other researchers studying barriers to reporting IPV found that stigma, public perception about the gay lifestyle, and HIV prevented gay persons from reporting IPV (Calton et al., 2016). Barriers included inherent bias in laws and policies. Disclosure about the gay lifestyle to family, friends, and employers may not occur due to stigma and public perception (Calton et al., 2016). Persons belonging to the LGBTQ population often experience feelings of fear and low self-esteem related to disclosing their lifestyle, especially because of the lack of understanding of this lifestyle and same-sex IPV by the public (Ball & Hayes, 2010; Calton et al., 2016). Storer et al. (2018) conducted a content analysis of Tweets of same-sex IPV victims, revealing that the decision to stay or leave elicited considerations of the victims' well-being, lack of knowledge of IPV and therefore not recognizing it as such, and failure to identify as a stereotypical IPV victim. In addition, victims faced structural barriers to leaving, including needing time to leave. The

traditional gender norms and perceptions also made it difficult for same-sex partners to leave and recognize IPV in their relationships (Guadalupe-Diaz & Jasinski, 2017).

Goldberg-Looney et al. (2016) found that same-sex IPV victims often coped through behavioral disengagement instead of reporting the situation and leaving the relationship.

The first two barriers identified in this research were not overt components of previous scholarship. These barriers were (a) feeling responsible for the abuse is associated with shame and embarrassment and (b) loss of support and companionship is associated with fear and despair. These two themes serve to extend the knowledge on same-sex IPV and the barriers experienced by victims in reporting the situation.

Also determined were factors that could enable gay men to report IPV. Upon analyzing collected data, I identified three themes: (a) desires for a nondiscriminatory law enforcement response, (b) confiding in trusted people, and (c) supportive health care providers who display a patient-centered approach in treating gay IPV victims. The more well-received individuals expect to be when going to the police for IPV, the more likely they are to file a report and seek help. It is interesting to note that in the United Kingdom, survey data from 532 gay and bisexual men showed that these men did not unconditionally support inquiries from IPV from sexual health practitioners, partially due to concerns about stigma (Bacchus et al., 2018). Although there was a desire to engage with professionals regarding their IPV situations, these men also tended to withdraw based on their emotional reactions to the situation and feelings of shame or vulnerability. Furman et al. (2017) argued that a lack of focused services among LGBTQ people could act as a barrier to seeking assistance in IPV situations. The opposite can also be true, as

the availability of focused services could assist same-sex victims of IPV in reporting the situation and reaching out for help.

Participants in this study indicated they desired a health care system to meet their needs as an IPV victim and not as a representative of a sexual minority group. The participants expressed a need to be treated with dignity and concern for their health and safety, to be taken seriously, and to enter a place of safety. Previous researchers found services rendered to the gay population not adequately targeted toward LGBTQ people (Cannon, 2019; Freeland et al., 2018; Furman et al., 2017). This is a crucial barrier to seeking help, as services specifically tailored to the experiences of the help-seeker are an essential component in the recovery from IPV (Scheer & Poteat, 2018). As indicated by participants, the availability of focused health care services could act as an enabling factor in reporting same-sex IPV. The findings of this study confirmed previous research that focused health services were necessary, and extended the current knowledge on the phenomenon by indicating that such services could assist gay men in reporting IPV and seeking help.

Legal assistance from police officers who are often the first professionals to witness the IPV situation is needed; similar to their thoughts about health care workers, participants indicated a desire for police officers to take them seriously and treat them with dignity. Some instances reported involved the police officer sending the complainant back to the perpetrator based on a perception that the same-sex partners only argued a little. Such behavior from the police could result in grave bodily harm to the victim;



accordingly, the participants voiced an earnest plea for police to take them seriously when reporting IPV to the authorities.

Calton et al. (2016) found that one of the main barriers to reporting IPV among gay men was inequalities in the system. Victims of IPV report to the criminal justice system partially because they want to promote their healing by pursuing justice (Holder & Daly, 2017). The decision to report depends on victims' expectations of receiving justice. There is empirical evidence that marginalized sexual minorities who experience IPV are less likely to report it to the police (Langenderfer-Magruder, Whitfield et al., 2017). Participants in the current study longed for a situation in which police perceive and treat gay people the same as heterosexual people at every stage of the criminal justice process. By focusing on the lived experience of participants, this study presented descriptive insight into how gay men who have experienced IPV perceived they would be treated by police when they reported IPV. The participants indicated the need for a nondiscriminatory response from the police when reporting instances of IPV. However, they also felt they had little chance of receiving nondiscriminatory responses. Police respond differently to complaints of sexual violence from sexual minority couples than they do to reports from heterosexual couples; in addition, officers' varied perceptions of IPV among different-sex couples and same-sex couples seemingly drove law enforcement responses to reports of IPV (Franklin et al., 2019; Fröberg & Strand, 2018; Kaiser et al., 2017; Messing et al., 2018). Similar to the health care practitioners' treatment of IPV in same-sex partners, nondiscriminatory responses from law enforcement emerged as a possible positive environment leading to gay men reporting

IPV. Receiving such responses is unfortunately rare. Although previous researchers have also found gay men unlikely to receive supportive reaction from police officers (Barkhuizen, 2015; Russell, 2018), the findings of this study contribute to existing knowledge, as the participants described nondiscriminatory responses from law enforcement as possible ways to overcome barriers to reporting IPV among gay men.

Participants' reports of finding a confidant who would support them in reporting IPV is a contribution to existing scholarship. Previous studies consulted in the review of literature did not include mention of the presence of trusted family and friends as a factor in overcoming barriers to reporting IPV. Although the participants of this study acknowledged the possibility that not everyone would be supportive, they emphasized the importance of finding such support in overcoming barriers to reporting IPV.

### **Limitations of the Study**

The study provides in-depth descriptions of the lived experiences of gay men who experienced same-sex IPV. However, the research was not without limitations. The research methodology was the first limitation. As qualitative phenomenological studies are a means to uncover and present lived experiences and particular contexts of study participants, results are not transferable to populations outside the specific sample (Polit & Beck, 2010).

This study was delimited to gay men between the ages of 18 to 35 years living in a large city in central Texas who had been in a same-sex relationship involving IPV for at least 3 months. The sample size of 10 was small; however, 10 participants is adequate for qualitative phenomenological studies. The delimitation also acts as a limitation, as the

findings of this study may not be transferrable to gay men in other regions or states. To overcome this limitation, I provided a detailed description of the study to enable other researchers to decide whether the results were applicable to their studies.

Another limitation is the self-reporting nature of the data collection method. Although in-depth interviews are a common means of data collection in qualitative studies, researchers have to trust participants to respond truthfully and openly. It is possible that individuals belonging to stigmatized minority groups such as gay men might want to portray a more positive image of the group and therefore not respond truthfully. By establishing rapport and developing a trusting relationship before commencing with the interview, I aimed to overcome this limitation.

Based on the findings of this study, I offer recommendations for future research and practice in the following section. Suggestions for further scholarly inquiry include increasing the sample size. Stakeholders who may apply the findings of this study to professional practice include law enforcement personnel and health care providers.

### **Recommendations**

This study will be beneficial for future research because it provides insights into the lived experiences of gay men who were involved in same-sex IPV. The first recommendation is that future researchers incorporate a larger sample, including a wider geographical area and representing different ethnical groups. The use of questionnaires would be a way to collect data from a large population. Another recommendation is that researchers who seek to administer questionnaires draw upon the findings of this and previous research to develop specific items to address the experiences of gay men

involved in IPV. In addition, the inclusion of open-ended questions or requests to provide additional information on the barriers and/or ways to overcome barriers may provide authentic and novel insights into the phenomenon.

Law enforcement procedures and policy development often follow the bias that IPV victims are women and that men can defend themselves (Calton et al., 2016). Researchers interested in policy development and/or training of police officers could address the need to change the traditional perceptions of IPV to include the LGBTQ population. Research has established that IPV is more common among this population than formerly believed. Law enforcement policies and officers should offer processes that specifically address the needs of this group.

Similarly, health care providers interested in the management of IPV among gay men could research and develop a protocol befitting this underserved population group. In addition, experts could develop training programs to better understand the needs and fears of gay men experiencing IPV. As health care providers are often the first service providers to assist the victims, members of this population could benefit greatly from such training.

### **Implications**

I embarked on this study to develop a deeper understanding of the barriers that gay men experiencing IPV face. The outcomes of the study are important, providing some new insights and confirming previous research findings. Implications include those for positive social change as well as recommendations for practice.

**Positive social change.** The study shows that factors enabling gay men to overcome the barriers to reporting IPV include social attitudes and behavior of police officials and health care providers. Apparent from the findings is that public service providers still exhibit discriminating and judgmental attitudes toward specific population groups. Even so, this outcome is positive, perhaps enabling the development of training programs and the identification of successful approaches to allow public service providers to focus on the needs of the person without allowing their personal bias to dictate their response.

**Recommendations for practice.** The desperation and isolation participants described upon realizing they had nowhere to go after leaving the abusive relationship indicates the need for places of safety that would welcome these men. As stated, the current perception is that IPV happens to women and the policies of places of safety reflect that view. As IPV occurs more among the LGBTQ population than the heterosexual one, it is essential for safe havens to change their policies to accommodate and welcome this group.

The participants of this study expressed a need for law enforcement officers and health care providers to be informed about IPV among gay men in same-sex relationships. Such providers need to take IPV in same-sex relationships seriously by providing support, considering the victims' safety, and treating reporting gay men with respect. Both police officers and health care professionals must be enlightened regarding the incidence of IPV among gay men. In addition, the service protocol should include

asking questions to establish the presence of IPV and providing information regarding places of safety.

Often, gay men do not recognize the warning signs of a potentially abusive relationship early enough. This lack of knowledge and insight into abusive relationships leads to victims remaining too long in a relationship that leads to IPV. Providing appropriate information on the early warning signs of abusive relationships and partners may result in more potential victims leaving such relationships early. In addition, a clear understanding of indicators of future violence could enable trusted family and friends to warn potential victims, thus preventing the IPV from developing.

### **Conclusion**

Problematic relationships exist across all genders, socioeconomic statuses, cultures, and sexual orientations. Abusive and bullying behavior received increased attention from researchers, not only in sexual relationships but also within the workplace, schools, and the Internet. This abusive behavior within sexual relationships, otherwise known as IPV, is a growing concern worldwide. The traditional consideration is that IPV is a heterosexual problem, with the woman as the victim. This assumption led to developing legal systems and assistance programs focused only on the female victim.

The LGBTQ population has a high incidence of IPV, indicating the need for changes in the procedures and service protocols to victims of IPV. This study allowed me to focus on gay men who were victims of IPV, exploring their lived experiences of barriers in reporting IPV and ways to overcome the barriers. This study provided a deeper insight into the life situation of gay men experiencing IPV, indicating a pressing need to

provide empathetic services to this underserved group, enabling them to report IPV, as well as to create social structures to ensure the safety of victims who leave the abusive relationship.

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## Appendix A: Interview Protocol

Thank you for agreeing to talk to me. Let us go through the informed consent form together and please ask any questions you have about the interview.

As stated before, I will audio record the interview to enable me to transcribe it correctly. May I put the recorder on now?

*Put on the recorder*

This is the interview of (code name) \_\_\_\_

1. Please talk about things that may keep you from telling others or reporting intimate partner violence.
2. Having experienced IPV yourself, how do you perceive these obstacles to talking about IPV influence your life?
3. Are there any areas of your life or activities that are more or less affected by IPV than others? If so, what and why?
4. Please talk about what things keep you from talking about experiencing IPV.
5. Have you told anybody else (apart from today) about being in an IPV situation?
  - 5a. How did you go about deciding to talk about it?
  - 5b. Please elaborate on what was the hardest things to overcome in deciding to tell somebody else about the IPV.
6. Are there people or groups that you might talk to more (or less) readily about the IPV? Why?
  - 6a. Family/friends
  - 6b. Organizations (gay)
  - 6c. Police/medical staff
  - 6d. Other
7. Talk about the police and reporting IPV.
  - 7a. How do you expect or perceive the police to treat gay people reporting IPV?
  - 7b. Please talk about how you would like the police to respond when you report IPV.
8. When visiting a medical or psychology facility after an IPV incident, what do you expect?
  - 8a. If you have been in such a situation, what was it like?

- 8aa. Has your experience matched what you expected it to be? How did it differ?
- 8b. Please give some ideas as to how you would like these professionals to respond when seeking help after an IPV situation.
9. Is there anything else you could tell me to help my understanding of the obstacles gay men experience in reporting or talking about IPV?

Thank you again for taking part. I will e-mail a summary of the transcribed interview to your preferred e-mail address, as we discussed. Please take this flyer and contact any of the people on the list, or myself, if you feel any emotional reaction after today's discussion.

## Appendix B: Demographics Questionnaire

1. What is your gender?  
 male                       female                       transgender                       other
2. What is your age?  
 <18 years                       18-35 years                       >35 years
3. With which sexual orientation do you identify?  
 gay                       lesbian                       bisexual                       other
4. Are you currently in a romantic or sexual relationship?  
 yes                       no
5. If you are in such a relationship, is it:  
 same-sex (homosexual)                       different-sex (heterosexual)                       other
6. Intimate partner violence (IPV) is a violent act committed by one romantic or sexual partner on another. Intimate partner violence may be in the form of emotional, sexual, and/or physical abuse. Given this definition, would you say you are in a same-sex relationship involving intimate partner violence?  
 yes                       no
7. Have you ever been in an IPV relationship?  
 yes                       no
8. And if yes, have you been in this relationship 3 months or more?  
 yes                       no
9. Did you experience any barriers to reporting the IPV?  
 yes                       no
10. Are you still dealing with the effects of the IPV?  
 yes                       no