

#ITHRIVED: A Phenomenological Exploration of  
Recovery from Intimate Partner Violence Among Gay Men

Dempsey Young, M.A.

A Dissertation Submitted to the Faculty of  
The Chicago School of Professional Psychology  
In Partial Fulfillment of the Requirements  
For the Degree of Psy.D. in Clinical Psychology

Braden Berkey, Psy.D.

Michelle Cutler, Ph.D.

June 27, 2019

ProQuest Number:27739631

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent on the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 27739631

Published by ProQuest LLC (2020). Copyright of the Dissertation is held by the Author.

All Rights Reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 - 1346

Unpublished Work

2020 Dempsey Young, M.A.

All Rights Reserved

#IThrived: A Phenomenological Exploration of  
Recovery from Intimate Partner Violence Among Gay Men

---

A Dissertation Submitted to the Faculty of  
The Chicago School of Professional Psychology  
In Partial Fulfillment of the Requirements  
For the Degree of Psy.D. in Clinical Psychology

---

Dempsey William Young, M.A.

2020

Approved By:

---

Braden Berkey, Credentials, Chairperson  
Psy.D.

---

Michelle Cutler, Credentials, Member  
Ph.D.

## **Acknowledgements**

I would like to express my gratitude for my chairperson Braden Berkey, Psy.D. for all of his guidance and support throughout the dissertation process. I would also like to thank Michelle Cutler, Ph.D. for her support as well as giving great direction as my reader. Finally, I owe significant gratitude to my amazing husband Joe Young for helping get me through this intense process.

## Abstract

Intimate partner violence (IPV) has been identified as a significant public health issue in recent years and efforts have been made to understand the phenomenon and help those impacted by IPV. The majority of research conducted and interventions targeting IPV have been largely focused on heterosexual relationships with the male as the perpetrator and the female as the victim. However, IPV has been found to be a significant problem within relationships among gay men with nearly 26% of gay men experiencing IPV in their lifetime. IPV has been found to occur in LGBT relationships at the same rate or even higher to their heterosexual counterparts. Recent research has been conducted around the prevalence, risk factors, minority stress impact, and dynamics in relationships regarding IPV. However, there is little to no research on how gay men who experience IPV recover after separation from their abuser. This study uses a phenomenological approach to better understand the recovery process for gay male IPV survivors. The results yield a rich description of themes within the recovery process for gay male survivors. The themes found within the road to recovery included the following: the need for total separation, a range of emotional difficulties experienced throughout the process, various forms of coping mechanisms, re-establishment of a sense of self concept or self-identity, and barriers to recovery linked to minority stress such as discrimination, social bias, and perceptions of gay men and relationship violence. It is hoped that the results from this study can inform intervention efforts, future research, public awareness, and give a basis for the specific needs for services necessary for survivors to work toward recovery.

## Table of Contents

List of Tables .....	ix
List of Figures .....	x
Chapter 1: Introduction .....	1
Recovering from Intimate Partner Violence .....	3
Chapter 2: Literature Review .....	8
Overview of IPV .....	8
Theories of Domestic Violence .....	8
Risk Factors .....	10
Effects of IPV .....	11
Intimate Partner Violence Within the Gay Male Population .....	13
Problems in defining IPV .....	13
Parallels with heterosexual IPV .....	14
Distinctive differences in IPV among gay men .....	16
What is Known About Recovery From IPV .....	23
Current Models of Recovery .....	24
Chapter 3: Methods .....	37
Phenomenological Study .....	37
Participants .....	38
Setting .....	40

Procedure .....	40
Data Analysis .....	42
Chapter 4: Results .....	45
Conceptualization of Recovery .....	46
Themes Between Participants .....	48
Theme 1: Separation .....	49
Theme 2: Interactions with and Perceptions of Legal Entities .....	52
Theme 3: Coping Mechanisms .....	54
Substance Use/Abuse .....	55
Engagement in Sexual Activity .....	56
Social Support .....	57
Use of Physical Activity and Exercise .....	59
Utilization of Mental Health Services .....	60
Theme 4: Self Identity / Self Concept .....	63
Theme 5: Range of Emotional Responses throughout Recovery .....	65
Chapter 5: Discussion .....	67
Introduction .....	67
Variables in the Study and Directives for Future Research .....	88
Researcher Dynamics .....	91
Implications and Recommendations .....	92

For Clinicians.....	93
For Gay Male Survivors of IPV.....	97
References.....	99
Appendix A: Key Terms.....	107
Appendix B: Screening Questions.....	110
Appendix C: Interview Guide.....	111
Appendix D: Referrals and Resources for Participants.....	113

## List of Tables

Table 1: <i>Summary of Key Aspects</i> .....	29
Table 2: <i>Participant Demographics</i> .....	45

## List of Figures

Figure 1: <i>Theme Analysis</i> .....	49
---------------------------------------	----

## Chapter 1: Introduction

### **Intimate Partner Violence in Gay Male Relationships**

In 2013 The National Intimate Partner and Sexual Violence Survey indicated that 26% of gay men reported one or more incidences of intimate partner violence (IPV) across their lifetimes, which included experiences of rape, physical abuse, and/or stalking (Walters, Chen, & Breiding, 2013). Psychological abuse by an intimate partner alone was reported by approximately 60% of gay men. An even more disturbing statistic was that over 16% of gay men reported severe physical abuse such as being punched, hit with a hard object, slammed against something, and/or physically beaten by their partner. In 2016 the National Coalition of Anti-Violence Programs (NCAVP, 2016) produced a yearly report on IPV homicides with 15 lesbian, gay, bisexual, and transgender (LGBT) deaths, 60% of which identified as gay men.

As much as these statistics shed light on the pervasiveness and severity of IPV in gay male relationships, they are merely a glimpse of the issue. Problems in reporting the prevalence and with defining characteristics of IPV have led to varying statistics, making it difficult to obtain a reliable picture. Edwards, Sylaska, and Neal (2015) conducted a review of 96 empirical articles on IPV among LGB individuals and found that rates of occurrence ranged from one to 97% among the different studies. The types of violence were also categorized in different ways or not well enough defined to capture IPV occurrences in detail. However, the studies with large samples have been able to provide a more detailed picture than the discrepant prior research. Despite shortcomings in the literature, a crucial factor is that these figures are likely an underrepresentation of the problem given the amount of prejudice and stigma faced by sexual minorities and its impact on willingness to disclose abuse (McKenry, Serovich, Mason, & Mosack, 2006). In a review of studies examining disclosure of IPV among LGB individuals,

survivors were more likely to disclose to informal supports, such as friends and family, but less likely to disclose to formal supports such as the police and mental health professionals.

Furthermore, less than 50% of gay male survivors reported IPV to the authorities (Edwards et al., 2015). Although the socio-political climate in the recent decade has shown more support for the overall LGBT community, it is clear that the perception of stigma has led to the silence of many IPV victims and thus estimates of prevalence are likely low (Calton, Cattaneo, & Gebhard, 2015).

These suggest that one in four gay men experience IPV in the form of rape, physical abuse, stalking, and/or psychological abuse with psychological abuse being the most common. IPV has lasting physical, psychological, and social consequences that extend beyond the end of abuse. Bartholomew, Regan, White, and Oram (2008) found that nearly 40% of survivors in their sample of gay men sustained less severe injuries like sprains and bruises and nearly 18% sustained severe physical injuries like broken bones or concussions. Although research with gay men specifically identifying psychological outcomes of IPV has yet to emerge, studies across all populations have identified many negative mental health issues with survivors. The Center for Disease Control and Prevention (CDC) identifies a myriad of mental health issues related to depression, anxiety, and post-traumatic stress (CDC, 2011). The CDC also cites research on negative social consequences such as withdrawal from social support, strained relationships, and even homelessness. From this, it is evident that the impact of IPV is a major concern to not just the field of mental health, but other systems as well.

## **Recovering from Intimate Partner Violence**

The issue of IPV within sexual minority populations has been under-researched, and the overall literature to draw from in this area is limited. Edwards, et al. (2015) reviewed research on IPV in sexual minority populations and found that most studies examined incidence and prevalence rates, with very few studies covering areas such as risk factors and characteristics of IPV, victim disclosure and help-seeking, victim outcomes, and the process of leaving abusive partners. Although it is important to understand all aspects of IPV to provide effective prevention efforts, treatment and recovery of those already affected has been a neglected area of research. More recent literature on IPV among gay men has included minority stress and IPV victimization and perpetration (Stephenson & Finneran, 2017), examining dyadic reporting of IPV among male couples (Suarez et. al., 2018), dyadic, partner, and social network influences on IPV within couples (Stephenson, Sato & Finneran, 2013) and sources of tension around masculinity in same sex relationships between men that experience IPV (Goldenberg, Stephenson, Freeland, Finneran, & Hadley, 2016). All recent research has been making way in understanding same-sex IPV itself. But as noted in the Edwards, et al. (2015) review, only two studies were found that were found looking at treatment. Both were case studies with one focused on alcohol abuse and the other on couples' therapy. The review did not find research on treatment specific to IPV with sexual minorities or on the process of recovery and as presented above, the more recent literature has not focused on recovery either.

One recent study has breached the topic of recovery as it briefly looked at coping strategies used by survivors after IPV (Olliffe, Han, Maria, Lohan, Howard, Stewart, & MacMillan, 2014), and others have only provided implications of how results that are tied to the

perpetration and victimization of IPV may impact treatment and recovery. Among this research, results have shed light on the similarities of IPV in sexual minority populations and heterosexual populations, as well as very distinct differences (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). The differences found have are related to general stressors that effect the sexual minority population overall know as minority stress. Minority stress faced by sexual minorities has been outlined in Meyer's minority stress model (2003). This model includes internalized stressors such as internalized homophobia, concealment of identity, and a person's perception of discrimination. External stressors are also included in the model, such as life experiences of discrimination, violence, and harassment, related to the individual's minority status.

Since the introduction of Meyer's model, research on the LGBT community has identified that minority stress alone is correlated with negative mental health outcomes such as depression and anxiety especially in relation to internalized homophobia (Newcomb & Mustanski, 2010). Meyer's concept of internalized homophobia is the experience of heteronormative attitudes and negative attitudes towards homosexuals imposed by society, which can be internalized creating a sense of self hatred, lack of identification with the homosexual community, and complications in intimate relationships (2013). This specific stressor has also been linked to IPV among gay men (Kubicek, McNeeley, & Collins, 2015). The specific stressors of external experience of prejudice and stigma consciousness (the expectation of being discriminated against by others) have also been examined in relation to IPV. In particular, survivors who conceal or partially conceal their identity to friends, family, and others in their close support system may be less likely to seek help following IPV due to perceived stigma and at times, perpetrators use "outing" the individual as a tactic of abuse (Carvalho et al., 2011; Ristock, 2005). Results of studies have suggested that

all of Meyer's identified stressors play a role in victimization, perpetration, and outcomes of IPV among gay men (Carvalho et al., 2011; Kubicek et al., 2015; Edwards et al., 2015).

Although studies have been able to link minority stress to IPV, the findings are limited to acts of victimization and perpetration without any literature looking at how minority stress then may continue to impact a survivor during their process of recovery. One factor unique to this population was around disclosure of their sexual orientation. It was found that this factor led to barriers for survivors in seeking help as they were hesitant in disclosing this identity and this may in turn impact recovery. It is also possible that internalized homophobia could present a host of issues in terms of recovery for gay males as they might frame an experience of IPV in terms of their negative self-view. But, with the limited research available on recovery among gay male survivors, we do not know the impact that these factors will have on the process of recovery. In treating gay male survivors, we cannot simply equate the recovery process with that of the heterosexual population. Just as IPV among LGBT individuals has been shown to have distinct characteristics, it is likely that recovery does as well. Links have been made to minority stressors and IPV, but specific pathways for recovery in gay men has yet to be fully explored. With a lack of understanding around the process of recovery, there is limited ability in creating effective intervention efforts that incorporate these distinct characteristics for comprehensive treatment for survivors.

The aim of the current study was to obtain a detailed account of the recovery process for gay men. This was examined through a phenomenological exploration of four personal accounts to capture the overall lived experience of recovery for gay male survivors. From this, the study provides a better understanding of how survivors conceptualize what recovery specifically means

to them and examines what the recovery process looks like through the participants meaningful descriptions of recovery. Salient themes were identified of what specifically facilitated and impeded their experiences of this phenomenon. Further exploration of data obtained also focused on how minority stress factors impacted the recovery process as these have been shown to be linked to IPV victimization and perpetration. Although not all gay men experience high levels of minority stress prior to IPV, it was hypothesized that minority stress would be found within the individual's experience of recovery. Even survivors with low minority stress must interact with larger systems outside their immediate support system following IPV that in turn may subject them to experiences of discrimination increasing or even just illuminating minority stress.

For this study, four subjects participated who were 18 years or older, cisgender men who self-identify as gay, experienced an act of IPV, and were out of the abusive relationships for at least a year. By setting such a time frame, it allowed for a retrospective account of what helped individuals and what barriers they faced. Participants were able to reflect on the process beyond the immediacy of the crisis experienced shortly after IPV has occurred. IPV was defined as an act or acts of physical, psychological, and/or sexual abuse by a person in the context of an intimate relationship. The forms of abuse followed the uniform definitions of physical violence, sexual violence, and psychological aggression set forth by the CDC (Breiding, Basile, Smith, Black, & Mahendra, 2015). Intimate partner also followed the uniform definition set forth by the CDC to encompass multiple close personal relationships that are intimate in nature (Breiding et al., 2015).

It was the researcher's hope that the results of this study could build upon the current literature that has illuminated unique characteristics of IPV in this population by examining how

recovery happens for gay men and identify possible different factors in recovery among this population in comparison to existing models of recovery. Through a thorough understanding of the experience of recovery, the results obtained can be used to inform the development of more effective methods in treatment with gay male survivors, work to develop culturally sensitive supports, and provide paths for future research in this area as well.

## Chapter 2: Literature Review

Historically, research on intimate partner violence has been focused on heterosexual populations, addressing female survivors in opposite sex relationships. Only recently have efforts been made to highlight the issue within the LGBT community and these have been very limited in its scope. Furthermore, the issue among male survivors, both in the heterosexual and homosexual populations, has been neglected. The goal of this section is to highlight what research has been done in way of IPV with gay male survivors, the connections of minority stress to IPV, and finally what we currently know about recovery that in turn sets the stage for the questions that were explored by the current study.

### **Overview of IPV**

#### **Theories of Domestic Violence**

To provide context to characteristics of IPV, we can look at two of the major theories on the cycles and characteristics of abuse. The first important theory to consider regarding IPV among gay men is the cycle of violence theory that provides context to the current study. The cycle of violence theory was developed in 1979 by Lenore Walker which works to explain why and how behaviors used by perpetrators may change over time. With this, the theory aims to provide further understand of why IPV victim continues to experience different violent situations. The cycle consists of six different stages including the buildup phase, the stand over phase, explosion, the remorse phase, the pursuit phase, and the honeymoon phase. In the buildup phase, relations among partners begin as usual but increased amounts of tension enter and can include increased verbal, emotional, or financial abuse. In the stand over phase, the behavior of the perpetrator becomes escalates to a point of needed release of the tension. The victim in this

stage may feel that they are “walking on eggshells” and is afraid that anything that they will do will cause the situation to worsen. The explosion phase is the peak of violence in the relationship. “It is the height of abuse by the person who uses violence to control and have power over others.” The perpetrator experiences a release of the built-up tension which in turn may become addictive leaving little room for their anger to be expressed in ways other than violence. In the remorse stage, the perpetrator reflects on their actions and typically feel ashamed for what they have done. They tend to “retreat or withdraw from the relationship.” They also begin justifying their actions. In the pursuit phase, the perpetrator often promises the victim that they will never commit the behavior again. They may try to make up for what they have done in this phase and begin to blame other stressors in life for the escalation. The honeymoon phase follows and is characterized by both partners in the relationship engaging in denial around how bad and violent the abuse was. Both partners at this point do not want to end the relationship, so they tend to ignore the possibility that violence may occur again in the future. After some time has passed, the honeymoon phase will fade off and the cycle begins again with the buildup stage.

Another prominent theory in IPV is the power and control wheel, or the Duluth Model, developed by Ellen Pence and Michael Paymar (1993). The model demonstrates the domestic abuse involves a variety of behaviors, including sexual and physical violence against a partner. Beyond these forms of abuse, the wheel demonstrates other behaviors used by a perpetrator to maintain power and control over the partner including the following: using intimidation, using coercion and threats, using emotional abuse, minimizing/denying/blaming, using isolation, using male privilege, using children, and using economic abuse. All the behaviors tend to occur simultaneously as tactics by the abuser. It is asserted that the abusive behavior of the partner is not random but calculated and intentional in maintaining power. The behaviors outlined in this

theory occur across the different phases of the cycle of violence presented above in effort to maintain power and control over the partner.

These theories give an explanation into how violence occurs and continues and the ways in which it manifests in relationships. In thinking about recovery, the information in the two theories provide a foundation of how specific negative psychological impacts occur that in turn become obstacles to overcome in process of recovery. Although this study does not focus nor specifically ask for details around the actual occurrences of abuse, you can see various aspects of these models manifesting in the process of healing from IPV.

### **Risk Factors**

Studies indicate that one major risk for experiencing violence within intimate relationships is “previously experienced violence in childhood and adolescence” (Flury & Nyberg, 2010). In a systematic review of 228 studies on the risk factors for IPV (Capaldi, Knoble, Shortt, & Kim, 2012), studies consistently found specific demographic variables to be risk factors. The first variable is age where the risk for IPV decreased significantly as age increases. Education was found to have associations as low education status increases risk. Race and ethnicity are another risk factor as being a member of a minority group increases the likelihood of victimization. More specifically, African American and Hispanic couples had an incidence rate that is two times higher than that of Euro-American couples. Stress overall appeared to play a significant role in the probability of occurrence particularly around financial and community stress. One interesting risk factor that emerged in the review of these studies was “association with deviant peers.” Individuals who associate with deviant peers as an adolescent strongly predicts problem behaviors in the individual including aggressive and violent behaviors in general. It seems that exposure to attitudes that normalize the use of dysfunctional behaviors

increases the likelihood of later perpetration of IPV. Exposure to violence in the family home as previously stated increased the risk for individuals but another interesting factor found was the presence of bullying experiences. Those who reported bullying during the child and adolescent years showed the highest levels of dating violence victimization.

Regarding psychological and behavioral risk factors, women who experience symptoms of depression are more likely to be victimized in relationships. Although it was unclear to why this is a factor, some evidence suggests that low self-esteem often leads to attitudes of normalizing the violence experienced as they struggle with their self-concept and at times believe they are deserving of the abuse. Alcohol and substance use disorders is significantly associated with IPV victimization.

### **Effects of IPV**

Judith Herman (1992) speaks extensively on the various issues for survivors of IPV. She describes the experience of abuse as “unspeakable” as survivor’s natural inclination is to “deny horrible events.” The secrecy of the trauma does not necessarily surface as a “verbal narrative but as a symptom.” These psychological symptoms are characteristic of the recovering survivor and often include numbing and reliving of the event.

In looking at research on intimate partner violence, there are many short-term and long-term effects on the psychological well-being of survivors. Some of the short-term difficulties experienced include a range of intense emotions such as fear, confusion, and anger. Some people respond initially to trauma with numbing of emotions and tend to not feel much of anything (Delara, 2016). Some of the well documented long-term effects include Post-traumatic stress disorder which include symptoms like flashbacks, intrusive thoughts, difficulty remembering things, negative thoughts about the self, difficulty sleeping, exaggerated startle response angry

outbursts and general tension or feeling on edge (Delara, 2016). Aside from PTSD, other psychological disorders are also associated with trauma including depression and general anxiety. Other mental health difficulties such as low self-esteem or questioning of sense of self and suicidal thoughts or attempts have been found because of abuse as well. In terms of further emotional effects of IPV, many survivors struggle with feelings of hopelessness, feeling unworthy, discouragement around the future, an inability to trust, and little motivation. The high levels of stress experienced by survivors both in the duration of the abusive relationship as well as stress exhibited following separation has been shown to exacerbate any chronic health conditions they may already had. Furthermore, compared to the general population, survivors are 15 times more likely to use alcohol and other drugs in effort to self-medicate.

Some other effects found as a result of IPV include difficulties not only around the sense of self but of the individual's overall worldview and outlook on life. Many survivors feel damaged or unworthy of a better life. The violence at the hands of a person they loved compromises the individual's sense of safety and security in relationships with others. This leads to significant difficulties in trust which can negatively impact all interpersonal relationships in the person's life. They may begin to feel unmotivated and empty with a reluctance to reaching out to others as this seems like it is not worth the effort. (Herman, 1992).

## **Intimate Partner Violence Within the Gay Male Population**

### **Problems in defining IPV**

One major concern that has been identified across studies on IPV is the varied definitions of abusive acts that constitute the term. In a review of 28 articles specific to IPV among gay men, it was found that 16 different definitions of violence were used as well as a variety of scales to measure violence that have only been validated on the female population (Finneran & Stephenson, 2013). The varied results found by the studies may be attributed to the lack of uniform definitions and ways in which violence is measured. Reviews of research among the LGBT population as a whole have found prevalence rates to vary from 1% to 97% depending on the form of abuse examined, how it was defined, and the tendency to aggregate different types of abuse into broader categories ultimately influencing the rates reported (Edwards et al., 2015). The CDC has been the first survey to try to examine IPV in more detail by delineating forms of abuse to provide a comprehensive view of prevalence (Walters et al., 2013).

Aside from how violence has historically been defined and measured, another problem exists in simply identifying what constitutes an intimate partner involved in the violence. Prior research has defined the intimate partner as a person with whom the survivor was in an intimate same-sex relationship; a partner, a lover, a boyfriend, and perpetrator of IPV among many others (Carvalho et al., 2011; Oliffe et al., 2014; Stults, Javdani, Greenbaum, Barton, Kapadia, & Halkitis, 2015). These terms can have loaded meanings, and how they are utilized may vary from individual to individual. Simply asking subjects if they are/were in a same-sex relationship poses other challenges. Individuals will vary on their perception of the term “relationship,” possibly excluding individuals who have experienced violence. Also, the evolution of terms around what

constitutes a "partner" occurs across time, and how individuals describe relations with one example being the term "dating" in describing a wide range of possible relations from a partner to simply an acquaintance (Breiding et al., 2015).

Recognizing the problem of varied definitions of IPV, as well as “intimate partner” in existing research, the CDC has developed uniform definitions of terms for public health (Breiding et al., 2015). These are comprehensive in their characterization of aspects that comprise the overall category allowing for not only more precision in selecting terms, but the representation of the large variety of violence that occur and the types of relations they occur in. This study defines the terms of intimate partner and intimate partner violence using the CDC's uniform definitions (Appendix A). It is the hope of the researcher that utilizing terms in this way across research on IPV in all disciplines will not only create better continuity across studies, but will also bring awareness and recognition to the wide array of behaviors that constitute violence in a community where even the most severe forms are often overlooked, marginalized, and/or normalized.

### **Parallels with heterosexual IPV**

Studies examining IPV among sexual minorities demonstrate multiple common factors with IPV in the heterosexual population. A comprehensive review of the extant research on LGB populations examining 96 empirical articles revealed many commonalities (Edwards et al., 2015). Both populations share multiple identified risk factors for victimization that were present regardless of whether the form of violence was physical, sexual, or psychological. Shared risk factors for victimization included: “racial minority status, lower socioeconomic status, younger age, deaf or hard at hearing, substance use/abuse/dependence, low self-esteem, risky sexual

behavior, victim blaming attitudes, lack of power in relationships, attachment anxiety, HIV+ status, child abuse, witnessing IPV as a child, victimization in peer networks, psychological and physical health problems, history of sex work, and history of incarceration” (Edwards et al., 2015). The commonalities of risk factors also extend to the perpetration of IPV as well and included “interpersonal problems, greater conformity to masculine norms, less secure attachments, greater psychological distress, more substance use/abuse/dependence, general aggressiveness, suppression of emotional vulnerability, high need for control, low socioeconomic status, less education, racial minority status, low self-esteem, more stress, HIV+ status, unprotected sexual intercourse, child abuse, exposure to IPV as a child, disordered personality characteristics, and poor relationship quality” (Edwards et al., 2015).

Characteristics of IPV were also similar in that physical, sexual, and psychological abuse tend to be bidirectional among partners meaning that both partners engage in violence against one another. However, it is important to address that in most cases there is a primary aggressor committing the violence and retaliation is often used by the other partner in forms of self-defense (Edwards et al., 2015). However, this may in turn look different for same sex relationships. As IPV in opposite sex couples is largely framed on men as the primary aggressor and the female as the victim, distinguishing between perpetrator and victim becomes much more complicated for same sex couples where it may be difficult to determine which is the primary aggressor.

The parallels suggest that many important aspects of IPV may be universal. With many commonalities across populations, can we equate the experience of the trauma and subsequently the recovery process of gay men to that of the survivors of opposite sex relationship survivors? Current models of recovery based on research with heterosexual populations may in fact account

for this process in gay men. However, recent research has suggested very distinctive differences in sexual minority populations and further differences among gay men in domains of IPV. This provides evidence that despite commonalities that on the surface appear universal across populations, distinctive differences impact the experience of IPV and may also alter the process of recovery as described by current models. This study's objective was to provide a thorough examination of the recovery process among gay men to determine whether or not models of recovery could be applied to this population as well as to highlight the salient differences identified in recent research in their interaction and impact on the process.

### **Distinctive differences in IPV among gay men**

One main difference found between the two populations is the function of the violence in abusive relationships. Across the literature on the heterosexual population, studies describe violence in opposite-sex couples as being an *instrumental* behavior. The male perpetrator's behavior is characterized as an effort to exert control over the partner (Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006). However, Stanley et. al. (2006) found a difference in the function of perpetration among gay men. In this study, 69 gay and bisexual men were randomly selected from a community sample who reported at least one episode of abuse. They were interviewed to explore their intimate relationships around episodes of violence. The results indicated that the function of the perpetration of violence in male same-sex relationships found it to be *expressive* in nature, as violence was either used as a means to resolve conflict or was a result of attachment fears (Stanley et al., 2006).

Studies looking at disclosure of IPV found that although LGB individuals shared commonalities in help seeking behaviors with their heterosexual counterparts, some differences

were found among gay men. Both populations are more prone to disclosure to informal supports such as friends and family rather than to formal supports such as the police. When reporting to formal supports is found, this type of disclosure tends to occur at similar rates in both populations. However, Kuehnle and Sullivan (2003) looked at differences in disclosure to the police between lesbians and gay men. This study examined 119 reports to an agency on IPV and reviewed the transcripts of the reports of gay men and lesbians who were 18 years or older. The researchers found that less than half of gay men in their study reported IPV, while 60% of lesbian women reported IPV to the police. Further analysis of disclosure in the LGB population therefore uncovered a distinctive difference among gay men and may be explained by many factors. With this, gay men are not a homogenous group and there are significant differences within the group itself that may impact disclosure to informal supports let alone to formal supports like the police. One example of this is level of "outness" for the survivor. Disclosing and obtaining support for an IPV survivor also hinges on the fact that they are open about their sexual orientation and with who. For some who are out to only a few people, they are the only few that they can draw on for support. This is further complicated with taking legal action like contacting the police. Overall, the reluctance to report incidents of IPV among gay men is also consistent with the literature on heterosexual males who experience IPV. In Barber's (2008) review of the literature on male domestic violence survivors, heterosexual men are less likely to report violence and suggests a larger societal issue in the view of domestic violence. Men are often subject to prejudice when reporting IPV as this has largely been framed as a women's issue. Men find it hard to see themselves as victims of abuse as society characterizes men as "physically and emotionally stronger than women" perpetuating the fear that disclosure of abuse will be perceived as being weak and will be ridiculed. The inability to identify as a victim of

abuse also holds true for gay men, as they are subject to the same socialized gender norms. Identification is further complicated by their minority status as IPV is not just seen as a women's issue but is also socially framed as a heterosexual issue. A study exploring young gay men's experiences with IPV found a consistent theme that IPV was believed to be less of an important issue among gay men in comparison to opposite sex relationships. This study utilized qualitative data collected from 11 focus groups with 86 men who have sex with men and 26 individual semi-structured interviews that were used to understand relationship challenges and the experiences involved in IPV. Participants viewed heterosexual IPV as an important issue but saw IPV in same-sex relationships as normalized and used the saying "boys will be boys" in describing the violence experienced (Kubicek, et al., 2015). The authors found that this normalization of violence in their relationships was reflective of their perception of the "point of view of the larger society." Disclosure literature also has found that LGB victims in general cited the following reasons for not seeking formal support: lack of LGB tailored services and concern that services will not be sensitive to LGB issues, not being out in terms of their orientation, a felt sense of the LGB community silencing the issue of IPV, overall "distrust in providers", concerns of being labeled as the perpetrator because of acts of self-defense, feeling shame around the issue of same-sex IPV, and concerns that their experience would not be taken seriously (Edwards et al., 2015). Many of these reasons were found to be true among the participants in this study.

The perception on IPV within the community itself also plays out in relationships where IPV develops. Goldenberg, et al. (2016) conducted focus group discussions with 64 gay and bisexual men in Atlanta, Georgia ages 21 – 47 to gain a better understanding of the community's views on tension in same sex relationships that may create factors that perpetuate or trigger IPV. The analysts completed a thematic analysis, using elements of grounded theory to examine the

data obtained from the focus group discussions. From their study, participants responses uncovered six themes that they believed cannot only create tension in same sex relationships but are precursors to violence between partners. One theme that emerged was related to gender roles and gender role conflict in relationships. Results indicated that men find aggressiveness, dominance, and anger to be acceptable and at times expected among their gender regardless of sexuality. These perceptions and expectations for their gender were believed to make it difficult to even recognize and address IPV in gay relationships. The frame of discourse around IPV in society is slanted towards this being a women's issue and it would go against concepts of masculinity to except certain aggressive and violent behaviors in relationships as abusive. Participants identified concepts of masculinity as creating problems in identification as being abused since men are believed to have the ability to fight back and defend themselves to prevent being perceived as weak. This further perpetuates the silencing of the issue within the gay community at large as the socialization of gender norms makes identifying as being abused for a male as un-masculine.

Participants in this study also identified tension stemming from unclear gender roles and expectations for behaviors as a same-sex couple. They noted that there is often a power struggle of who is the "alpha" in the relationship. Members in the focus group felt that power struggles exist in relationships around financial status, education, occupation, sexual positioning, and a general sense of who is the "leader" of the household. The socialization of masculine gender roles can create tension, and possible violence, as each member struggles for power within the relationship. Gay men often do not know how to negotiate roles within a relationship that is often perceived as invalid and a violation of normality. Men in the groups felt that violence often emerges from these struggles and is used to manipulate the other partner to maintain the power

status or “being the alpha” in the relationship. Furthermore, the victim of the abuse struggles with identifying the abuse, experiences shame around feeling weak, and is reluctant seek help from others for fear of dismissal of the abuse due to their gender. IPV survivors in opposite sex relationships also experience shame around their abuse, but this is particularly impactful for gay male survivors as they also fear bringing more biases projected by society into their relationships as well as general stigma. Experiences of shame and feeling weak were also found to be true among survivors within the current study.

These perceptions and differences among gay male survivors reflect the most salient and well documented factors in IPV that differ from experiences of IPV in the heterosexual population. One major factor that impacts IPV among gay men is the role of their sexual minority status. As members of a sexual minority population, gay men are subject to minority stress. Meyer (2003) states that minority stress is the exposure to excess stress as a result of a person's social position in regard to their membership of a stigmatized and marginalized group. A minority individual is subject to conflicts "because dominant culture, social structures, and norms" do not reflect those of the marginalized group. The interaction of the minority individual and the dominant culture creates stress as they are subject to prejudice and discrimination. As such, their own process of social comparison adds stress as the experience of negative regard from others creates negative regard for the self.

Recent research has identified minority stress factors to be associated with IPV among gay men. Stephenson and Finneran (2016) conducted a study of 750 gay and bisexual men in Atlanta, Georgia who were age 18 or older. Data was collected through an online survey and responses were coded into factors of IPV and factors of minority stress. The results confirmed

earlier findings that there is a significant relationship between minority stress and increased prevalence of IPV among men who have sex with men. “The negative outcomes associated with minority stress (e.g., drug use) are known to be linked to increased risk for IPV, and therefore, it seems reasonable that the experience of minority stress may also lead to increases in IPV through creating tension, poor communication, lowered self-esteem, and the adoption of maladaptive behaviors in relationships” (Stephenson & Finneran, 2016). Below is a more detail explanation of sexual minority stress and its role in IPV among gay men.

Meyer (2003) argues that sexual minority individuals are subject to three processes of minority stress comprised of external "stressful events and conditions," "expectations of such events and the vigilance this expectation requires," and "the internalization of negative social attitudes." The external factors are distal processes experienced by LGBT individuals that are actual exposure to violence, discrimination, victimization, and prejudice by others because of their disclosure of identity. These types of experiences in turn result in stigma consciousness, or the expectation of rejection, that may result in the concealment of one's sexual identity. The third process is often labeled as "internalized homophobia" or "internalized homonegativity." This is the experience of heteronormative attitudes and negative attitudes towards homosexuals imposed by society that are then internalized or directed inwards creating a sense of self hatred, lack of identification with the homosexual community, and complications in intimate relationships.

Bartholomew et al. (2008) conducted a study of 284 gay and bisexual men ages 20 to 71 in Vancouver. The study used a phone survey asking participants questions around incidences of abuse and risk factors around victimization. Regarding risk factors for victimization and perpetration, this study found that identity disclosure was a factor associated to victimization. An

increased risk for physical and psychological violence was correlated with being more "out" about their identity. Carvalho et al. (2011) conducted a study with 581 gay men and lesbians who completed various questionnaires around IPV incidence, outness, among others. This study found the same result as well. A possible explanation offered by both researchers was that those who are open about their sexual orientation have been in same-sex relationships for a longer period compared to those who conceal their identity and therefore are more likely to have experienced IPV. Carvalho et al. also found that "greater expectations of prejudice and discrimination" were associated with IPV victimization. The external experiences in Meyer's minority stress model (2003) as well as stigma consciousness may be an explanation of the perception of IPV among gay men being normalized and often minimized as a problem.

Stults et al. (2015) conducted a study of young men who have sex with men in New York examining minority stress variables through various assessment instruments. Internalized gay-related stigma was associated with victimization while experiences of public gay-related stigma was associated with perpetration. Although studies could only determine these as correlates to IPV and not establish causality, the results found with victimization among survivors reflect that internalized homophobia may be perpetuated by IPV. The survivor's experience may be internalized as they attribute the violence to their own inner negative perception of their identity further perpetuating a negative self-image. Violence can again be minimized as a problem with the inward association of not only what is expected of others, but the individual's view of themselves being somehow defective in comparison to the norms of the dominant culture.

### **What is Known About Recovery From IPV**

What is recovery exactly in relation to IPV? This is an interesting question to consider when thinking about the healing process from abuse in intimate relationships. Some conceptualizations throughout research studies are very symptom driven and recovery is generally seen as resolving symptoms from mental disorders resulting from abuse like PTSD, depression, anxiety, and more. However, we know that aside from symptomology resulting from abuse, there are significant alterations to a survivor's worldview and their view of relationships with others. If symptoms related to mental health disorders resolve, would this mean a person has recovered when there are still negative impacts around trust of others and the person's overall preconceptions of the future and the world around them? And how would a survivor themselves conceptualize recovery when violence in relationships touch on and impact nearly every area of a person's life? This researcher believes that there is no clear-cut definition of recovery, but it is more of an ambiguous concept incorporating the concepts above along with the individual's perception of their healing process. In fact, recovery may also be a very fluid process with steps forward and steps backwards depending on the individual's personal experiences as they navigate their life after leaving an abusive relationship.

Just as recovery among gay men has not been a focus in research, there is a gap in the research on IPV recovery in general. With research on violence in relationships being historically focused on the experience of women in abusive opposite-sex relationships, the information that is provided has been constructed primarily on concepts of violence toward women being an effort to exert power and control. Research on IPV among gay men, as described previously, suggests violence is often used in an expressive way in resolving conflict or a function of

attachment fears. With the focus on the motivation of violence being instrumental versus expressive, what is offered in research may not be as applicable to the experience of recovery of gay male survivors. However, it is apparent that they do share many similarities in their experience of violence, and it is possible that recovery may also align with what is known on recovery from trauma with women or trauma in other areas. The current conceptualizations of recovery may explain this process in gay men, or only certain aspects of it. With little to no research looking at the recovery process among gay men survivors, there is no foundation in which to examine this phenomenon. The results of this study were compared to what is known on recovery from trauma in the literature to determine similarities and differences in an effort to conceptualize recovery for a better understanding of the overall process that may inform future work with this population. However, it is important to examine these models with differential characteristics in mind to have a general understanding of IPV recovery that may be applicable to the process for gay men survivors. The following were examined for commonalities that may provide a base for understanding this phenomenon:

### **Current Models of Recovery**

Although the process of recovery from past IPV has not been a focus in research, a few phenomenological studies have been conducted that provide early models based on common themes found among participants. These models provide context for the current study.

***Wuest and Merritt-Grays' stages of recovery.*** Wuest and Merritt-Gray (1999; 2001) conducted a series of studies to construct a model by which female survivors experience recovery from IPV. Unstructured interviews of 15 Caucasian women in Canada were conducted and analyzed through a grounded theory feminist theory perspective. Their studies with female

survivors of abusive opposite sex relationships aimed to explore the process of recovery from IPV, which uncovered similar themes across participants within their experiences. From their results across studies, the researchers construct the model of "reclaiming of the self." Their results suggested that process of recovery occurs through internal and external processes by which the individual reestablishes their sense of self as well as the relationship with the world around them through what they label as "not going back" and "moving on" (1999, p. 116). In the initial stage of "not going back, survivors must set boundaries to establish themselves as separate and protect themselves from not only the abusers, but also from other individuals and systems that could possible result in further victimization. Survivors begin to see themselves as separate from the abuse through constructing and upholding aspects of life on their own. In the stage of "moving on," they suggest that survivors begin to consider the abuse in context and reflect on the many aspects of their experience (2001). They explore new relationships and build new positive relations. From this point, survivors establish a sense of moving on from the trauma reclaiming themselves as establishing their lives away from the abuser and no longer feel defined by either the abuse or the identity of a survivor.

*Farrell's themes in healing from IPV.* Farrell (1996) conducted a qualitative study of seven women survivors recovering from abusive relationships with men utilizing a phenomenological approach to examine the recovery process for participants. The study uncovered four themes among participants in their process of healing. The summarized themes as follows:

*Flexibility* involved acknowledging the past, modifying boundaries in relationships with others, and increasing one's resiliency and self-awareness. *Awakening* involved a process

of realizing one's ability to make choices and move toward inner strength and peace. The *relationship* theme centered on participants' ability to integrate their sense of self, connect with others, and restore their ability to trust. Finally, the *empowerment* theme addressed participants' abilities to make choices for their lives and move toward personal accomplishments.

***Smith's stages of recovery from past IPV.*** Smith (2003) conducted an existential-phenomenological study of 15 women who were interviewed about their recovery process from IPV. The interviews were analyzed using a hermeneutic process to examine the journey of healing from IPV. Results of the study indicated three interconnected phases of healing. In the first phase of *The Abusive Past*, survivors reflected on the abuse they endured, the meaning of the experience for them, and what finally made them leave the abusive relationship. The second phase centered around the *Struggles* faced as they moved past the abuse. Within the struggle to free themselves, women had to face the experiences of leaving the abusive relationship, asking for and accepting help from others, establishing a sense of freedom, grieving the losses associated with the abuse and leaving, confronting regrets, and dealing with resulting emotional pain. The third identified phase of *Healing/Growth* described how women began to regain self-compassion and taking on the personal responsibility of recovery. Themes within this phase demonstrated that survivors recognize that recovery involved the support of others, but ultimately is an individual choice that had to be made to move past the abuse.

***Allen and Wozniak's rites of passage model.*** Allen and Wozniak's (2011) utilized interviews and focus groups with female survivors of IPV to understand the conceptualization of healing from abuse. From the results, the authors proposed a three-phase model of healing. In the

first phase of *Separation*, survivors began to move beyond ways of living associated with the abuse. The second phase of *Liminality* centered on the survivor's experience of uncertainty. In this phase, survivors re-evaluated the different roles and relationships that they hold in life. Once this occurs, the survivors move into the third phase of *Incorporation* where they integrate their experiences as a whole and emerge with a new-found identity.

*Hou et al.'s reconstructing the self-model.* Hou, Ko, and Shu (2013) examined the recovery experiences of eight Taiwanese women after terminating abusive relationships through semi-structured, open-ended, in-depth interviews. Researchers found that the essence of recovery itself was Reconstructing the Self and was comprised of four themes. In the first theme of *Feeling Shame*, the survivors experienced a period of shame around the suffering experienced and the termination of the relationship. The survivor characterized the second theme of *Creating Mastery* "equipping themselves by increasing their abilities, readjusting their attitudes, being flexible, and acquiring autonomy in their daily lives" (p. 163). In the third theme of *Recognizing the Imperfect Self*, the survivors became aware of and valued their process of change. They became aware of their own personal limitations and accepted the own imperfections. The final theme of *Embodying the Self by Helping Others* was characterized by the survivors expressed need to establish a sense of self-worth by building a significant life.

They embodied the self through the process of helping others. In the process of recovery, participants sought to share experiences of change in their lives as one way to provide others with the type of support that they needed. The affirmation of others was a source of self-worth for participants. Participants hoped they had the ability to help others even though they were not wealthy. p. 166

*Flasch, Murray, and Crowe's interpersonal and intrapersonal processes of recovery.*

Flasch, Murray, and Crowe (2015) conducted a phenomenological study with 123 female survivors from diverse backgrounds to provide a more generalizable understanding of the “lived experiences” of these individuals and the process of recovery from abuse. Results indicated the two multifaceted processes of the *Interpersonal Process* and the *Intrapersonal Process*. In *Intrapersonal Processes of Overcoming Abuse*, seven categories emerged from the participants’ experiences. Categories included *regaining and recreating one’s identity, embracing the freedom and power to direct one’s own life, healing from the mental and physical health symptoms of the abuse, education and examination of abusive relationships, fostering acceptance and forgiveness with self and abuser, determining whether and how to enter new intimate relationships, and acknowledging the long-term process of overcoming abuse* (p. 13-19). In the *Interpersonal Processes of Overcoming Abuse*, the survivors navigate recovering from abuse through *building positive social support and relationships and using one’s experiences with abuse to help others* (p. 19-20).

In summary, although the research is scarce on recovery overall, the models and conceptualizations of recovery offered are an initial step in understanding the process. Although the above models use different terminology and some are more comprehensive than others, many similarities exist across models. Table 1 below highlights key themes across the different models that will aid in the understanding of recovery and subsequently provides key aspects to look at the data found in the study through different lenses to better understand recovery.

**Table 1***Summary of Key Aspects*

<b>Model</b>	<b>Key Aspects</b>	<b>Shared Themes</b>
Wuest and Merritt-Grays' Stages of Recovery	<p>Reclaiming of the self (seeing oneself as separate from the abuse).</p> <p>Seeing abuse in context and reflection on their experience.</p> <p>Exploring new relationships and building new positive relations.</p> <p>No longer feeling defined by abuse or as a survivor.</p>	<p>Reflecting on abuse experienced.</p> <p>Concepts of the self.</p> <p>Positive social support and interpersonal relationships.</p>
Farrell's Themes in Healing from IPV	<p>Acknowledging past, modifying boundaries in relationships, and increasing resiliency and self-awareness.</p>	<p>Reflecting on abuse experienced.</p> <p>Concepts of the self.</p> <p>Positive social support and interpersonal relationships.</p>

	<p>Ability to make choices and move toward inner strength and peace.</p> <p>Integration of sense of self, connect with others, restore their ability to trust.</p> <p>Increase in abilities to make choices in their lives and move toward personal accomplishments.</p>	<p>Freedom, power, autonomy, and empowerment.</p>
<p>Smith's Stages of Recovery from Past IPV</p>	<p>Reflection on abuse, its meaning, and decision to leave the relationship.</p> <p>Facing experience of leaving abusive relationship, asking and accepting help from others, establishing a sense of freedom, grieving losses associated with abuse and leaving, confronting regrets,</p>	<p>Reflecting on abuse experienced.</p> <p>Positive social support and interpersonal relationships.</p> <p>Freedom, power, autonomy, and empowerment.</p>

	<p>and dealing with emotional pain.</p> <p>Regaining self-compassion.</p> <p>Taking personal responsibility for recovery.</p>	
Allen and Wozniak's Rites of Passage Model	<p>Moving beyond ways of living associated with the abuse.</p> <p>Re-evaluation of different roles and relationships held in life.</p> <p>Integration of experiences as a whole.</p> <p>Emergence of new found identity.</p>	<p>Reflecting on abuse experienced.</p> <p>Concepts of the self.</p> <p>Freedom, power, autonomy, and empowerment.</p>
Hou et al.'s Reconstructing the Self Model	<p>Addressing experience of shame around suffering and relationship termination,</p> <p>Increasing abilities, readjusting attitudes, being</p>	<p>Reflecting on abuse experienced.</p> <p>Freedom, power, autonomy, and empowerment.</p>

	<p>flexible, and acquiring autonomy in their lives.</p> <p>Awareness of and valuing process of change through owning personal limitations and acceptance of own imperfections.</p> <p>Establishing sense of self-worth by building a significant life through helping others.</p>	<p>Using experiences to help others.</p>
<p>Flasch, Murray, and Crowes</p> <p>Interpersonal and Intrapersonal Processes of Recovery</p>	<p>Regaining and recreating identity.</p> <p>Freedom and power to direct one's own life.</p> <p>Healing from symptoms of abuse.</p> <p>Education and examination of abusive relationships.</p>	<p>Concepts of the self.</p> <p>Positive social support and interpersonal relationships.</p> <p>Freedom, power, autonomy, and empowerment.</p> <p>Using experiences to help others.</p>

	<p>Fostering acceptance and forgiveness with self and abuser.</p> <p>Determining whether and how to enter intimate relationships.</p> <p>Acknowledging long-term process of overcoming abuse.</p> <p>Building positive social support and relationships.</p> <p>Using one's experiences with abuse to help others.</p>	
--	--	--

This table shows key aspects of each theory as well as common concepts between theories.

In examining the models of recovery above, some commonalities can be seen across the different models. The first common theme centered around the survivor's reflection on the abuse experienced. This theme was primarily focused on the survivor acknowledging the past and creating some sort of meaning or understanding out of their experience and their separation from it. Another common theme found in most of the models revolved around concepts of the self. This theme centered on the establishment of a new identity or re-emergence of an identity and regaining their sense of self. The third common element across many of the models centered

around freedom, power, autonomy, and empowerment. The models emphasized a sense of self determination and being in control of one's life to move forward in the recovery process that restored the survivor's sense of power over their life. Another common aspect to the different models was consistent positive social support in the survivor's lives. The positive support mentioned was to help the survivor continue to work through recovering from the abuse but also some models emphasized even interpersonal relationships as safe ways to navigate relationships in general with a comfortable level of closeness and even boundary setting in new relationships. The last common theme was only mentioned in a few models but seemed to have had a profound impact for those in the studies. This theme centered on using their own experiences to help others where the survivors establish not only a connection with others that they are helping but also re-establish a sense of self-worth through the process as well.

Although the models share certain constructs, there are some differences across them that may highlight the need for further exploration of recovery in this population. This can especially be seen within Hou et al.'s model as cultural differences made an impact in how women conceptualized recovery and methods used to overcome abuse. This demonstrates that the process of recovery can be impacted by different cultural variables and as such will be important in understanding this process among gay men. By exploring the experience of recovery with gay male survivors, the results provide further supporting evidence of what has been found among women. It also demonstrates that the recovery process looks considerably different given the differences in IPV itself among this population as well as the impact of minority stress faced.

Factors within the minority stress model are prominent in IPV victimization among gay men and with minority stress being consistently associated with IPV victimization, it also plays a

significant role in how survivors recover from their experience of abuse. However, research has not yet examined the experience of the survivor after victimization or the possible impact of minority stress on this process. The neglect of this area in research is important to explore as one study examining the effect of IPV on sexual minority survivors found that they generally have poorer psychological and behavioral functioning compared to their heterosexual counterparts (Dank, Lachman, Zweig, & Yahner, 2014). It is possible that this may be a result of the added impact of minority stress and may have important implications in recovery for these individuals.

In addition to exploring the process of recovery overall, Meyer's minority stress model (2003) will be integrated into the current study's exploration to understand its potential impact. With little research extending beyond what has been presented, we have yet to understand how gay men survivors experience recovery. With the differences found throughout research in this area in just the act of IPV itself and the added role of minority stress, it was the belief of this researcher that recovery among gay men would share similar aspects of the processes in recovery with the heterosexual population, but would also have distinct important characteristics as well. It was hypothesized that findings of minority stress as a factor impacting risk for victimization, disclosure of abuse, and the perception of violence would shape the recovery process for gay men. With experiences of discrimination as well as expectations of stigma impacting these areas, gay men's recovery from IPV may be different in that further isolation from supports can occur leading to the individual seeking alternative ways in dealing with and moving past violence. Furthermore, the perception of lack of support from others may increase stigma consciousness that have detrimental impacts on interpersonal relationships with a perceived alienation from society and inability to rely on those closest to them. An increase in internalization of negative attitudes toward the self-regarding their identity may also occur and result in negative views of

the self-attributing violence to defects within themselves. Lastly, experiences of discrimination in general could fuel the above assumptions that will ultimately have a negative impact on the struggle to recover from abuse. It is hoped that the current study will further our understanding in the area of recovery from IPV in this population that may inform our approach to treating those who have been touched by abuse at the hands of their partner.

## Chapter 3: Methods

### **Phenomenological Study**

The experience of psychological recovery with gay male IPV survivors has been vastly unexplored. Prior research on same sex IPV has focused on identifying risk factors and components of IPV in understanding how it functions within this population, pointing to clinical implications and efforts for prevention. The research suggests that the experience of IPV with gay male IPV survivors has distinct characteristics, but without research on recovery itself we are left with little knowledge of this life experience. The current study utilized a phenomenological research strategy to understand the experience of psychological recovery in this population. The study also looked at information obtained to gain a further understanding of the way in which survivors conceptualize their experience of recovery, the role of minority stress in the experience, and worked to illuminate differences and similarities of our current understanding of recovery. A phenomenological approach was chosen for this study as it allowed the researcher to engage in a dialogical process with participants in order to reduce individual experiences to a description of the universal essence of life after victimization shared by the participants. This description allowed the researcher to describe “what” the participants experienced and “how” they experienced it (Creswell, 2013). This gave an in depth understanding of the shared experience identifying important elements of the phenomenon that can facilitate treatment with this population to increase quality of life, be used to inform the focus of future research, identify needs for specific services, and possibly inform advocacy and social justice efforts that will break the silence on this issue within the community.

## Participants

Purposive sampling was used to identify potential participants that were 1) ages 18 and older, 2) English speaking, 3) born in the U.S., 4) cisgender males, 5) identify as gay, 6) had experienced at least one instance of IPV victimization, 7) had been separated from the abusive partner for at least one year, 8) were not currently in an abusive relationship and 9) considered themselves recovered from trauma . The term of recovered used was intentionally chosen and not given much of a definition as one purpose of the study better understand how participants themselves define recovery from trauma and capture the essence of what this construct meant to them. This information was obtained via self-report. Five total potential participants contacted the research. One potential participant did not respond to future contact attempts and the remaining four participants met criteria and were enrolled in the study. Participants were recruited through various techniques explained below and participants were given the choice for an in-person or Skype interview with the researcher to conduct a 90-minute semi-structured interview.

As snow balling techniques are typically used in studies on sexuality, samples are restricted and may be biased as individuals are pulled from counseling sites, LGBT organizations, and support groups (McCormack, 2014). This creates some level of sampling bias as individuals selected in this way are not always representative of overall sexual minority populations. This approach may also impact the data collected as individuals who have experienced IPV selected from typical counseling and support groups may differ from the overall population in help-seeking behavior, their experience as they have had access to specific services, and other possible factors that makes their experience of psychological recovery different from that of the general population of gay male IPV survivors. This study hoped to

understand this phenomenon as it occurs among all members of this group. Therefore, recruitment needed to be innovative in its effort to obtain a more generalizable sample. As the literature above has demonstrated, many minimize their experience of IPV or simply don't acknowledge it as violence in general. With this, the nature of the study was to do a 90-minute interview face to face, which potential participants could see was more intensive than a questionnaire and would be required to discuss in length their difficult experience. Given the difficulty in obtaining participants from a marginalized population who also identify as survivors of IPV, recruitment was difficult and required multiple methods of obtaining participants.

The first method of recruitment was an attempt to obtain participants through various social groups on Facebook and other social affinity groups like MeetUp Chicago. A general description of the study was posted on identified groups and potential participants were asked to contact the researcher via email or by phone if interested in participating. The third method of recruitment was posting flyers in public areas where gay men frequent in Chicago. Flyers included information about the study along with methods of contacting the researcher. For this method, flyers and smaller handouts were also given to different LGBT social centers across the United States that agreed to post information.

Along with information about contacting the researcher, a study website ([www.dempseyyoung.com](http://www.dempseyyoung.com)) was created and published information describing the nature of the study as well as informed consent. In all methods described above, interested individuals were encouraged to visit the website to obtain more information on the study. After contact was made with the researcher, the potential participants were contacted via phone or email to determine willingness to participate, screen for criteria, answer any questions or concerns, and discuss

availability for an interview. Three participants responded after seeing the website and one participant was encouraged to participate by another participant who knew them.

### **Setting**

Of the four participants, one elected for an in-person interview. To ensure the comfort and confidentiality of the participant, the in-person interview was conducted in a private room at The Chicago School of Professional Psychology. This location was ideal for multiple reasons. First, the location was easily accessible via car and public transit. Second, the room was comfortable, quiet, and free of distractions that allowed for the researcher and participant to remain fully present in the interview process. For the three participants who chose a Skype interview, the researcher and participant discussed the best times and locations for the participant to engage electronically that would be private, would ensure confidentiality of what they would share, and free from distractions.

### **Procedure**

When the potential participant contacted the researcher, a brief phone interview was conducted in order to screen for criteria needed for participation (Appendix B). If criteria were met, the researcher and the participant agreed on the time and setting of the interview. The need for confidentiality was also explained and the participant was given an individualized code in the event that they would need to contact the researcher again prior to the interview. Interviews were carried out through digital tape recordings with each individual participant. Before the interview began, the researcher explained informed consent including the following general elements: an explanation of the study, the expected duration of the participants involvement, a description of procedures, description of any foreseeable risks and possible discomfort for the participant, benefits of the research to society and possibly to the participant themselves, description of how

confidentiality would be maintained, information on individuals to contact regarding any questions about the research or the participant's rights as well as contact information in the event of any injury incurred from the research process, and finally the participants rights to refuse participation or withdrawal of information at any time. Once informed consent was obtained, the researcher proceeded with general rapport building questions to obtain a sense of comfort for the participant. The researcher asked general questions and encouraged the participants to describe their stories about the experience of psychological recovery following the occurrence of IPV (see Appendix C). The researcher used an informal dialogue approach toward the interview to ensure room for the elaboration of everyone's experience to obtain a rich and full description. To this end, the questions within the interview served as a simple guide to navigate the conversation and the researcher had the flexibility to probe further if necessary. Interviews were intended to last roughly 90 minutes with each participant. However, the total length of the interviews varied between the participants. The lengths of the interviews were roughly: 40 minutes, 60 minutes, 70 minutes, and 90 minutes.

Following the interview, the researcher debriefed the participant and asked about their experience during the interview as well as inquired about their general state to ensure that recalling their experiences related to the traumatic event did not create distress that needed to be addressed. If emotional distress occurred after completing the interview, participants were given referrals to services and resources they could utilize as well as information on how to contact the researcher and the dissertation chair if problems arose later (see Appendix D). After the conclusion of the study, no participants reached out to the researcher or chair for further help.

Confidentiality of the participants was maintained by eliminating any identifiable information that tied the participant to the study. The researcher only used identifiable

information provided from initial contact to set up the interview. Once each interview was arranged, this information was immediately destroyed, and each participant was assigned a random code. At the start of each interview, participants were identified on the digital recording by their assigned code and informed consent was given over the recording prior to the interview to eliminate the need for consent forms that could have identified the participant. The recordings were immediately transferred to a password protected computer and permanently deleted from the recording device. The researcher was the only individual with access to recordings in order to transcribe the interviews. In transcription, any identifiable information was removed or replaced with pseudonyms as appropriate to maintain confidentiality. Once transcription was completed, recordings were destroyed, and transcribed documents were stored electronically as a password protected document. Transcribed documents will be retained indefinitely for possible future use.

### **Data Analysis**

The researcher analyzed the transcribed interviews using phenomenological data analysis as outlined by Cresswell (2013). Prior to collecting data, the researcher began bracketing techniques to minimize the possibility of personal bias influencing the collection and analysis of the data particularly because the research himself identifies as a survivor of IPV. Bracketing took multiple forms outlined in prior research on phenomenological methodologies (Tufford & Newman, 2010). Before collecting data, the researcher journaled his personal experience around this topic and the ways in which his path of recovery went. The researcher also tried to answer the questions of the interview as a participant would as well to get a better sense of where bias may show up in the analysis. After each interview was conducted, the research also made notes to specific reactions he had during the interview as well as any preconceived interoperative notions to be suspended when analyzing the data. The researcher conducted his own personal

analysis of the data to identify themes and obtained an analysis from a research clerk of each interview as well. This method was used to provide more inter-rater reliability to the analysis. The themes that emerged were also examined by two others to provide feedback to further promote reliability. In analysis of the data, the researcher first read the transcripts many times to obtain an overall feeling for them. The researcher examined the transcripts for significant statements, sentences, and quotes that captured how the individuals experienced the phenomenon of psychological recovery. These then were clustered into formulated meanings by using line-by-line coding. The meanings were then clustered into themes allowing for the emergence of common themes among all the participants. Prior to writing the textual and structural description of experiences, the research consulted prior bracketing journaling and memos (notes) of reactions and compared these bracketing notes to the way in which things were coded and ultimately the themes that emerged. This was used to try and keep bias and preconceptions of the research from influencing that way in which the data was being analyzed and eventually interpreted. From that point, the common statements and themes were then used to write textual and structural descriptions of the participants' experience of psychological recovery from IPV. Both the researcher and the researcher's assistant conducted this analysis and convened to compare, discuss, and modify the final analysis. The research assistant completed her analysis on her own in order to not only improve inter-rater reliability but also to help with bracketing for the integrity of the data. Composite themes were created to reflect the essence of the phenomenon among gay male IPV survivors providing an in-depth understanding of the lived experience of psychological recovery. The composite themes provided an understanding not previously researched and gave insight into this phenomenon that can be utilized to provide better treatment,

a focus for future research, and may lead to advocacy efforts to promote social change that all facilitate psychological recovery for gay male IPV survivors.

## Chapter 4: Results

The purpose of this study was to understand the process of recovery for gay men who experience intimate partner violence. Through exploring the lived experience of the recovery process, the following results may help to inform treatment, provide information for further research in this area, and provide a platform for future public awareness efforts.

A total of four men who identified as gay and reported experiences of intimate partner violence were interviewed for this study. Semi-structured interviews were conducted with each participant to explore the recovery process through everyone's lived experiences. Each interview lasted approximately 40 to 60 minutes. Questions in the interview explored participants conceptualization of recovery, important aspects that promoted recovery, barriers that they encountered during their process, and how their identity as gay males impacted their experience. The age range of participants was 27 to 38 and varied in racial/ethnic identities. Participants varied in types of violence including psychological, physical, and sexual abuse by an intimate partner. Each participant is given a pseudonym that will be used throughout the data presented to protect their identities. Following the table below of general demographics and other pertinent information, participants conceptualization of recovery is presented followed by an examination of themes found throughout the interviews conducted.

**Table 2**

*Participant Demographics*

Participant	Karl	Michael	Justin	Jason
Age	38	27	28	37
Race	African American	Caucasian and Native American	Mexican American	Caucasian

Gender	Cisgender Male	Cisgender Male	Cisgender Male	Cisgender Male
Sexual Orientation	Gay	Gay	Gay	Gay
Education	Bachelor's Degree	Currently in Law School	Doctorate Degree	Some College Courses
SES	Middle Class	Middle Class	Middle Class	Middle Class
Type of abuse endorsed	Psychological and Physical Abuse	Psychological, Physical, and Sexual Abuse	Psychological and Physical Abuse	Psychological and Physical Abuse
Time from separation from abuser	2 years	3 years	4 years	1.5 years

### **Conceptualization of Recovery**

To understand the process of recovery, it seemed important to gain an understanding of how each participant defined or conceptualized the idea of recovery. As noted previously, research studies define recovery in a variety of ways and now clear-cut definition of the construct is present.

Michael described what recovery meant to him and mostly defined the construct as gaining a sense of perspective around his experience of IPV. It appears his conceptualization was one around making sense or recreating the narrative around the abuse.

“I would say recovery means perspective. Like the acquisition of perspective and the acquisition of knowledge. I think that I can kind of have a better idea and sense of what led the

abuser to commit those actions... and understanding the consequences it had on me. For whatever reason that brings me a sense of... I guess like I can move on. Like the awareness and the knowledge of it. I just kind of think that helps.” (Michael)

When asked about what recovery meant to Karl, he seemed to struggle in finding a way to explain how he thought about this. It seemed that for him, recovery was seemed to be ambiguous and just simply encompassed the use of whatever methods you need as you move on from abuse.

“It's like what do you do after you end a relationship, or a relationship ends that you were in that was violent.” (Karl)

Justin’s conceptualization of recovery was different in that he viewed recovery as almost repair of his sense of self and repair of interpersonal functioning such as trust and attachment.

“To me that means, um, being able to feel secure in myself and feel I'm open to being in another relationship and, um, in a relationship, that's where I feel like I can trust the other person and where I feel safe with the other person. Also, for me recovery would mean not allowing for my previous relationship and the psychological impact it had on me to effect my ability to attach to another person.” (Justin)

Jason’s ideas on the meaning of recovery were different in that it seemed more focus on symptom reduction and a little bit about sense of self.

“That would mean like... I mean... Just getting over the ... a lot of the um... especially sometimes it’s not just what was said, it’s the way it’s said, and the anger in the tone of voice... it’s hard sometimes... you still have dreams where that kind of feeling come over you again. Um... it may not be the exact situation or whatever but, it’s just that level and tone... it just gets pretty um... it’s pretty um... mean spirited and very aggressive and loud is how I would describe

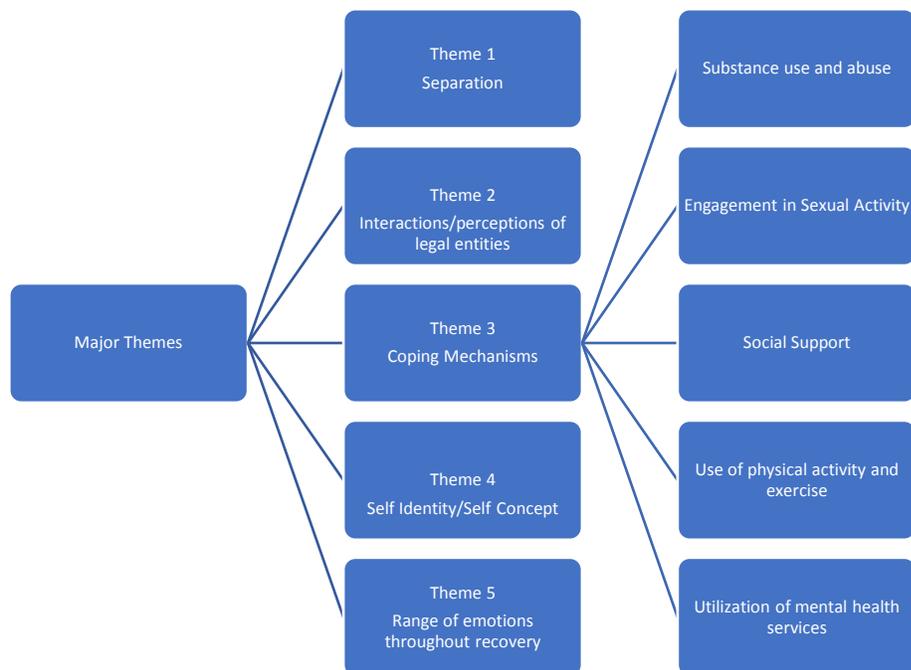
it. Um... it would mean... that you are comfortable with yourself again... you don't have the level of... the other biggest thing of the whole deal was the level of anxiety you constantly have. I felt like my heart was always beating extremely fast. I don't have that anymore so I would say that's a good sign of recovery or a marker I would guess. Like constantly being under stress like I felt like at time, I was like... even just walking or going to work I would get nervous and shaky even to the point where even just pouring wine glasses at work, which is a major part of what I do I would have a hard time just because my anxiety and stress level was just always at this high point... you know.”

From these accounts, it appears that each person conceptualized recovery in different ways and seems more based off what damage occurred during the relationship. However, the most common thread throughout most accounts seemed to be around self-concept and the ways in which they view themselves.

### **Themes Between Participants**

There was a wide range of experiences captured in the stories of the participants around their own individual processes of recovery. From analyzing the stories of the participants, salient experiences across stories were clustered yielding the themes below. See the graph below for a summary of themes.

*Figure 1.* This figure indicates the five major themes found within the data as well as the five subthemes found.



**Figure 1. Theme analysis.**

### **Theme 1: Separation**

One of the most important experiences in the IPV recovery process expressed by all participants was the experience of separation from the abusive partner. Jason stated:

“So, when I think recovery... like yeah detaching myself and being completely away from him has been an important factor in things being a lot easier.” (Jason)

When asked to elaborate more on this, Jason provided advice for others that expressed the importance of complete separation from the abuser:

“... things get much better and you really have to detach yourself from the situation completely. Even if that means moving out of the apartment, if that means moving out of the state, if that means blocking numbers or whatever you have to do to completely cut it off and not let it happen. Again, especially if you're in close proximity to it, such as living with a person, is what will cause big problems. Because you are allowing yourself to be present for it...” (Jason)

Jason also spoke briefly about the abuse and how it was difficult for him to get away from his partner as they lived together and he “had no where to go.” It was a method of control often used by his partner making disparaging comments that “no one else would put up with” him and he “couldn’t survive” on his own. Jason spoke about how his partner using housing and financial resources as a method of control was “debilitating” and made leaving “seem impossible.” Jason finally moved to a different state to live with his parents to separate from his abusive partner.

Justin shared a similar viewpoint on separation from the abuser stating “I decided to cut off contact with him. Um, permanently.” When asked if this was helpful or important to his experience he stated:

“Yeah, I definitely think so. And I think it's just a certain took a level of frustration on my end to finally get to that point to realize, you know, that this person was still being manipulative and deceitful and in it, I just got frustrated and I, I said, you know, um, I felt bad for you because you didn't have any friends. And like you can't even treat me like a friend. Um, I wouldn't consider you a friend because friends don't do things like that to one another...” (Justin)

Justin’s separation from his partner was difficult for him as he empathized with his partner and put his partner’s needs before his own need to detach from the abuse. Part of his journey in recovery was not only separation “but also a need to realize that I have to put myself first in order to heal and let go of a need to help him with his difficulties.”

Michael also shared a similar experience with separation from his abuser and noted that his experience of leaving was an empowering experience that led to pursuing important things in his life:

“And so, I remember packing my bags and moving out of that ghetto more than anything. But it was, it was the act of me taking action... me taking a step... And so, it was me. You know I... I was empowered in a lot of odd ways. I started college early to show that I was worth something... But anyways, so I moved out. That helped. And that sense of independence helped. I realized, like it was simple facts like him calling to pester me or bother me that you're kind of like a battered housewife to try to get you to come back things like that. Things that I didn't realize then that I realize now, those actions like just hanging up the phone. So, realizing I did not have to deal with that and could cut off everything was an important experience.” (Michael)

Much like Jason's experience, it was more difficult to separate as he lived with his partner and had to find another place to live. He stated, “I wanted to leave multiple times but just did not have the ability to get my own place.” But once total separation was achieved, Michael felt that his process of recovery began and “healing started to happen.”

Karl expressed similar thoughts around separation stating:

“Well, um, initially I wanted to try to keep a friendship going, um, since it was my decision to end the relationship, but I quickly saw that that wasn't an option, so I decided to cut off all communication to my ex-partner and we lived together for eight months after the breakup due to a lease and barely spoke... Cutting things off entirely was absolutely helpful.” (Karl)

Like Jason's experience, Karl lived with his partner and his housing situation impeded the process of separation for a period of time. “It forced” him to “still see him every day and wonder what other things he may do” despite ending the relationship until he was able to move at the end of his lease.

All four participants noted that complete separation was a very important part of their healing process. And at the same time, housing difficulties for those living with their partners impeded the process of total separation and ultimately the process of recovery. With even limited contact with partners following the end of their relationships, forms of manipulation and other emotional abuse continued.

### **Theme 2: Interactions with and Perceptions of Legal Entities**

In the review of literature, significant issues were identified when interacting with police and other legal entities as a gay male IPV survivors. Also, there were specific perceptions around involving legal entities among survivors resulting from fears of being arrested for retaliating or defending oneself, fear of not being taken seriously, or fear of further abuse due to lack of response from the police to provide safety. Participants were asked about involvement with any legal entities or perceptions of police violence or response. One participant denied utilization of legal involvement around his abuse nor any specific perceptions around this and one reflected on his perceptions of the police and possible response that deterred him from involving the police. However, two participants did involve police at some point, and another noted specific perceptions of police involvement in their abuse.

First, when Karl was asked about involvement of police during his relationship, he stated: “Yes. Yeah, there we had one incident where, um, he called the police on me after, um, we had an issue with a cab driver where he was being belligerent to the cab driver. And so I pulled him out of the cab and you know, the cab driver went on his way and then we got, we got into a fight on our way back and he became physical toward me and then he came towards me and I clocked him right in the eye. I went home. And then he called the

police, but I was already in bed. So that was, um, that was about halfway into our relationship...” (Karl)

When asked about how the police responded, Karl stated:

“Um, they were really biased. They said, well, you guys clearly just need to stay in separate rooms. You know, I was already in the back bedroom when they came and uh, that was it. It seemed like they didn’t really care what happened.” (Karl)

Michael shared a similar experience were the police responded to a situation with little understanding on what to do or how to handle things. When asked about involvement of police during the relationship, Michael stated:

“Yeah. I had the experience where I had invited a friend over. And the abuser came home, and he was getting physically violent and the police were called. So, the police showed up and took me and my friend to a hotel... No charges no anything. It was kind of like they didn't know how to deal with the homosexuality of it... but I remember their dumbfounded faces, like completely dumbfounded faces it. Awkward car ride. And they just didn’t know how to process or handle the sexuality aspect of it.” (Michael)

In both Michael and Karl’s experiences, the police didn’t appear to respond with anything but trying to separate them from the perpetrator. Although Justin never had an experience involving the police or other legal entities, he speaks to some of the issues that may be present in these two participants experiences:

“What would that be like if I went to the cops and said my boyfriend just hit me. Right? Because I'd feel one, one, I'd be worried that I wouldn't be taken seriously because of any homophobia from any police officer. And another reason is because I think that there's this idea that regardless of sexual orientation, that if you identify as male that you should

be strong enough or be able to, um, you know, stand your ground and defend yourself. And I think that my ex, I think part of it too was worried that I was worried that my me telling my story are going to sue the police for help would have, um, kind of invalidated the experience for me. Then I'm sorry, I hadn't then I think, I think also to kind of, we've been another piece of my identity into that. There was also the worry that I have had because I was in a mixed-race relationship, so my partner was, he at the time he was white. And, um, I'm a Latino, so the, you know, also any like, you know, where I, you know, had worry that like I would be viewed as the perpetrator and he would be, you know, protected more or, you know, so that was another thing too that I considered.”

(Justin)

Justin's perceptions of what it would be like to contact the police is something to be considered later around the ideas of intersecting identities aside from just issues between identifying the perpetrator versus victim. This is consistent with the study conducted by Kuehnlé and Sullivan (2003) around police involvement in IPV cases among gay men. Often, the victim was mistakenly arrested for defended themselves. This has led to fear for survivors in taking legal action against their abusers.

### **Theme 3: Coping Mechanisms**

Another theme found between participants aligned in the concept of coping mechanisms used in the process of recovery. Participants reported both maladaptive and adaptive coping mechanisms. Subcategories were identified within this theme as there were multiple methods of coping with significant variability within participants in their coping methods. Each subcategory is made to give a better sense of each coping method as well as to highlight some context between each of the participants as coping methods varied between how the participants

conceptualized the method as adaptive or not, or also conveyed both positive and negative aspects of the coping mechanism together.

### **Substance Use/Abuse**

One common coping mechanism expressed by all four participants early on in their recovery process was the use of substances (mainly alcohol) to cope after separation from their abusive partner.

Jason talked about using alcohol as a coping method early in his process of recovery and noted that this was a negative way to cope in retrospect:

“Drinking too much was definitely one of them because I got into this point where I like to go out I like to socialize party with people when the time calls for it but I had at the Rhythm when I was single and living on my own you know with work and with life again I felt like I fell out of that rhythm and getting over that barrier I had to realize that I couldn't use alcohol as a crutch for my emotional problems and that was that was a barrier.” (Jason)

As Jason stated in the quote above, alcohol was used as a crutch and he felt that his alcohol use was “numbing emotions that were too hard to deal with.” However, Jason also spoke briefly on how going to bars with friends after the separation helped in reengaging with friends that he “was not allowed to see” during the relationship with his abusive partner. In one way, alcohol was a barrier in his attempt to numb emotions but also was intertwined with reestablishment of friendships that were important to him “in regaining that aspect” of his life.

Justin also reported using alcohol and cigarettes in a similar way to cope initially:

“Unfortunately, I was consuming a lot more alcohol. Um, I was going out and going out pretty often to distract myself from things. I also started smoking cigarettes again right after that.”

Justin also used alcohol to distract himself from the emotional experiences in the aftermath of his experience. He felt that this was overall “a bad way to deal with things,” but “at the time it felt helpful.” However, in retrospect, Justin saw his alcohol and cigarette use in the early stages of recovery served as a barrier to “really deal with the struggles I was having.”

### **Engagement in Sexual Activity**

All four participants reported “hook ups” (Justin) immediately following their separation from the abusive partner. Hook ups were reported as anonymous sex with different partners without any intention of continuing contact or the establishment of any type of relationship. The experience of “hook ups” in terms of recovery varied between the participants as some saw this as helpful while others found it to be a barrier and a mix of both.

Justin reported that he engaged in anonymous sex frequently and felt that this seemed to be a way to “build and regain more of self-confidence.” He noted that he often felt undesirable sexually in his abusive relationship and that “feeling attractive” to those he hooked up with was “healing in a way” for him in terms of his self-confidence. He also felt that engaging in hook ups also made him “feel like I had a sense of control in being intimate with another person.” He stated that “hooking up was nice at the time but I knew although this was a way to feel better about myself, um, it was not helping me with, you know, regaining trust in other guys when it would come to, uh, things ever becoming more serious.”

Jason felt that “hooking up felt surface but I wanted to feel attractive again...” Similar to Justin, he felt “unattractive and unwanted” in his relationship with his abuser. He also shared that

his abuser often made comments like “no one will ever want you” and other “smaller jabs like you look ugly.” Engaging in sexual activities during his recovery helped re-establish a sense of attractiveness to others and move past the damaging effects of being criticized and put down about his looks and desirability. Much like Justin, Jason “recognized it was surface to just hook up and eventually I, uh... realized that I wanted a relationship... but um... wasn’t ready to trust again.”

Karl felt that “dating and hooking up again was a positive experience” as well. He did not share as much about his sexual experiences during his recovery period but did convey that “things were back to normal sexually for me.”

Although these three participants had some positive effects during their recovery from engaging in sexual activity, Michael stated that “hook ups” was retraumatizing as he found “other gays to be aggressive about having sex immediately...” In his experience of “meeting other guys again,” he struggled with those making advances toward him. He stated, “I did not really want anyone touching me or jump into bed with anyone immediately.” One important aspect to consider with Michael and his experience of “hooking up” is that Michael was the only participant that experienced sexual abuse at the hands of his partner. He felt that “being violated like that leaves a mark on your idea of sex... you know.” Unlike the other participants, Michael found those who wanted to engage in sexual activity was a barrier that “brought up a lot of negative thoughts... and um... emotions” from his abusive relationship.

### **Social Support**

Looking at other coping mechanisms that helped to promote recovery for all four participants’ experiences revealed that social support was a main coping mechanism and helped

individuals progress in their recovery. Below are statements emphasizing social support as a coping mechanism that helped promote recovery:

“In the relationship, I was not allowed to see anyone. So, as a part of who I am being a pretty extroverted person, um you know.. it was ... it was basically trying to change who I was as a person. So, for the recovery part, social relationships helped. I was able to talk to friends who mattered again, which helped me regain what I felt I lost.” (Jason)

“Um, I also have a very supportive family, thankfully. And so, my family, like I said, lives nearby and I was able to kind of lean on them. And, you know, I spend, I try to visit them as often as I can, but both my parents are very supportive, and they want the best for me. And so, they really helped me through that difficult time. So, I think having that support network was definitely useful in terms of other coping. I’m not sure what things would have looked like without that support...” (Justin)

“My co-workers were like a second family to me. I remember opening up to them about what had happened to me and them crying and telling me that this should never happen to anyone. Like... that was to first time someone ever told me that... They were amazing for me in moving on.” (Michael)

“For social support, it was just friends... just friends really. I felt like I got support from them and that they agreed with my decision and uh, that it was for the best... I could see that they were relieved and happy when we broke up. And they were there for me as I tried to move on.” (Karl).

The importance of social support through the process of recovery for these participants is consistent with research among women who have been abused. Studies show that social support becomes integral to recovery as a lot of methods of control and power in abusive relationships revolve around isolating the survivor from any connection with others. Seeking both informal and formal social supports helps survivors repair the distorted image of themselves and also provides a space for them to reflect on their experiences and begin writing a more cohesive narrative around their abuse which in turn promotes a better sense of well-being (Anderson, Renner, & Danis, 2012).

### **Use of Physical Activity and Exercise**

Another coping mechanism noted by two of the participants, Justin and Michael, was the use of exercise as a coping mechanism following the end of their relationships. Justin stated:

“Um, another thing is that, um, in terms of self-care, I, um, I exercise. I used to always exercise when I was in that relationship, but I think I really kicked it up a notch after that in terms of the types of exercises I was doing, um the types, uh, or how long I was exercising for because a lot of my perceived, my perception of why the relationship went wrong at the time was because I felt unattractive and I felt, you know, I had gained maybe 15 or 20 pounds in the relationship. And so that was motivation for me to kind of um, refocus on myself and my health and my body image. And so, um, exercising regularly also became a very therapeutic process for me.” (Justin)

Justin expressed the importance of exercise being a positive self-care activity focusing on himself once again but also used exercise to cope with his emotions around feeling undesirable physically that resulted from the abusive relationship. This also paralleled his use of sexual

activity that also served as a form of coping that helped him regain a sense of attractiveness and desirability to others.

Michael also expressed that exercise was an important coping mechanism for him in moving on as well. He stated:

“I had a lot of body image issues during the relationship. And so, I abandoned all of that. And I just started to exercise a lot. I do think that the best therapy I’ve ever had comes from my dog and from exercising... And of course, exercising had this sort of neurological effect too. With kind of pumping almost like natural antidepressants into your system.”

Much like Justin’s experience, body image was an issue that had to be addressed during Michael’s recovery. However, Michael also spoke of another function of using exercise. He stated that he “felt weak because of the abuse in the relationship” and exercising was a way to “feel stronger and less weak even if it was just physically.” So, not only was he using exercise to heal body image issues resulting from the abuse, but also used exercise to combat feelings and thoughts of being weak and unable to protect himself in the face of abuse.

### **Utilization of Mental Health Services**

Three of the four participants discussed utilization of therapy in order to work through their experiences of IPV and work toward recovery. Two of the three noted that therapy was very beneficial in processing their experience. Justin stated:

“Um, I have the begun therapy, um, I think my first, my first experience of therapy was this past May, May of 2018 and it was for something related to someone I was dating at the time. Um, but I definitely spent a lot of time processing my relationship with that has the intimate partner violence in it. Cause I, I acknowledge that that was still affecting my

ability to, or my willingness or lack thereof to engage in a relationship again. So, it's come up since then and I'm still in therapy with a different provider and uh, I think that's something that's also come up. But it's also been useful for, um, reflecting on that experience and how it might be, might, how it might still inform how I am in my current relationship now.” (Justin)

In Justin’s experience, not only did he want to work through his IPV experience, but he also realized the impact that this had on pursuing and engaging in another relationship in his recovery journey. Justin also noted that he “had difficulties trusting” again in a partner and also wondered if he “was holding back” in the relationship that “may have, um, like impacted the quality of our relationship.” It was clear from Justin’s story that interpersonal problems arose for him during recovery and in particular with a romantic partner. However, he noted that therapy was “very beneficial in reflecting on the past relationship” and also “helped, um, work toward building a healthy relationship with my boyfriend.”

Jason at the time was still “processing some things from the military” but also found therapy to be helpful in relation to his recovery. He stated:

“I was able to talk to someone who was obviously licensed, and it fit with my military benefits, so it didn't cost me anything, but it was a good resource. Uh... yes it was helping me able to flush out and tell someone and not hold anything back you know. Because when you were with your friends and you can tell your friends they know certain things and you tell them certain things but it's almost like you're embarrassed to go into any really elaborate things so you kind of put a shield up even in public so... and so with me being with the counselor, we could be open about it and I could tell him what really happened.” (Jason)

Like Justin, Jason found therapy to be helpful but noted that the focus was mostly around processing the experience and finally “being able to trust and open up” to an individual about what he had experienced. However, it is important to note that Jason had only been out of the abusive relationship for a little over a year whereas Justin had been separated from his abusive partner for three years. The differences in the focus of the therapy may be partially due to the proximity time wise of the abuse.

Jason and Justin both expressed that therapy was a useful service or tool in their process of recovery and coping with their experiences of abuse. However, Michael had a different experience with therapy. He reported that therapy was not helpful to him at the time. He stated:

“...it was so abstract her methodology, it was just incredibly abstract. So, I didn't understand. I mean I didn't understand what I was doing, and I didn't understand what she was trying to get me to do. And she would not be candid and say, “go home and think about this and answer these questions.” I mean you have an answer to these questions, come and let's talk about it. It was just all abstract. I couldn't stand it.” (Michael)

For Michael, the lack of structure in the therapy or direction was frustrating and impeded the process of therapy overall. However, although his experience was negative at the time, he sought therapy, he had a different opinion in retrospect:

“I mean on my behalf, I was arrogant. I didn't understand what I needed to do. I didn't understand what she knew that I did not know. I was afraid to open up. And so, I didn't. And so, she tried to get me to open up. I was probably incredibly unfair to her. She tried to get me to open up a lot of ways.” (Michael)

#### **Theme 4: Self Identity / Self Concept**

Another theme among the four participants consisted of the idea of self-identity and self-concept during and after an abusive relationship. Each had similar views on this but there was also some variability within this theme. All seemed to feel that they were no longer themselves within the abusive relationship and had to regain their sense of self (or identity) post relationship. Jason stated:

“In a relationship like that, you kind of forget who you are and just lose your identity... Whereas after everything starts to fall into place and it’s like... um... you know, becoming whole again.” (Jason)

As mentioned before, Jason used various ways to try and re-establish his sense of identity and “becoming whole again.” One way was his use of “hook-ups” to feel attractive and desirable again. Another as mentioned before, was re-establishment of social relationships. He spoke a lot about the relationship “robbing” him of his friends and family as he “wasn’t allowed to talk to or see anyone.” He briefly also spoke about how therapy “reminded me of who I once was” and he “decided to, um reclaim that” loss of identity.

Along the same lines, Justin expressed difficulties with the relationship impacting his sense of self overall and self-blame he experienced. He stated:

“To me, recovery means, um, being able to feel secure in myself again. And so, when, and then I ended the relationship like three years ago almost. And then, um, after that, I just, I think it really affected my self-worth or my perception of myself worth. Um, I felt like I wasn't good enough and I constantly replayed, um, you know, like things that, you know, I blamed myself a lot for the relationship failing. So, recovering from that, I had to rebuild my sense of self and to feel like I was worth something again.” (Justin)

Justin's experience of self-worth impacted by his experiences of abuse were "results of constant criticisms" and other forms of emotional abuse in the relationship. However, in his journey of recovery, Justin "focused on life goals" that gave him a "sense of purpose and helped me see that I'm really worth something." As previously mentioned, Justin also reported using "hookups" to feel attractive and desirable as well as exercise to achieve a similar sense of attractiveness around his body image. Justin also stated that through therapy he "had to let go of the blame" he felt for the relationship and "recognize how much of a caring and loving person" he was throughout his life and how "important to was to" his identity as a person.

Michael expressed significant difficulties around his sense of self such as "being an animal, that is not worth anything" and an overall sense of being "weak... or meek in a way." One statement that captures his experience is the following:

"The uh, the idea that someone loved you and blah blah blah. And then you kind of fall into it and then you excuse their issues and their hostilities and then you take on their issues on yourself believing the horrible things they say you are. So, moving on from that I think it was really a realization, I guess that, understanding that I'm not weak, and doing things to show myself that I am not weak. I've done a lot of things now that make me feel myself again." (Michael)

Karl had a different experience in relation to his sense of self, but the ways in which the relationship challenged his identity was like the theme others have expressed.

"I did not like the person I became when I was with him. I didn't really question myself as a person, but I did question my role as a boyfriend... Was I a bad boyfriend in general due to my independent personality type... Can I ever really be in a positive relationship given who I am as a person? After the relationship ended, I had to really reflect on myself, uh, as a person in

relation to others. I had a friend who is a psychiatrist that really helped me examine myself in the relationship and recognize that things were not my fault and that I can really think of myself as person that can function in a relationship I guess.” (Karl)

Much like Justin, Karl struggled with the idea of things in the relationship being his fault and also held a sense of blame over that. Karl also stated that this “at time comes up in dating others” but “has to get past the idea, that um, I am not like, damaged or something like I felt I was in that relationship.”

Overall, each participant expressed some sense of difficulty around self-identity or self-concept that negatively impacted them and had to work through these issues in various ways. Some expressed actions that opposed what their abuser had said to them and others worked to reflect on themselves to discover new meaning that was impactful after the relationship.

#### **Theme 5: Range of Emotional Responses throughout Recovery**

Three of the four participants noted specific emotional responses throughout their process of recovery that they felt were important to express. Although emotional experiences during periods of abuse are often documented, the researcher believed it would be important to discuss the emotions experienced during the recovery phase and their significance to moving on from abuse.

Jason reported significant issues around talking about his experience. This played out within not only friendships but family relationships as well. Jason stated:

“It’s almost like you’re embarrassed to go into any really elaborate things so you kind of put a shield up.” (Jason)

During the process of recovery coming out the abusive relationship, Jason also stated:

“...the other biggest thing of the whole deal was the level of anxiety you constantly have. I felt like my heart was always beating extremely fast. I don't have that anymore so I would say that's a good sign of recovery or a marker I would guess. Initially right out of the relationship, it was like constantly being under stress like I felt like at time before and just the level of anxiety. I was like... even just walking or going to work I would get nervous and shaky even to the point where even just pouring wine glasses at work, which is a major part of what I do I would have a hard time just because my anxiety and stress level was just always at this high point... you know. It took me time to kind of get over that you know...” (Jason)

Michael also experienced a range of emotions during his process of recovery but reported a significantly impactful emotional experience even years past the separation from the abuser. He stated:

“Those years and the years after that he raped me or hit me or was threatening to kill me all the time... I didn't tell anyone about those things out of shame. Or whatever.” (Michael)

Michael stated that this shame impeded his process as he tried connecting with others and holding on to this experience overall. Michael also spoke about experiences of fear around intimacy with others and also emotional experiences of anger hoping that his abuser “was lying dead somewhere.”

Although Justin mostly spoke about emotional experiences during the period of abuse, he emphasized that emotions regarding the separation were important. He reported “feeling guilty” leaving his partner at times and also “periods of sadness” where he questioned his decision. However, further along in the process of recovery, he didn't seem to experience these types of emotional responses and felt that he “viewed things much better in retrospect.”

## Chapter 5: Discussion

### **Introduction**

The interviewees provided a rich description of the lived experience of recovery from IPV in gay men. Each participant provided information that led to common themes as well as more individualized experiences that were important to the process of recovery. In this chapter, participants conceptualization of recovery and the themes that emerged in the data will be discussed as well as the individual differences that emerged to understand the specific contexts of each individual and factors that played a role in their recovery that are important to explore. Throughout the discussion of the themes, links to the minority stress model (Meyer, 2003) will be made as well as to previous models of recovery that are covered in chapter two. Important variables to the study, research dynamics, guidance for future research, and implications and recommendations will be presented as well.

As mentioned previously, the concept of recovery takes various forms throughout the research in this area and is somewhat ambiguous. Most studies seemed to focus on symptom reduction related to PTSD, depression, and anxiety. However, other studies left the definition of recovery unclear and moved mostly to aspects that promote this construct. In the interviews with participants, they were asked what the term of recovery from IPV meant for them, which produced a variety of responses. Michael saw recovery as perspective on his abuse. Justin conceptualized recovery as reconstructing a sense of self and that ability to move past issues of trust and other negative effects on functioning within intimate relationships. Jason primarily talked about symptom reduction from intense anxiety and intrusive thoughts much like most of the literature. Karl, however, only described recovery as a process and not a construct stating that it only means the methods you take to move beyond past abuse. Although their initial statements

provided when directly asked about the meaning of recovery for them was varied, it was evident from the themes in the data around the process that the most common thread of what constituted recovery was the repair of their self-concept that was “damaged” through the abuse they experienced. Their accounts often described the importance of “being whole again” or a return to “who (they) once were as a person.” The varied responses to this suggest the recovery as a concept versus a process is ambiguous. It is likely that recovery is a fluid process and the meaning of this shifts for people over time and possibly the most recent struggles that they encounter in relation to the aftermath of their abuse.

The first theme identified was the survivor’s separation from their abuser. All participants discussed the importance of complete separation including ceasing all contact with their abusers as being an important aspect to healing from the effects of the abuse. Many noted that previous attempts to separate but maintain contact or attempt to be friends with the abuser often led to reentering a relationship with them. Justin noted that, “guilt was a major factor” in this as he felt guilty for his abuser who had little friends. Karl also reported a desire “to be friends” with his abuser. It was apparent in the interviews that survivors tried maintaining contact with their abusers out of a desire to remain connected with them in some way or in Justin’s case, guilt. However, the survivors noted that without ceasing contact with the abuser, forms of psychological abuse often continued. For example, Justin stated, “continued contact just led to more emotional manipulation.” Jason also noted that continued contact with abuser continues the cycle of abuse as you “are allowing yourself to be present for it.” It appeared that total separation was the only choice for these individuals to move on and ensure that abuse did not continue in other indirect ways. Any form of interaction continued negative psychological affects by doing this and ultimately disrupted the process of recovery. Continued contact also triggered

psychological symptoms within individuals resulting from the abuse as well as negative self-beliefs established furthering emotional distress. This need for total separation from the abuser in order to establish a sense of self away from the abuser is consistent with Wuest and Merritt-Grays' Stages of Recovery model' (1999; 2001) stage of "reclaiming of the self" where the survivor must work towards seeing themselves as separate from the abuse. Maintaining contact with their abusers, they were unable to "reclaim themselves" as abuse often continued in different ways and they could not see themselves as separate while contact continued. Along with the need to reclaim the self, Judith Herman also found that among women IPV survivors, a sense of safety is important in the process of recovery (1992). Continued contact, as Jason stated with "being present" for the abuse, prevented a sense of safety with allowing the abusers to be a part of their lives.

In this theme of separation, minority stress played a significant role as well. Meyer's concept of internalized homophobia (2003) states that gay men often internalize homophobic messages conveyed by society that establishes negative self-beliefs in various ways. For example, Michael shared a background story of how he was kicked out of his family home in his teens due to his sexual orientation. When disclosing the abuse to his mother, he stated that she responded with comments conveying that he "deserved it." Not only were negative self-beliefs established during the period of the abusive relationship activated without complete separation, but Michael internalized negative thoughts around his sexual orientation that were activated in the relationship often regretting his orientation and other negative thoughts around his identity during that time. The struggle to see himself as separate from the abuse was characterized by negative self-beliefs and by open discrimination around his orientation from others throughout his life. Another powerful example of this in Michael's story was with his disclosure of the abuse

to a co-worker who cried and told him that this shouldn't happen. He felt that this was the first time someone said this to him. Given his mother's reaction of "deserving the abuse" and this one co-worker to be the only one who he shared the abuse with that responded with such a reaction, it provides some evidence that most people's response to abuse in gay relationships is made out of a normalization of violence in same-sex relationships that are possibly a result of internalized negative messages on a broader social level. Internalized homophobia as well as microaggressions from others impedes that process of recovery as they reaffirm messages like "deserving the abuse" and other beliefs making it difficult to see oneself as separate. This internalized homophobia and experiences of microaggressions may fuel difficulties in complete separation as one holds negative views of themselves and negative feedback from those around them, but the survivors identified complete separation to be one of the most important factors in recovery. However, survivors experience of complete separation once completed began another healing process. Michael stated that separation from the abuser was empowering and helped to improve overall negative beliefs around his orientation.

Empowerment through complete separation appeared to be a prominent experience across participants as many spoke of separation as being the first and most important step to recovery. Many felt that "cutting ties" completely felt as if they were "taking a step in the right direction" and "regaining a sense of control" on their lives. This idea of empowerment is consistent with Ferrell's Themes in Healing from IPV (1996), Allen and Wozniak's Rites of Passage Model (2011), and Smith's Stages of Recovery from Past IPV (2003) theories where empowerment and autonomy are important to recovery. Participants felt a lack of autonomy and control within their relationships through forms of physical and psychological abuse leaving them no room for self-directed choices and behaviors. Complete separation was important to regain a sense of control

in their lives and once again engage in life without the possibility of consequential abuse by a partner. Michael shared that this sense of empowerment even led to bettering himself by going back to college, finishing his undergrad degree, and went on to law school.

The second theme focused on interactions with and perceptions of legal entities. As noted in the research presented previously, there has been significant difficulties with legal entities regarding IPV in gay relationships. This held to be true with the current participants' experiences with the police. Two participants had direct contact with the police, and both reported that the police did not know how to handle the abuse that was happening. In Karl's case, the police responded and told him and his partner to stay in different rooms and he also felt like the police "didn't really care what happened." In Michael's case, the police drove him to a friend's house and told him to just stay away from his partner at the time. He stated, "they didn't know how to deal with the homosexuality of it." Although Justin didn't have a direct experience with the police or other legal entities, he stated that reflecting on his experience, "I'd be worried that I wouldn't be taken seriously because of any homophobia from any police officer." These experiences with the participants highlighted the fact that there is a lack of understanding, if not blatant disregard, of gay relationships and IPV among the police in response to violence. In general, most people see the police as protectors but in Karl and Michaels experience, they did not do much to prevent further violence from happening. Not only does this invalidate their experience of abuse, it also invalidates their experience as a gay male with the perception being that this isn't "legitimate abuse" as it is not happening between a male and a female. The response by the police is another biased message to gay male victims that not only is their experience not legitimate, but neither is their relationship. In thinking about gay male relationships from a societal standpoint, gay men are often subjected to minority stress through

stigma and bias against them and the relationships they hold. It wasn't until 2015 that same-sex marriage was legalized nationally, and still gay relationships are subject to criticism and invalidation. In the case of abuse in these relationships, it can be expected that their relationships are not seen as legitimate and seeking help from supports like the police to obtain safety is not an option. For Michael and Karl, their experience of the police affirmed minority stress factors identified by Meyer's model (2003) as this experience increased stigma consciousness and may have contributed to other internalized negative self-beliefs about their own sexuality and legitimacy of their relationships and experience of abuse. This institutional oppression failing to create safety for survivors then is often carried onto seeking out help from other services as they then expect the invalidation and bias from social services in their experience. This can also play out in other relationships too when wanting to disclose and talk about their abuse and may be hesitant out of fear that it won't be taken seriously by others. Michael provided an example of this that "if the police didn't take it seriously, why would other people." Historically, police were seen to be punishers who would arrest those of the LGBT community doing raids of LGBT oriented places or bars and generally were feared due to criminalization of different sexual orientations. In this sample, it seems as though there has been a shift in the view of police in relation to the LGBT community of one that is not so much based around fear with regards to their sexual identities. However, in the accounts provided by participants, it was evident that the police were not fulfilling the role of "protectors" as anticipated but almost minimized the participants experiences of abuse by simply separating the abuser from the situation and not really understanding same-sex abuse in general.

Along with poor interactions with the police there is very little visibility within the LGBT community on IPV. With a community simply fighting for the right to have "legitimate"

relationships with one another, it's less likely for those to come forward with problems in LGBT relationships out of fear of the message this may create on a broader social perspective in allowing legitimacy of their relationships. For example, although Justin did not have any interaction with legal entities, he provided information that aligns with this point. He reported that he did not trust that the police would do anything in keeping him safe or would "even just invalidate" his experience. In addition to this, as a Mexican American, he also had concerns about his minority status and feared that he would be viewed as the aggressor.

Justin also provided further perspective of seeking safety from abuse and simply talking about the abuse as "men are expected to protect themselves." Prior research demonstrates that the concept of masculinity and identifying as "a victim" as problematic. Through Michael and Karl's experience, it was evident that no action was taken by police officers possibly out of the view that men cannot be seen as victims when they have the ability to protect themselves. Even simply interacting with the police as a victim is subverting long held gender roles of masculinity and expectations for the gender in the face of violence. Mejía (2005) reviewed feminist theory and research on male victims of abuse and provided a powerful statement consistent with the role of masculinity and expectations as follows: "Because the essential features of masculine ideology are toughness, fearlessness, and the denial of vulnerability, it is not surprising that individual men and society as a whole have been slow to acknowledge that men can indeed be victimized and that, like all victims, they can suffer." Overall, the issues with interactions and perceptions of legal entities impedes recovery from IPV and is a particularly different experience for gay men survivors from their heterosexual counterparts.

The third theme identified was the use of various coping mechanisms after separation as an important part of recovery, which took various forms for each participant. Two participants

noted that initial coping often included the use of alcohol “sometimes to numb emotions, sometimes just forget everything.” This is consistent with prior literature identifying the use of substances to cope with IPV (Edwards et al., 2015). It was clear that participants struggled with the separation in various ways that sometimes resulted in some maladaptive behaviors to cope. However, those who used substances to cope reported “eventually realizing” that this was not helping them overall and reflected giving them more clarity on their experiences. Three participants noted that they would frequently spend time at bars or clubs following separation from their abuser. It is important to recognize that not only were survivors using substances “just to forget,” but they were also drinking in environments with friends and others from the gay community in general. So, alcohol can have a dual function of numbing emotions as well to reconnect with others and the community that may have been lost in the abusive relationship. Kaysen et. al. (2007) found that IPV survivors often engage in frequent drinking to numb specific emotions or to cope with hypervigilance from PTSD. Also, other studies have found that “the use of substances can be associated with identity formation, coming out, and self-acceptance processes for many gay men” and that alcohol is often present in settings where gay individuals socialize in their community (Cabaj, 1996). The finding of this in participants seems to be consistent with previous research as both a coping mechanism and as a part of socialization in the gay community.

Participants also stated that they engaged in “random hookups” following separation but felt that this was a negative behavior that they eventually reflected on and discontinued. The “random hookups” were described as most often anonymous sex in which the participants would engage in sexual activity with individuals with no intention of any connection other than sex, and often didn’t choose to engage with the sexual partner further after the initial sex. Although

participants didn't elaborate much on their sexual behaviors, it is possible that the use of substances noted above played a role in sex behavior that can be useful to explore. Anonymous risk-taking sexual behavior is common among survivors following the termination of abusive relationships and research has indicated that this commonality of risk taking actually predisposes survivors to re-victimization (Fargo, 2008). However, a unique experience to gay male survivors was illuminated. The function of "random hookups" for Justin took on a reparative role as he experienced a lot of shaming abuse from his partner around his looks and attractiveness. He stated that "hooking up was a way for feel attractive again" and to also know that he was still "desirable" to others. He stated that it helped "regain more self-confidence" although it wasn't "helping with trusting others" again. Jason also noted a similar experience with sex to "feel attractive again" as well as Karl. It was apparent that their use of sex was a way to repair a "broken body image" because of the abuse. Body image is expanded upon below, however, it was an important factor regarding this way of coping as it helped reclaim their sexuality and became somewhat of an empowering aspect of their experience in relation to regaining control of boundaries in relationships with others. Regarding social concepts, hook up culture is frequently attributed to masculine ideals. It is likely that part of the use of sex was to reclaim a sense of masculinity and dominance that aligns with heteronormative perceptions of sexuality that being a "victim" undermines in terms of masculinity. This again ties back to Meyer's (2003) concept of internalized homophobia as survivors used sex to reclaim masculinity combating internalized negative self-beliefs about being a weak male as well as the ability to exert control through sex with others. Although this was not explored, it would be valuable for future research to explore sexual positioning among survivors in relation to this theme as it may tie into concepts of masculinity and control. One thing that should be noted was that Michael had a negative

experience of sexual encounters following his abuse stating that he found people to be “aggressive about sex” and this was particularly retraumatizing for him. Re-traumatization in this sense is consistent with literature stating that those who have experienced forms of trauma like IPV are more likely to experience further abuse. One study on Adverse Childhood Experiences demonstrated that more exposure to traumatic experiences across the lifetime increased the likelihood of experiencing trauma again making survivors predisposed in a way to further IPV (TIP, 2014). In Michael’s experience, post separating from the abuser and “getting back out there” led to further aggressive sexual acts committed by those he dated. This had a significant impact on his process of recovery. Michael was also the only one to experience sexual assault among the participants. It is important to keep this in mind as gay male sexual abuse survivors may have a different experience with sexual encounters regarding recovery. With this, Michael’s sexual abuse initially occurred when he was an adolescent. The ACES study notes that any type of adverse experiences lead to risk to further victimization by survivors. However, research shows that children/adolescents who have been sexually abused often have a higher number of sexual partners compared to the general population of those who don’t experience childhood sexual abuse. This response with sexual behaviors with higher numbers of partners may be a strategy for victims to gain a sense of mastery. However, studies also indicate that this behavior puts them at risk for further harm (Merrill & Guimond, 2003).

Another coping mechanism that was common among participants was the use of their social support systems. All participants stated that part of the abuse in the relationship was that they often were not allowed to engage with friends or family. Terms such as “isolation” and “cutting of contact” with others were used frequently throughout their stories. Research has demonstrated that abusers in same-sex couples, much like heterosexual counterparts, use social

isolation as a method of control in that they set forth “who the partner sees and talks to and where partner goes, limiting partner’s involvement in the gay and lesbian community” (Peterman & Dixon, 2003). So, the re-establishment of social relationships was important to the recovery process both by sometimes “finally being heard” and engaging in social activities again. This parallels Meyer’s (2003) stigma consciousness as gay men expect discrimination and the oppression they face often takes form of silencing the voices of the community. Regarding social activities, one powerful statement was given by Justin stating, “I felt like I had a life again.” This is consistent with Wuest and Merritt-Grays’ Stages of Recovery (1999; 2001), Smith’s Stages of Recovery from Past IPV (2003), and Farrell’s Themes in Healing from IPV (1996) as positive social relationships are an integral part of the recovery process. However, although participants re-engaged in the social support systems, most did not initially disclose the abuse out of fear of how it would be received. Although, they did eventually disclose the abuse to various members in their support system despite some reluctance and felt this experience was liberating and like “letting go of a dark secret.” Regarding the fear of disclosure, the minority stress model states that minority stress includes stigma consciousness in which experiences of previous discrimination or negative judgment leads to an expectation of negative beliefs and attitudes held by others along with the risk of experiencing microaggressions. It seemed that all participants were reluctant to disclose the abuse to those that were close with them initially, which could have been due to a few possible reasons. Being aware of possible stigma by others, they may have been afraid that disclosing such a painful experience would be met with a negative reaction. Michael stated that a significant amount of time passed after separating from his abuser before he disclosed the abuse and when he did, he expected a negative response from his friend. As Michael stated, “I remember opening up to them about what happened to me and them crying

and telling me that this should never happen to anyone. Like... that was the first time someone ever told me that.” It took Michael significant trust in others to disclose his abuse out of fear of invalidation or expectation of negative responses simply out of his experience as a gay man in society impacted by minority stress factors. With this, Jason had difficulties disclosing his experience to those who were friends in the gay community. Jason described having to “keep his shield up” with gay friends despite them being subjected to similar minority stress as him. It was unclear about the motivations behind being guarded but it is a clear indicator that survivors have difficulty with the perception of themselves as survivors even in their own community where most experience some form of minority stress. It is possible that disclosure of abuse in the community is feared because of how society will perceive it overall in regard to same-sex relationships. In the current socio-political climate, gay men are continually fighting for equal rights and bear the load of legitimizing their relationships. The AIDS crisis is one example of where the community had to and continues to fight against stigma associated with sexual minority individuals. Survivors may be less likely to bring the issue of IPV in same-sex couples to the main stage in fear of setbacks to advocacy efforts and risking blows to the progress made in society over the last few decades in fostering acceptance. In 2017 alone, there were 51 hate crime homicides and 825 reports of general hate crimes against LGBT individuals according to the National Coalition of Anti-Violence Programs (NCAVP, 2017). In a social climate of where even personal safety is a concern, it is likely that some fear around disclosure of IPV is related to furthering the burden on the LGBT community, which in turn silences survivors to their own detriment. Recent findings in the literature support this in that many survivors try to “preclude oppressive forces from gaining information that could be used to further persecute them” and in turn “these individuals have created a conspiracy of silence about the existence of IPV within

their homes” (McClennen, 2005). Another possibility is that victims may limit the disclosure of abuse due to fear of being viewed as “weak,” which was a word used frequently by each participant. Along similar lines, some may try to retain a sense of masculinity that could bring about beliefs that men cannot be abused as this is a “women’s issue.” Disclosure or even recognizing the abuse may indicate difficulties around identifying as a victim of abuse as a male with hegemonic ideals of masculinity around self-protection, dominance, and power.

Two of the participants stated that exercise was very important coping mechanism to them during the recovery process. They stated that this made them feel good about themselves in various ways. Justin stated that “exercise helped refocus on myself and my health and my body image.” Michael also stated that he “had a lot of body image issues” from his relationship that exercise helped deal with. Initially, this provided an outlet for “negative emotional experiences,” such as anxiety, and may have been a method to self-nurturing by taking care of themselves in a physical sense. At the same time, participants again used the word “weak” in terms of difficulties recovering from their abuse. Exercise may not only be a coping mechanism but also a way to gain physical strength reducing possible attacks from abusers in the future. It also reaffirms socialized ideals of masculinity in terms of being strong physically and emotionally that is subverting the idea of “being weak.” With this, stigmas exist in society around feminine traits of gay men and are often seen as not really men. It is almost as if gay men must uphold or prove their masculinity in an effort as being a man in general. Exercise gives them the ability to prove strength as a masculine trait that they hold and shield them from vulnerability in not only relationships such as they experienced but, in all relationships, overall. Although the use of exercise could be tied to concepts of masculinity and strength, research has shown that exercise has been an important factor in the recovery from domestic abuse for women as well.

Concepcion and Ebbeck (2005) found that “physical activity gave women a sense of accomplishment and improved their mental and emotional status, gave them hope and healing, a sense of being “normal,” of working toward a future self, and freedom.” These findings have similar aspects to the stories shared by these participants.

The last form of coping identified by participants was utilization of mental health services, particularly therapy. Two participants obtained therapy around difficulties related to IPV during their recovery process and found therapy to be helpful. Justin reported that he entered therapy recently as he was having difficulty moving past trust issues in his current relationship resulting from his experience of IPV. Jason also sought therapy and found it to be helpful as he was having a hard time talking to those in his social support system about his experiences. Both valued therapy during their recovery process and felt that therapy is a useful tool in multiple areas. However, Michael’s experience of therapy was not a positive one. He reported that it was not the fault of the counselor’s but his inability to discuss his experience. It seems that therapy can be very useful for survivors depending on a person’s readiness and where they are at in the recovery process. This area displayed more variability as each person struggled with different aspects in their recovery. This demonstrates the need for therapists to be familiar with dynamics of same-sex IPV and a general understanding that survivors struggle with different things during their recovery process while they successfully navigate other aspects successfully on their own. In considering the information above, it is also important for therapists to understand minority stress factors that impact gay male survivors and the implications around masculinity that their experience may have. This parallels Herman’s (1992) caveat around female survivors: “Not only must she restore her own sense of worth, but she must also be prepared to sustain it in the face of the critical judgments of others.” In the case of gay male survivors, critical judgments or

microaggressions occur in multiple ways that may impede their ability to sustain their sense of worth. Therapists need to be prepared to work with “critical judgments” in multiple ways as it applies to gay men.

The fourth theme found was re-establishment of self-identity/self-concept as an important part to the recovery process. All participants reported that it was like they “lost themselves” in their abusive relationships and just “didn’t like” who they were when with the abuser. Frequently, participants felt like they were not good enough, not worth anything, and questioned who they were as a person. Following separation from the abuser, participants reflected on their experience and who they use to be as individuals, which was stated to be very important to recovering overall. From their stories, participants had to work against established negative beliefs about themselves from the relationship and begin to reconstruct their self-concept through methods of reflection and realizing that they were not deficient in some way. Flasch, et al. (2015) had a similar finding in their study of women recovering from IPV. “In describing their process of overcoming abuse, participants explained how their abusers had disempowered them to the point that self-esteem and sense of individuality and worth was lost, or, at the very least, severely damaged.” Their recovery was heavily centered around re-establishing a sense of self or “who they once were” again. However, there is a slight difference in this part of recovery for gay men. It is a more difficult process than just simply working against beliefs because of abuse. Gay male survivors must deal with the negative beliefs and experiences because of their abuse, but they also have to consistently deal with the oppression of their sexual identity at the same time. With microaggressions, negative social messages, etc. gay men may be working to confront internalized homophobia that is perpetuated by the abuse or in general work against dealing with negative stigma and the suppression of their identities in general.

In all of the theories presented previously on the recovery process and journey to healing, reflection on the abuse is important to the recovery process. It is through reflection on the abuse that survivors experience reclaiming of the self and begin re-establishing positive beliefs of themselves. They begin to realize the strength they have within themselves and rediscover positive attributes they hold that had been suppressed completely during the abuse. It seems that participants reflected on the past and began to rediscover positive aspects of who they were before the abuse and begin to, as Jason stated, “become whole again.” However, they must also confront the negative experiences that they had in terms of identifying their abuse and the intersection of their gay identity at the same time. Some of this difficulty may also tie back into the construct of masculinity in general and reconstruction of an acceptable masculine position as a gay male and an identity that is accepted and legitimized by those around them. This is something is particularly impactful to the recovery process for gay male survivors.

The last theme identified was emotional responses throughout the process of recovery. As expected, there was a wide variability in the emotional responses experienced by each participant and varying across times during the recovery process. Justin, for example, expressed feeling guilty following the separation due to his ex-partner’s response to the termination of the relationship. He also stated that he experienced sadness for periods of time almost “mourning” the loss of the relationship. Michael expressed significant amounts of anger towards his abuser throughout different times of his recovery process. The anger typically was triggered by certain events that brought back painful memories for him and subsequently impacted his sense of recovery. Jason expressed that he felt a sense of shame and embarrassment at points throughout his recovery process particularly when asked about his past relationship. This appeared to be related to his sense of masculinity and “feeling weak” when asked to disclose information to

others. He reported that he often didn't confide in others about his experience due to these emotional experiences, which impeded his recovery process.

Overall, it appears that emotional experiences vary across individuals in many ways depending on their varying contexts. Participants also expressed some variability among themselves of emotional responses throughout different times of their recovery process demonstrating that emotional experiences are transient and not predictable. This highlights that the recovery process can look very different from person to person depending on the totality of their experiences and other historical factors. With this, it is important to think about the recovery process flexibly in that there are shared factors among survivors but also there is no one experience that is exactly alike. At the same time, concepts of masculinity must be considered in terms of emotional responses. For Michael, he experienced revenge fantasies which would be more consistent with societal expectations of emotional responses for men. Those who experience something other than anger at their abuser may be seen as "weak" as portrayed in many of the participants stories. Simple depression and anxiety related to the abuse during recovery, may themselves be "unacceptable responses" for a man in a heteronormative world. Their experience may further invalidate them as individuals presenting further issues in the recovery process in simply understanding their own emotional processes that are consistent with typical presentations of victims of abuse. The fact that men are socialized to be tough and invulnerable may in fact make the typical emotional responses to abuse even more threatening. Another consideration as well is the idea of internalized homonegativity in Meyer's model of minority stress. Gay man may already internalize a sense of self-hatred around their identity that can further exasperate emotional responses, particularly feelings of shame, as the self-hatred developed through minority stress aligns with the beliefs established through the abuse. This may

make it even more difficult to move through negative emotional experiences effectively for gay male survivors.

Overall, the recovery process for gay male survivors are similar and very distinct to those of their heterosexual counterparts. Below is a review of the models of recovery previously stated and they are compared to the narratives and themes provided by the participants in the study to demonstrate parallels as well as difference.

In Wuest and Merritt-Gray's Stages of Recovery (1999; 2001), the construct of "reclaiming of the self" included separation from abuser as well as re-establishing self-concept that was damaged in the abusive relationship. Both separation and self-concept were found as major themes in the participants narratives in this study. In fact, participants identified these two areas as one of the most important aspects of the journey through recovery.

In Farrell's themes in healing from IPV (1996), themes centered around flexibility, awakening, relationships, and empowerment. Flexibility appeared in the themes around resiliency and better self-awareness. Awakening refers to self-direction and agency which participants also referenced across themes. Relationship centered on the ability to integrate a sense of self which emerged as a major theme here. Empowerment refers to abilities to make choices for their lives and move toward personal accomplishments. Agency was expressed as important by all participants, but only Michael included personal accomplishment (going to law school) as an important part of recovery.

In Smith's stages of recovery from past IPV (2003), reflection, meaning, and separation were important to the healing process. From the stories of the participants experience, reflection

on the past abuse was important in gaining perspective around their experience, meaning was important in reconstructing the narrative of their experience, and separation was viewed as critically important to healing. The stage of Struggles previously described also aligned with the themes found with this study. This included asking for and accepting help from others, establishing a sense of freedom, grieving the losses associated with the abuse and leaving, confronting regrets, and dealing with resulting emotional pain. The final stage of healing/growth centered around regaining self-compassion and taking on the personal responsibility of recovery. This stage of the model didn't appear to relate strongly to the themes found among participants. Many talked about reconstructing their self-concept which may have called for self-compassion, but it was not explicitly framed that way. Themes also did not uncover much about personal responsibility of recovery either but may have been implied.

In Allen and Wozniak's rites of passage model (2011), separation, liminality, and incorporation were the main components to recovery. Separation aligns with the themes in this study and incorporation involved emerging with a new-found identity which also seems to be consistent throughout the themes found. The stage of liminality includes re-evaluating roles and relationships in the survivor's life. This stage did not appear to be consistent with themes found.

In Hou et al.'s reconstructing the self-model (2013), recovery occurred through Reconstructing the Self that is made up of the following four themes: feeling shame, creating mastery, recognizing the imperfect self, and embodying the self by helping others. Shame was found multiple times throughout the narratives of the participants as well as creating mastery as described as finding autonomy beyond separation to improve oneself and adjust attitudes. Embodying the self by helping others did not appear in the themes found among participants. As

stated before, gay male survivors often are reluctant to share their experience of abuse for multiple reasons. They did not seem to use helping others as a way of furthering recovery possibly because of stigma related to IPV or out of continued shame.

In Flasch, Murray, and Crowe's interpersonal and intrapersonal processes of recovery, categories included *regaining and recreating one's identity, embracing the freedom and power to direct one's own life, healing from the mental and physical health symptoms of the abuse, education and examination of abusive relationships, fostering acceptance and forgiveness with self and abuser, determining whether and how to enter new intimate relationships, and acknowledging the long-term process of overcoming abuse* (p. 13-19). In the *Interpersonal Processes of Overcoming Abuse*, the survivors navigate recovering from abuse through *building positive social support and relationships and using one's experiences with abuse to help others*. The first category of regaining and recreating one's identity is consistent with the theme of self-concept/self-esteem as participants took back control of their lives and began to repair the negative self-beliefs that emerged from the abuse. The theme of embracing freedom and power to direct one's own life was also consistent throughout the different themes found as participants regained the ability of self-determination and control. The theme of healing from the mental and physical health symptoms of abuse seems a little more unclear but may be like the participants experiences of overcoming emotional experiences of shame, anxiety, and depression. The theme of education and examination of abusive relationships also is somewhat unclear in the themes found. Participants often spoke about 'hindsight' and looking back which may indicate some alignment with reflection on the abuse. The theme of fostering acceptance and forgiveness with self and abuser is interesting to compare in the themes found. Participants seemed to indicate acceptance and forgiveness of themselves as they described in recreating their self-concept and

self-esteem. However, none of the participants spoke about forgiveness of their abusers and Michael particularly held significant hostility toward his abuser. Although forgiveness was not present, this may also be an issue of amount of time separated from the abuser. The longest time from separation was four years. It is possible that forgiveness may happen in the future for these individual or maybe not. The theme of determining how and when to enter intimate relationships is another interesting parallel with the results. Participants reported that sexual intimacy served almost as a coping strategy that made them feel desirable and wanted. They also described this as a way to improve their sense of the body image and self-concept. This differs slightly from this theme as it is primarily focused on negotiating new intimate relationships with others whereas participants in this study primarily engaged in hook-ups with no intention on establishing relationships with sexual partners. This may be a difference in the experience of gay male IPV survivors. The theme of acknowledging the long-term process of overcoming abuse was hinted at by participants but not directly stated. They seemed to speak of their experience in a way of seeming “completely recovered” despite evidence in their stories that further healing needs to occur.

Overall, there are many shared characteristics in the process of recovery for gay male survivors and research found with women survivors. However, when looking at the different themes, although similar aspects exist in other models, there is a further impact on difficulties to overcome. The concepts of masculinity, acceptable emotions, validation and acceptance of their sexuality, societal stigma, and bias, etc. impact the process of recovery in very important way.

### **Variables in the Study and Directives for Future Research**

Although working with four participants allowed for a comprehensive examination of the recovery process for these survivors, working with a small group such as this is meant to be a stepping off point for future research. The results in this study cannot necessarily be generalized to the population of gay male survivors but provide the initial step in examining recovery that ultimately can guide future research as is the goal of a qualitative study such as this.

The first variable of interest that was present in the study was that the age range of participants. Criteria for the study was an age of 18 and older. The range of ages in participants obtained was 27 to 38 years old. With mostly late 20s to late 30s individuals, there is a lack of representation of IPV survivors of younger ages and of middle age and above. This is a variable of interest considering the variation in cultures age-wise of older and younger people. Also, the individuals that self-selected for the study were late 20s to late 30s, which may have some implications about other survivors who chose not to participate in the study. It may be possible that those of a younger age still early in stages of identity development with regards to their sexual orientation chose not to participate in the study for one reason or another. This brings about questions of the interplay between identity development and abuse by an intimate partner. With this, those above 38 did not self-select either to participate. This brings further questions about older generations perception of IPV, willingness to disclose abuse, and possibly other cultural factors impacting the choice of being labeled as a “survivor.” Research also identifies that IPV among gay males has a higher prevalence within younger populations and then decreases with age. It is possible that those in the age range presented are typically in the phase of recovery to speak in retrospect about their experiences and the process required to recover. With this, older individuals than the sample presented may have less proximity to the

phenomenon at hand to identify strongly with the issue. One future direction of research could be to examine IPV among gay men of younger ages and examine differences in their developmental trajectory of their sexual identity. At the same time, a study of older survivors would help to illuminate the recovery experience in this group and possibly create some ties to cultural variables for older adults and perceptions of IPV and recovery.

Another variable present in the study was that all participants were middle class and educated individuals with some college or more. The data may not reflect those of lower socioeconomic status and education of a high school degree or less. Edwards et al. (2015) examined 96 empirical articles on IPV among gay men and found that individuals of lower SES and lower education experience IPV at a higher rate than their counterparts. So, more marginalized individuals on these factors were not represented. This may be an important variable as those who are marginalized in these ways may experience more minority stress in addition to that of their sexual orientation as well as problems with things mentioned by current participants such as access to mental health services. Future research could examine the impacts of education and SES on the recovery process to determine if these contexts change the ways in which recovery occurs.

A future direction of intersectionality of identities of survivors is another important area that needs to be further explored. Although this sample represents four different races, only one participant spoke spontaneously about the convergence of their minority race status and their minority sexual status. As survivors that are also racial minorities experience further minority stress, the impact of race on the recovery process could be important. Justin is a good example of this through his statements on reasons to not contact the police out of fear of being labeled the

aggressor as a Mexican American. This is particularly salient in the current sociopolitical climate and police often targeting minorities.

Another suggestion for future research would be to conduct studies isolated to psychological, physical, and sexual abuse. Although most survivors experience more than just one form of violence, it may be important to explore those who have experience these in isolation to better understand impacts from different forms themselves and the possible way the forms of violence may interact with one another. Michael is an example of the need for this as he was the only participant who had experienced sexual abuse. His experience had negative impacts during his recover around intimacy that the other participants did not struggle with. A closer examination in a study explore the different forms of violence could better illuminate specified experiences of recovery for the different type of abuse.

Since this study was a phenomenological analysis, it did not employ any instruments to measure various factors that may be present or may impact the process of recovery. Another prospective study could examine levels of minority stress in relation to recovery using an instrument such as the Sexual Minority Stress Scale (Iniewicz, Sałapa, Wrona & Marek, 2017). Also, from the research reviewed prior, risk factors for IPV often include other traumatic experiences particularly during childhood. The CDC conducted a study on adverse childhood experiences (ACEs) that revealed that those with traumatic experiences during childhood and adolescence were at risk for later difficulties with mental health in addition to other negative outcomes (Felitti et. al., 1998) 20. The exposure to one ACE greatly increases the risk for exposure to other ACEs. Multiple ACEs not only predicts poor health and mental health outcomes but also increase the risk for those with multiple ACEs to experience further abuser

and violence well into adulthood. It may be beneficial to use the ACEs questionnaire to measure these experiences and determine what impact this may have on the recovery process from IPV.

Finally, a longitudinal study would be beneficial to understand the recovery process across time. Although participants reported that they were recovered from their experience of abuse, it was evident that the experience continued to impact them in different ways. It was also the point of this study to look at recovery beyond one year of termination of the relationship so that participants had some sense of reflection on the abuse. With a longitudinal study, an examination of recovery could be explored during early stages as well as later stages throughout life.

### **Researcher Dynamics**

As a gay male survivor of IPV, my role as the investigator and interviewer requires a brief discussion. As a part of bracketing necessary to phenomenological research as outlined by Cresswell (2012), it is important for the investigator to set aside their biases and assumptions to effectively explore the phenomenon being studied for each participant. As such, it is important to discuss my “personal experiences with the phenomenon” (Cresswell, 2012). First, I will give a brief description of my personal experience with the phenomenon. I will also identify some of the assumptions/biases that I entered this study with.

Some important aspects of my experience include that I was subject to emotional and physical abuse within a relationship with a romantic partner. The relationship was difficult, but I did not view it as abusive for most of the four years that I remained in the relationship. I did not typically view the emotional and psychological abuse as abuse itself. It was only until an experience of physical abuse occurred that I realized the need to end the relationship. I terminated the relationship and engaged with the legal system to press charges and continued

through the process of obtaining a plea by my ex-partner. I struggled with PTSD symptoms for a period of a year after the relationship and worked with a therapist who helped me reduce symptoms and process the experience that I had been through. Fortunately, I found support among my friends, family, and the LGBT community during my recovery process and after a period of two years, I felt that I successfully navigated the recovery process. However, I realized that the experience did leave unresolved issues that emerged in future relationships where I engaged in therapy again to work through these. I now consider myself not a victim but a survivor of IPV and have used to my experience to better myself and also work toward illuminating this issue in the LGBT community and help those who have also experienced such a damaging experience in their lives.

Some assumptions that I entered this study with was that 1) survivors will be open to discussing their experiences openly and able to identify specific factors that contributed to their recovery 2) survivors will have struggled emotionally through their experience of recovery 3) post-traumatic growth will occur for survivors as a result of their recovery process 4) survivors will receive positive support from the LGBT community around their experience 5) survivors will generally have access and will utilize formal support services such as therapy, advocacy programs, etc. and 6) survivors will have experienced discrimination and other forms of bias in their recovery process.

### **Implications and Recommendations**

From the data obtained in this study and subsequent analysis of themes found, implications and recommendations are provided below for clinicians working with gay male survivors of IPV and gay male survivors of IPV themselves.

## **For Clinicians**

Working with gay men who are survivors of IPV can be challenging work as the results of this study have shown that there is no clear path with regards to the recovery process. Significant individual differences emerged that may make it difficult to navigate this process with clients. The following are some suggestions that will be helpful to utilize and/or reflect on when working with a survivor.

Although diversity training is often provided to clinicians through academic endeavors or even within mental health systems, it is important for those working with gay male survivors to understand the unique characteristics of violence in gay relationships, specific outcomes of IPV for this population, and the impact of minority stress variables on the recovery process for gay male survivors. These variables across the client's lifetime could be imperative to understanding and assisting in their recovery process. Although it is important to educate yourself with up to date literature on IPV to better assist survivors, it is also important to understand the variability between individuals on multiple levels. As demonstrated in this study, the recovery process can look similar and very different at the same time based on unknown variables. As a clinician, it may take significant time to fully understand the multiple layers at play and should be patient and inquisitive to the dynamics at play. It can also be useful to highlight for clients that the recovery process can look different across time with fluctuations in emotional responses and should normalize this experience for them.

With this, it is also important to understand your major identity factors being brought into the therapeutic environment as this may impact the relationship. A client who has high stigma consciousness based on race, sexual orientation, or other factors, may be reluctant to disclose about their experiences and the impact that it is having on their life. Meyers (2003) found that the

interaction of the minority individual and the dominant culture creates stress as they may have a history of prejudice and discrimination. As a therapist, it is important to examine your major identity factors and ways in which you may be a part of the dominant culture for the survivor. Expectations of bias and invalidation may be present and can lead to reluctance to build a working alliance. Efforts in these situations must be made to gain trust, attempt to neutralize power and to remain patient for clients to be comfortable to share. It also can be helpful to assess the client's current minority stress being experienced and in turn educating them about what minority stress is, how it impacts them as a sexual minority, and also how it may impact the process of recovery overall.

Another consideration a clinician should pay attention to is the intersectionality of a survivor's identities. For example, Justin spoke about the difficulties he had around fear of contacting the police during abuse out of fear of being labeled the aggressor as a Mexican American. Survivors also may experience stress simply as a racial minority as well adding to the impact of sexual minority stress. Meyer's (2003) notes that individuals can have confounding minority stress as gay men and as another oppressed group such as race, which can further complicate things. Like Justin, those of a minority racial status may fear being labeled as aggressive based on biases held in society about different races and aggression. It can be useful to explore these different identities and open a discussion on how multiple minority statuses impact the client in various ways. Some points of entry could be to talk about power and oppression within the abusive relationship itself such as who held power or privilege in various ways. The insight into this can help the client gain perspective into the abuse that occurred and create meaning by understanding the different dynamics that were at play.

From the data obtained, it is also important for the clinician to understand the importance and role of concepts of masculinity, not only within the context of gay male relationships, but also in the recovery process from IPV among men in general. Even simply the expression of certain emotions in response to their abusive relationship may feel threatening to a client and normalization through psychoeducation of the effects of abuse may be necessary to help clients discuss these distressing emotions. With this, research has shown that men often minimize verbal, emotional and psychological abuse and often fail to recognize these as methods of abuse overall (Kubicek, et al., 2015). Illumination over the time of therapy of these types of abuse and how they are formed may be important in the experience of therapy for a client as typically only physical and sexual abuse get emphasis as forms of violence experienced.

As all the participants identified in this study, “random hook-ups” was used as a sort of coping mechanism during their process of recovery. It is important to not shame the client for engaging in sexual behaviors that can be somewhat reparative, but also to recognize that risky sexual behaviors can result in consequences such as contracting STDs. In a non-shaming manner, it would be beneficial to provide psychoeducation around safe sexual behaviors (e.g. condom use, regular STD testing) and even discuss with the client the possibility of speaking to their doctor about PrEP. Along similar lines, clinicians should address dynamics around HIV status. If they are positive, is there a fear around their former partner disclosing their status? Was their partner positive or negative? A discussion can be opened around healthy sexual behaviors as an HIV positive survivor and discuss how safe sex can be negotiated with future partners.

Participants in this study also identified substance use as an initial coping mechanism to “numb feelings.” However, it was also used in conjunction with connecting with friends and the

community. Knowing this, it is important to assess substance use and have an open discussion with clients around what is abuse versus use and to continually monitor this with them.

Lastly, exercise was an important coping mechanism for participants in not only feeling as if they were taking care of themselves physically but was also reparative to body image issues established or exacerbated in the abusive relationship. Exercise could be a positive suggestion to make to survivors during the recovery process along with some psychoeducation around the effects of exercise in relation to mental health. In recent years, there has been growing literature on things such as yoga, trauma release exercises, and more that have been found to be useful for survivors. As previously mentioned Concepcion and Ebbeck (2005) found that “physical activity gave women a sense of accomplishment and improved their mental and emotional status, gave them hope and healing, a sense of being “normal,” of working toward a future self, and freedom.” Other recent research has shown mind-body therapy and yoga to be particularly effective in treating the mental health impacts of trauma. This work engages the survivor in connecting with their body and sensations that in turn decrease PTSD symptoms as well as depression and anxiety (Warshaw and Sullivan, 2013). One model of therapy that may be beneficial and has gained traction in research in its effectiveness for survivors is body psychotherapy (Röhricht, 2009). The essential concepts of this modality of therapy include the body mind, armoring and character, energy, body memory, and trauma. In body mind, the body and mind together “embody integration of thoughts, feelings, and physical bodily experiences and sensations. All parts of the person can be accessed at various points in treatment in order to effectively and holistically address concerns.” In armoring and character, it is believed that people develop “systems of bodily armor” which is characterized by muscle tension and rigidity in an attempt to protect themselves from physical and emotional pain. Body work at this level

attempts to reduce the tension in rigidity to help clients move past this defensive technique. In energy, the idea is that energy is stored and released from the body and plays a role in how individuals “carry themselves, experience and heal from pain, and interact with the world.” The idea is to use this energy constructively to promote flow and release of energy. Body memory addressed by this type of therapy comes out of a theoretical view that some trauma is actually stored in various parts of the body and not just the mind. Body work then is used to heal these memories that otherwise couldn’t be addressed by talk therapy. Lastly, the concept of trauma in this therapy “aligns with that of body memory, proposing that traumatic experience can create energy build-up, or blockages, that lead to physical and mental health concerns.” Suggesting some type of body work could be beneficial for many clients, particularly ones struggling with body image difficulties.

Overall, the recovery process for gay male survivors of IPV is very complex and characteristics vary greatly across individuals. This researcher believes that a wholistic and integrative approach to guiding survivors through the recovery process is needed in order to meet the specific needs of each client. The information presented is not an exhaustive list of techniques, tools, or suggestions. Continue to stay informed with the emerging research on this topic and integrate elements needed to help a client on their journey.

### **For Gay Male Survivors of IPV**

Recommendations for survivors are based on the current study as well as prior research. Primarily, it is important to break the silence on this issue within the gay community. Many of those within the community have experienced some form of IPV in their lifetime and may not disclose this. Without visibility and education on the issue, it will go unnoticed and may prevent

positive efforts to work against IPV in general. If possible, get involved in support groups to provide insight to others or simply talk to others in the community about this issue.

Second, experiences of discrimination and prejudice in life cannot be generalized to all of those in a social support system. Support from those closest to the survivor is important on the road to recovery. Hesitation may often be based off past bad experiences and can't be carried over into all relationships in life. Third, know that resources are available to you to even if you cannot find resources in your area. There are hotlines, forums, chats, etc. available to you that provides a safe space to process your experiences and help you in your road to recovery.

Lastly and most importantly, understand that recovery is a complicated and lengthy process. There are many factors at play, and you must be patient with yourself navigating the multiple dimensions of not only what you experienced, but how you experienced it. Recovery will take time and will look and feel different at different times. Remember to move at your own pace and value yourself and your process. Also, therapy can be a very useful resource in your road to recovery. Take time to research competent therapist familiar with working with survivors of IPV. Even when things seem difficult, it is important to continue working with a therapist, processing with close supports, and reflecting on your experience.

## References

- Allen, K. N., & Wozniak, D. F. (2011). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health, 9*(1), 37-55.  
doi:10.1080/15332985.2010.494540
- American Psychological Association. (2002). *American Psychological Association ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>.
- Anderson, K. M., Renner, L.M., & Danis, F.S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women, 18*(11), 1279-1299.
- Barber, C. F. (2008). Domestic violence against men. *Nursing Standard, 22*(51), 35-39.
- Bartholomew, K., Regan, K. V., White, M. A., & Oram, D. (2008). Patterns of abuse in male same-sex relationships. *Violence and Victims, 23*(5), 617-636.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Retrieved from <http://http://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf>
- Cabaj, R. P. (1996). Substance abuse in gay men, lesbians, and bisexuals. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 783-799). Arlington, VA: American Psychiatric Association.
- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence & Abuse, 17*(5), 1-13. doi: 10.1177/1524838015585318

- Capaldi, D., Knoble, N., Shortt, J., & Kim, H. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231-280.
- Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence, 26*(7), 501-509.
- Center for Disease Control and Prevention. (2011). *Division of Violence Prevention Annual Report* [Report]. Retrieved from [http://www.cdc.gov/violenceprevention/pdf/dvp\\_annualreport\\_2011-a.docx](http://www.cdc.gov/violenceprevention/pdf/dvp_annualreport_2011-a.docx)
- Substance Abuse and Mental Health Services Administration (2014). Trauma Awareness. In *Tip 57: Trauma-Informed Care in Behavioral Health Services* (pp. 33 – 58). Rockville, Maryland: Substance Abuse and Mental Health Services Administration.
- Concepcion, R. Y., & Ebbeck, V. (2005). Examining the physical activity experiences of survivors of domestic violence in relation to self-views. *Journal of Sport and Exercise Psychology, 27*(2), 197-211. Retrieved Nov 1, 2019, from <https://journals.humankinetics.com/view/journals/jsep/27/2/article-p197.xml>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage. H61.C73 2013
- Dank, M., Lachman, P., Zweig, J., & Yahner, J. (2014). Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of Youth & Adolescence, 43*(5), 846. doi:10.1007/s10964-013-9975-8
- Delara, M. (2016). Mental health consequences and risk factors of physical intimate partner violence (link is external). *Mental Health in Family Medicine, 12*: 119-125.

- Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence, 5*(2), 112-121. doi:10.1037/a0038656
- Fargo, J.D., (2008). Pathways to adult sexual revictimization: Direct and indirect behavioral risk factors across the lifespan, *Journal of Interpersonal Violence, 24*(11), 1771-1791.
- Farrell, M. L. (1996). Healing: A qualitative study of women recovering from abusive relationships with men. *Perspectives in Psychiatric Care, 32*(3), 23-32.  
doi:10.1111/j.1744-6163.1996.tb00511.x
- Felitti, V. J. et. al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4), 245-258.
- Finneran, C., & Stephenson, R. (2013). Intimate partner violence among men who have sex with men: A systematic review. *Trauma, Violence, & Abuse, 14*(2), 168-185.  
doi:10.1177/1524838012470034
- Flasch, P., Murray, C. E., & Crowe, A. (2015, August 10). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence, 1*-29. doi: 10.1177/0886260515599161
- Flury, M., & Nyberg, E. (2010). Domestic violence against women: definitions, epidemiology, risk factors and consequences. *Swiss medical weekly, 140*(3536).
- Goldenberg, T., Stephenson, R., Freeland, R., Finneran, C., & Hadley, C. (2016). 'Struggling to be the alpha': Sources of tension and intimate partner violence in same-sex relationships between men Taylor & Francis. doi:10.1080/13691058.2016.1144791
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence, from domestic abuse to*

- political terror*. New York, NY: Basic Books, a member of the Perseus Books Group.
- Hou, W., Ko, N., & Shu, B. (2013). Recovery experiences of Taiwanese women after terminating abusive relationships: A phenomenology study. *Journal of Interpersonal Violence*, 28(1), 157-175.
- Iniewicz, G., Sałapa, K., Wrona, M., & Marek, N. (2017). Minority stress among homosexual and bisexual individuals - from theoretical concepts to research tools: The Sexual Minority Stress Scale. *Archives of Psychiatry & Psychotherapy*, 19(3), 69–80. <https://doi-org.tcsedsystem.idm.oclc.org/10.12740/APP/75483>
- Kaysen et. al (2007). Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking, *Addictive Behaviors*, 32(6), 1272-1283.
- Kubicek, K., McNeeley, M., & Collins, S. (2015). 'Same-sex relationship in a straight world': Individual and societal influences on power and control in young men's relationships. *Journal of Interpersonal Violence*, 30(1), 83-109. doi:10.1177/0886260514532527
- Kuehnle, K., & Sullivan, A. (2003). Gay and lesbian victimization: Reporting factors in domestic violence and bias incidents. *Criminal Justice and Behavior*, 30(1), 85-96.  
doi:10.1177/0093854802239164
- Kvale, S. & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. 2nd edition. Los Angeles, CA: SAGE Publications Ltd.
- McClennen, J. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence*, 20(2), 149-155.  
doi:10.1177/0886260504268762
- McCormack, M. (2014). Innovative sampling and participant recruitment in sexuality research.

- Journal of Social and Personal Relationships*, 31(4), 475-481.
- McKenry, P. C., Serovich, J. M., Mason, T. L., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence*, 21(4), 233–243. <https://doi.org/10.1007/s10896-006-9020-8>
- Mejía, X. E. (2005). Gender Matters: Working with Adult Male Survivors of Trauma. *Journal of Counseling & Development*, 83(1), 29–40. <https://doi-org.tcsedsystem.idm.oclc.org/10.1002/j.1556-6678.2005.tb00577.x>
- Merrill, L., & Guimond, J. (2003). Child sexual abuse and number of sexual partners in young women: The role of abuse severity coping style, and sexual functioning. *Journal of Consulting and Clinical Psychology*, 71(6), 987-996.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi:10.1037/0033-2909.129.5.674
- National Coalition of Anti-Violence Programs (NCAVP). (2016). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected hate violence in 2016* [Report].
- Newcomb, M. & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, 30, 1019-1029.
- Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., & MacMillan, H. (2014). Gay men and intimate partner violence: A gender analysis. *Sociology of Health & Illness*, 36(4), 564-579. doi:10.1111/1467-9566.12099
- Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron?. Quality & Quantity. *International Journal of Methodology*, 41(2), 233-249.
- Pence, E., & Paymar, M. (1993). Education groups for men who batter: The Duluth model. New

- York, NY, US: Springer Publishing Company. <http://dx.doi.org/10.1891/9780826179913>
- Peterman, L. M. and Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling & Development*, 81(1), 40-47. doi:10.1002/j.1556-6678.2003.tb00223.x
- Ports, K., Lee, R., Raiford, J., Spikes, P., Manago, C., Wheeler, D., ... Wheeler, D. P. (2017). Adverse childhood experiences and health and wellness outcomes among black men who have sex with men. *Journal of Urban Health*, 94(3), 375–383. <https://doi-org.tcsedsystem.idm.oclc.org/10.1007/s11524-017-0146-1>
- Ristock, J. (2005). *Relationship violence in Lesbian/Gay/Bisexual/Transgender/Queer [LGBTQ] communities: Moving beyond a gender-based framework*. Violence Against Women Online Resources, University of Minnesota. Retrieved from <http://www.mincava.umn.edu/documents/lgbtqvioence/lgbtqvioence.pdf>
- Röhrich, F. (2009) Body oriented psychotherapy. The state of the art in empirical research and evidence-based practice: A clinical perspective. *Body, Movement and Dance in Psychotherapy*, 4(2), 135-156, DOI: 10.1080/17432970902857263
- Smith, M. E. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543-573. doi:10.1080/01612840305290
- Stanley, J., Bartholomew, K., Taylor, T., Oram, D., & Landolt, M. (2006). Intimate violence in male same-sex relationships. *Journal of Family Violence*, 21(1), 31-41. doi:10.1007/s10896-005-9008-9
- Stephenson, R., & Finneran, C. (2017). Minority stress and intimate partner violence among gay and bisexual men in Atlanta. *American Journal of Men's Health*, 11(4), 952–961. <https://doi-org.tcsedsystem.idm.oclc.org/10.1177/1557988316677506>

- Stephenson, R., Sato, K. N., & Finneran, C. (2013). Dyadic, partner, and social network influences on intimate partner violence among male-male couples. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 14(4), 316–323. <https://doi-org.tcsedsystem.idm.oclc.org/10.5811/westjem.2013.2.15623>
- Stults, C. B., Javdani, S., Greenbaum, C. A., Barton, S. C., Kapadia, F., & Halkitis, P. N. (2015). Intimate partner violence perpetration and victimization among YMSM: The P18 cohort study. *Psychology of Sexual Orientation and Gender Diversity*, 2(2), 152-158. doi:10.1037/sgd0000104
- Suarez, N. A., Mimiaga, M. J., Garofalo, R., Brown, E., Bratcher, A. M., Wimbly, T., ...
- Stephenson, R. (2018). Dyadic reporting of intimate partner violence among male couples in three US cities. *American Journal of Men's Health*, 12(4), 1039–1047. <https://doi-org.tcsedsystem.idm.oclc.org/10.1177/1557988318774243>
- Tufford, L. & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work*, 11(21), 80-96.
- Walker, L. (2017). *The battered woman syndrome* (Fourth ed.) [Fourth edition.]. New York, NY: Springer Publishing Company. (2017).
- Walters, M. L., Chen, J., & Breiding, M. J. (2013). The national intimate partner and sexual violence survey: 2010 findings on victimization by sexual orientation. *The National Intimate Partner and Sexual Violence Survey: 2010 Findings On Victimization By Sexual Orientation*, 41.
- Warshaw, Carole; Sullivan, Cris; Rivera, Echo. (2013). A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors. National Center on Domestic Violence, Trauma & Mental Health, 27 pgs.

Wuest, J., & Merritt-Gray, M. (1999). Not going back: Sustaining the separation in the process of leaving abusive relationships. *Violence Against Women, 5*(2), 110-133.

doi:10.1177/107780129952002

Wuest, J., & Merritt-Gray, M. (2001). Reclaiming self after leaving an abusive male partner. *Canadian Journal of Nursing Research, 329*(4), 79-95.

## Appendix A: Key Terms

**Intimate partner violence** is defined as physical violence, sexual violence, or psychological aggression with each using the uniform definitions recommended by the CDC (Breiding, Basile, Smith, Black, & Mahendra, 2015).

### **Physical Violence**

Physical violence is defined as the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one's body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above acts. (p. 11)

### **Sexual Violence**

Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysical pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party. (p. 11)

### **Psychological Aggression**

Psychological aggression can include but is not limited to: Expressive aggression (e.g., name-calling, humiliating, degrading, acting angry in a way that seems dangerous).

Coercive control (e.g., limiting access to transportation, money, friends, and family; excessive monitoring of a person's whereabouts and communications; monitoring or interfering with electronic communication (e.g., emails, instant messages, social media) without permission; making threats to harm self; or making threats to harm a loved one or possession). Threat of physical or sexual violence (e.g., "I'll kill you;" "I'll beat you up if you don't have sex with me;" brandishing a weapon)—use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.

Threats also include the use of words, gestures, or weapons to communicate the intent to compel a person to engage in sex acts or sexual contact when the person is either unwilling or unable to consent. Control of reproductive or sexual health (e.g., refusal to use birth control; coerced pregnancy terminations). Exploitation of victim's vulnerability (e.g., immigration status, disability, undisclosed sexual orientation). Exploitation of perpetrator's vulnerability (e.g., perpetrator's use of real or perceived disability, immigration status to control a victim's choices or limit a victim's options). For example, telling a victim "if you call the police, I could be deported." Gaslighting (i.e., "mind games") – presenting false information to the victim with the intent of making them doubt their own memory and perception. (p. 15)

**Intimate Partner** is defined by the uniform definition recommended by the CDC (Breiding, Basile, Smith, Black, & Mahendra, 2015).

An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all of these dimensions.

Intimate partner relationships include current or former: spouses (married spouses, common-law spouses, civil union spouses, domestic partners), boyfriends/girlfriends, dating partners, ongoing sexual partners. (p. 11)

## Appendix B: Screening Questions

Are you 18 years or older?

Is English your primary language?

Were you born in the United States?

What is your biological sex?

What is your gender?

Do you identify as gay?

Have you ever experienced psychological, physical, or sexual abuse by a partner you were romantically involved with?

If so, have you been separated from this person for at least a period of one year?

Are you currently in an abusive relationship?

Do you consider yourself recovered from the past experience of abuse?

## Appendix C: Interview Guide

Is it okay with you that I begin taping? (Begin recording with their consent)

Now that we have gone over informed consent, do you have any questions?

Are you willing to continue participating?

In return for your participation in this study, I would like to give you this gift card for your time.

First, I want to let you know that this interview is your opportunity to speak about your experiences freely and what you think about them. This is *your* interview and if there are things, I don't ask that are important to you, please feel free to tell me.

Do you have any questions before we begin?

I would like to first get some demographic information from you. How old are you? What is your race or ethnicity? What is your marital status? What is your occupation? What is your highest level of education? What category best describes your annual household income: less than \$24,999, \$25,000 to \$49,999, \$50,000 to \$99,999, or \$100,000 or more?

Can you tell me a little bit about yourself?

Now I'm going to ask you questions about your experience after IPV and the process of recovering from that event. Again, if you feel that there are important aspects of your experience that I don't ask about, please let me know.

To begin, when I say psychological recovery from IPV, what does that mean to you?

Can you walk me through what the process of recovery entailed for you?

What was helpful in your experience of recovering from that event? (Probe for social relations, services accessed, experiences with legal entities, work relations, if needed)

What barriers did you encounter? (Probe for aspects listed above if needed)

(If needed) How do you think your identity as a gay male influenced this experience?

Do you view your experience of recovery differently now that time has passed?

Are there any other important aspects of life after experiencing IPV that I didn't cover that you feel are important to share with me?

## Appendix D: Referrals and Resources for Participants

Thank you for your participation!

Your time and participation in this study is greatly appreciated. Discussing intimate partner violence in detail as a survivor can sometimes cause emotional distress due to the sensitive nature of the subject. If you are experiencing emotional distress, I urge you to seek support and have provided resources below.

City of Chicago Domestic Violence Help Line

Phone: (877) 863-6338

Available 24 hours a day

This helpline provides support for those experiencing a wide range of difficulties related to intimate partner violence and will be able to provide support as well as give referrals to psychological services close to you.

Violence Resource Hotline – Center on Halsted

Phone: (773) 871-CARE (2273)

This hotline has become a cornerstone of recovery for many LGBTQH victims, witnesses, and friends of those who have experience bias/discrimination, or domestic, sexual, hate or police violence in the Chicago area. The line can provide callers with safety planning, information and referrals, personal, legal and media advocacy, public outreach and education, and crisis counseling. There are *no fees* for Violence Resource Line services.

Howard Brown Health

Phone: (773) 388-8882

Various locations in the city available

Howard Brown's Violence Recovery Project (VRP) offers individual and group counseling, plus comprehensive services to survivors and victims of domestic or intimate partner violence.

*This research is being conducted as part of a degree requirement at the Chicago School of*

*Professional Psychology and has been approved by the school's Institutional Review Board and*

*that any concerns should be directed to the study supervisor, Dr. Braden Berkey at*

*bberkey@thechicagoschool.edu.*