Gay and Bisexual Men's Perceptions of Police Helpfulness in Response to Male-Male Intimate Partner Violence

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Introduction Despite several recent studies documenting high rates of intimate partner violence (IPV) among gay and bisexual men (GBM), the literature is silent regarding GBM's perceptions of IPV within their community. We examine GBM's perceptions of same-sex IPV: its commonness, its severity, and the helpfulness of a hypothetical police response to a GBM experiencing IPV.

Methods: We drew data from a 2011 survey of venue-recruited GBM (n=989). Respondents were asked to describe the commonness of IPV, severity of IPV, and helpfulness of a hypothetical police response to IPV among GBM and among heterosexual women. We fitted a logistic model for the outcome of viewing the police response to a gay/bisexual IPV victim as less helpful than for a female heterosexual IPV victim. The regression model controlled for age, race/ethnicity, education, sexual orientation, employment status, and recent receipt of physical, emotional, and sexual IPV, with key covariates being internalized homophobia and experiences of homophobic discrimination.

Results: The majority of respondents viewed IPV among GBM as common (54.9%) and problematic (63.8%). While most respondents had identical perceptions of the commonness (82.7%) and severity (84.1%) of IPV in GBM compared to heterosexual women, the majority of the sample (59.1%) reported perceiving that contacting the police would be *less* helpful for a GBM IPV victim than for a heterosexual female IPV victim. In regression, respondents who reported more lifetime experiences of homophobic discrimination were more likely to have this comparatively negative perception (odds ratio: 1.11, 95% confidence interval: 1.06, 1.17).

Conclusion: The results support a minority stress hypothesis to understand GBM's perceptions of police helpfulness in response to IPV. While IPV was viewed as both common and problematic among GBM, their previous experiences of homophobia were correlated with a learned anticipation of rejection and stigma from law enforcement. As the response to same-sex IPV grows, legal and health practitioners should ensure that laws and policies afford all protections to GBM IPV victims that are afforded to female IPV victims, and should consider methods to minimize the negative impact that homophobic stigma has upon GBM's access of police assistance. [West J Emerg Med. 2013;14(4):354–362.]

INTRODUCTION

Recent studies suggest that gay, bisexual, and other men who have sex with men (MSM) experience intimate partner violence (IPV) at rates comparable to or higher than those documented among women.[1–3] Current estimates indicate that approximately 25–50% of United States gay and bisexual men report experiencing physical IPV and 12–30% report experiencing sexual IPV.[1, 2, 4–6] Despite a nascent increase in IPV studies among MSM, same-sex IPV continues to be markedly under-researched, particularly when compared to the vast body of literature regarding male-perpetrator/female-victim IPV.[7,8]

As the extent of same-sex IPV among gay, bisexual, and other MSM is beginning to be documented in the literature, many facets of IPV among MSM remain unaddressed. Published studies have, in general, sought to determine IPV prevalences, typologies, demographic correlates, and health sequela.[7] The literature is comparatively silent, qualitatively and quantitatively, as to the experiences of survivors of same-sex IPV. There is also a lack of studies as to the perceptions of gay, bisexual, and other MSM regarding the extent of IPV in lesbian, gay, bisexual, and transgender (LGBT) communities. Specifically, we find no published studies that examine gay and bisexual men's perceptions of the commonness, severity, and helpfulness of a police response to IPV within their communities – areas that have been examined in great detail for male-perpetrator/female-victim IPV. Indeed, it remains unknown to what extent same-sex IPV is reported to any part of the legal system; nor are there data regarding the experiences of survivors of same-sex IPV who do contact the police.

What is known about perceptions of police response to IPV comes entirely from research drawn from samples of women. Although IPV is thought to be among the crimes most commonly reported to law enforcement, it is estimated that a minority of IPV survivors report to the police, and that only a fraction of reported crimes result in the arrest of the perpetrator of the violence.[9,10–12] Indeed, the use of contacting the police in preventing future victimization is in dispute, as is the efficacy of so-called "no drop" policies in which perpetrators of partner violence are always prosecuted.[11–13] Not all women who contact the police want their abusive partners to be arrested, and women who do contact the police often fear reprisal in the form of revictimization.[14,15]

Multiple researchers have examined what factors make women more or less likely to contact the police in cases of IPV; other have focused on the other areas of support, including social support, that women access in addition to or in place of police assistance.[16,17] Several studies have outlined dilemmas that IPV survivors face when choosing whether or not to contact the police (e.g., possible removal of children from the home, loss of economic resources, shame/humiliation from the abuse becoming public) and barriers faced after the police have been contacted (e.g., being disbelieved, having the situation dismissed/minimized, being wrongly arrested after acts of self-defense).[14,18,19] Women's satisfaction with police response ranges widely in the literature, being categorized as negative to neutral to slightly positive.[20,21] Moreover, survivors of IPV have been shown to be more likely to contact the police in cases of future victimization if the response to their initial contact is positive.[22]

Much has also been written about the role of police legitimacy in influencing when and if survivors of IPV choose to seek police intervention.[23,24] Police legitimacy, which in its broadest conceptualization refers both to the authority afforded to the police by the public as well as to the factors that influence the affording of that authority, is understood as being paramount to maintaining social order by encouraging law-abiding behaviors, compliance with police directives, and cooperation with investigations (e.g., reporting a crime).[25] Central to police legitimacy is the role of procedural justice, that is, whether or not actions taken by the police are viewed as appropriate, fair, and just.[25,26] While little data exist regarding perceptions of police legitimacy among gay and bisexual men, unfair or homophobic treatment of gay and bisexual men by the police could lessen the legitimacy of police and potentially lead to reduced reporting of IPV. Indeed, this phenomenon has been documented among lesbian/gay women, as anticipation of homophobia and stigma by police officers during a police response has been shown to contribute to a reluctance to contact the police when experiencing IPV.[14]

In addition to the aforementioned lack of research regarding IPV among gay/bisexual men, there is also a lack of literature examining how other factors, such as factors unique to the sexual minority status of gay individuals, would impact the prevalence of, incidence of, or gay/bisexual men's perceptions of IPV. Meyer[27,28] seminally theorized that all of these other factors, when combined, could be understood as *minority stress*. The theory of minority stress posits that the excess stressors experienced by minority persons are both unique to their minority statuses and additive in nature. Minority stress theory, which now has empirical support in a vast array of subjects, is described by Kaschak[37] as creating a "double closet" – that is, LGBT persons who are experiencing partner violence face discrimination borne from both homophobia (internal and external) and from the stigma of being a victim of partner violence.[37–50]

This study, therefore, has multiple objectives. First, we will describe, for the first time in the literature, the perceptions of gay/bisexual men regarding IPV within their communities, both separately and in comparison to their perceptions for IPV within heterosexual communities. Second, we will examine to what extent both the internal and external forces of minority stress impact gay/bisexual men's perceptions of IPV, with a particular focus on their understanding of the helpfulness of contacting the police in the case of a hypothetical gay/bisexual man experiencing IPV. A better understanding of factors that influence these decision-making processes will enable all parties that respond to partner violence, including law enforcement agencies and community organizations, to improve their policies and practices in order to reach and serve gay/bisexual male survivors of IPV.

METHODS

Emory University's ethics committee approved this study. We systematically recruited sexually active MSM over the age of 18 over 5 months in 2011 in Atlanta, Georgia, using venue-based sampling.[29] Venue-based sampling is a derivative of time-space sampling in which sampling occurs within prescribed blocks of time at particular venues. As a method to

access hard-to-reach populations, venue-based recruitment is a process by which a sampling frame of venue-time units is created through formative research with key informants and community members. To reach a diverse population of gay and bisexual men in the Atlanta area, the venue sampling frame used for this study consisted of a wide variety of over 160 gay-themed or gay-friendly venues, including Gay Pride events, gay sports teams events, gay fundraising events, downtown areas, gay bars, bathhouses, an AIDS service organization, an MSM-targeted drop-in center, gay bookstores, restaurants, and urban parks.

Study staff briefly interviewed potential participants outside venues, and eligible men were given information on how to complete the study survey. Men were eligible for the study if they reported identifying as gay/homosexual or bisexual, being aged 18 or older, living in the Atlanta metro area, and having had sex with a man in the previous 6 months. Eligible men who were interested in study participation were given a card with a unique identifier that unlocked a web-based survey. The survey covered several domains and assessed perceptions of 3 components of IPV among gay/bisexual men: the severity of partner violence (*"How big of a problem do you think partner violence is among gay/bisexual men?"*), commonness of partner violence (*"How common do you think partner violence is among gay/bisexual men?"*), and helpfulness of a police response (*"If a gay/bisexual man were experiencing partner violence and contacted the police, how helpful do you think the police would be in assisting him?"*). These 3 perceptions were also assessed for heterosexual women. Each question was assessed using a 5-point Likert scale, after which responses were coded into positive, neutral, or negative – for example, in response to police helpfulness, '*very helpful*' and '*helpful*,' '*neither helpful nor unhelpful*,' and '*unhelpful*' and '*very unhelpful*.'

We quantified internalized homophobia using a subset of 20 items from the Gay Identity Scale, a validated scale that assesses acceptance of homosexual feelings and thoughts, as well as how open a respondent is about his homosexuality with family, friends, and associates.[30] From these data, we created an index variable of internalized homophobia. No points were added to the index for neutral responses to any scale item. Positive point values were assigned to agreement with internally homophobic sentiments, and negative points were assigned for agreement with statements of gay pride. Thus, increasing index score was correlated to a decreased amount of pride and acceptance of homosexual thoughts, feelings, and behaviors. We added 40 points to each scale to shift the range from −40 - 40 to 0 - 80.

We assessed experiences of homophobic discrimination by creating an index scale of reported responses to 11 possible experiences of discrimination due to sexual orientation based on previous studies: being made fun of as a child, experiencing violence as a child, being made fun of as an adult, experiencing

violence as an adult, hearing as a child that gay men would grow up alone, hearing as a child that gays are not normal, feeling that your gayness hurt your family as a child, ever having to pretend to be straight, experiencing job discrimination, and having to move away from family.[31] Respondents were awarded 1 point for each endorsed response, creating a scale ranging from 0–11.

We assessed recent experience of sexual, physical, and emotional IPV (i.e., within the past 12 months) using the short-form Conflicts Tactics scale (R-CTS), an index of 11 different forms of partner violence across 3 domains: emotional IPV (being called fat or ugly, having something belonging to you destroyed, being accused of being a lousy lover), physical IPV (being threatened to be hit or to have something thrown at you, having something that could hurt thrown at you, being pushed or shoved, being punched or hit with something that could hurt, being slammed up against a wall, being beat up, being kicked), and sexual IPV (having threats used against you to force you to have oral or anal sex).[32–34] Participants who indicated that they had experienced any item within an IPV category were classified as having recently experienced that form of IPV; forms of IPV were not mutually exclusive.

Differences in perceptions of IPV for heterosexual women versus gay men were assessed using chi-square testing. Specifically, a comparative analysis identified whether a respondent held identical or disparate perceptions of each of the 3 facets of IPV. If a respondent indicated disparate perceptions, we also recorded the directionality of this difference. Thus, a participant who viewed IPV both among gay/bisexual men and among heterosexual women as *not a problem* was coded as having an identical response. We identified correlates of a comparatively negative view of police helpfulness using bivariate chi-square analyses and by creating a logistic regression model. The model included age (18–24, 25–34, 35–44, and >44), race/ethnicity (white non-Hispanic, African-American/black non-Hispanic, and Latino/Hispanic or Other), sexual orientation (gay/homosexual or bisexual), education level (high school or less, some college or 2-year degree, or college/university or more), employment status, and receipt of emotional, physical, and sexual IPV in the past 12 months, with the key covariates of interest being the indices of internalized homophobia and homophobic discrimination.

RESULTS

Of 4,903 men approached during venue time-space sampling, 2,936 (59.9%) agreed to be screened for the study, 71.3% of whom (n=2,093) were eligible for study participation. Of eligible men, 1,965 (93.9%) were interested in study participation. A total of 1,075 men completed the survey; thus 21.9% of men approached and 51.4% of eligible men completed the survey. Of all survey responses, 989 had complete data for all covariates of interest and were included in the analysis. There were no significant ($\alpha = 0.05$) differences in either exposures or outcomes based upon inclusion in analysis versus exclusion for

Table 1. Sample characteristics of survey participants (n=989).

	%	n
Age		
18–24	21.1	209
25–34	31.8	314
35–44	25.6	253
45+	21.5	213
Race/Ethnicity		
White non-Hispanic	46.8	463
Black/African-American non-Hispanic	40.1	397
Hispanic/Latino or other	13.0	129
Sexual orientation		
Gay/Homosexual	89.5	885
Bisexual	10.5	104
HIV status		
Negative	69.2	648
Positive	24.3	240
Unknown	6.6	65
Employment status		
Employed	77.9	770
Unemployed	22.1	219
Education		
High school or less	16.6	164
Some college or 2-year degree	34.5	341
College or more	48.9	484
Recent partner violence		
No recent intimate partner violence	72.4	716
Recent emotional intimate partner violence	24.5	242
Recent physical intimate partner violence	17.6	174
Recent sexual intimate partner violence	4.5	44
	Mean	Std.
Homophobia indices		
Internalized homophobia index	18.8	13.0
Homophobic discrimination index	5.7	2.7

incomplete data. The sample was predominately young (51% under 35 years of age), gay-identified (11% bisexual-identified), racially diverse (54% non-white), educated (48% college or more), and part- or full-time employed (77%) (Table 1). Approximately one-quarter (24.3%) of the sample reported positive HIV status, and 37.3% of the sample reported having 3 or more anal sex partners in the previous 6 months. Emotional IPV was the most commonly reported form of IPV (24.5%), while nearly one in 5 respondents (17.6%) reported recent physical IPV and approximately one in 20 (4.5%) reported recent receipt of sexual IPV.

We summarize respondents' perceptions of IPV for both gay/bisexual men and heterosexual women and the results of chi-square testing in Table 2. Overall, all 3 IPV perceptions differed significantly (p < 0.000). More respondents indicated that IPV was *very common* or *common* among heterosexual women than among gay/bisexual men; however, a minority of respondents (11.4%) indicated that IPV among gay/bisexual men was *rare* or *very rare*. Similarly, while IPV among heterosexual people was more commonly endorsed as a *big problem* or a *problem* compared to IPV among gay/bisexual men (66.4% and 63.8%, respectively), few respondents viewed IPV as *not a problem* or *not at all a problem* in either community (5.1% and 8.0%, respectively). However, opinions regarding the helpfulness of a hypothetical police response ranged greatly. While more than 8 in 10 respondents (85.2%) indicated that police would be *helpful* or *very helpful* to a woman experiencing partner violence, only 3 in 10 respondents (30.6%) endorsed this opinion for a gay/bisexual man experiencing partner violence. Moreover, 39.5% of respondents indicated that contacting the police would be actually *unhelpful* or *very unhelpful* for a gay/bisexual man experiencing partner violence, compared to only 4.8% of respondents who indicated this would be the case for a heterosexual woman who contacted the police.

When comparing perceptions of partner violence among heterosexual women versus among gay/bisexual men, the majority of respondents reported identical perceptions of the commonality of IPV (82.5%) and the magnitude of the IPV problem (84.3%) (Table 3). However, perceptions of police helpfulness showed significant heterogeneity. Only 39.7% of respondents reported identical perceptions of police helpfulness when comparing gay/bisexual men and heterosexual women. Of this majority with divergent perceptions, 97.0% reported that contacting the police would be *less* helpful for a gay/bisexual men experiencing partner violence compared to a heterosexual woman experiencing partner violence. Therefore, 59.1% of the sample in total viewed the police as less helpful towards gay/bisexual men than heterosexual women in cases of IPV.

We treated this comparatively pessimistic view of a potential police response as the outcome in bivariate analyses (Table 4). With the exception of HIV status, the outcome varied significantly by all exposures, with older men (p<0.017), white non-Hispanic men (p<0.000), employed men (p<0.000), gay/homosexual men (p<0.000), and men with increasing levels of education (p<0.000) more commonly holding the comparatively negative view of police response. Perceptions of police helpfulness did not vary significantly by recent receipt of emotional, physical, or sexual IPV. Experiences of homophobia had mixed effects: compared to their counterparts, men who viewed the police as less helpful to gay/bisexual men experiencing partner violence had significantly *lower* mean scores on the internalized homophobia index (17.4 versus 20.8 respectively, p<0.000) and significantly *higher* scores on the

Table 2. Distribution of perceptions of the commonness, severity, and helpfulness of a hypothetical police response for both gay/bisexual men and heterosexual women.

	Very common / Common	Neutral	Rare / Very rare	Chi-square p-value
How common do you think partner violence is among…				
…Gay/bisexual men	54.9%	33.7%	11.4%	<0.000
…Heterosexual people	66.4%	28.5%	5.1%	
	Big problem / problem	Neutral	Not a problem / not at all a problem	
How big of a problem do you think partner violence is among…				
…Gay/bisexual men	63.8%	28.2%	8.0%	<0.000
…Heterosexual people	66.4%	28.5%	5.1%	
	Very helpful / helpful	Neither helpful nor unhelpful	Unhelpful / very unhelpful	
If a […] were experiencing partner violence and contacted the police, how helpful would the police be in assisting him/her?				
…Gay/bisexual man…	30.6%	29.8%	39.5%	<0.000
…Heterosexual woman…	85.2%	10.0%	4.8%	

homophobic discrimination index (6.0 versus 5.2 respectively, p<0.000).

The results of the logistic regression modeling are summarized in Table 5. Black/African-American non-Hispanic men had significantly lower odds of holding the comparatively pessimistic view of police response compared to white non-Hispanic men (odds ratio[OR]: 0.73, 95% confidence interval [CI]: 0.53, 0.99). A dose-response effect was apparent in that increasing education level was correlated to increasing odds of reporting cynicism to police response. In other words, men who had completed a 4-year college/university degree had odds of perceiving that police would be more helpful to a heterosexual female victim of IPV than to a homosexual/bisexual male victim of IPV that were 2.5 times those of men without a high school diploma. A similar finding was documented among men

who reported experiencing more forms of homophobic discrimination over their lifetimes. Men with increasing scores on the homophobic discrimination had accordingly higher odds of harboring the negative opinion of possible police response to a homosexual male victim of IPV (OR: 1.11, 95% CI: 1.06, 1.17). Similar to the bivariate analyses, respondents with increasing scores on the internalized homophobia index had significantly lower odds of having the comparatively cynical view of police helpfulness, but this decrease was only approximately 1–2% (OR: 0.99, 95% CI: 0.98, 1.00, p<0.033).

DISCUSSION

Several conclusions can be drawn from these novel results. First, although it is only recently that same-sex IPV has become the purview of researchers and public health interventionists,

Table 3. Comparative perceptions of commonness of intimate partner violence (IPV), severity of IPV, and police helpfulness in response to IPV for gay/bisexual men versus heterosexual people.

	%	n
How common do you think partner violence is among gay/bisexual men?		
More common than respondent's perception for heterosexual people	8.2	81
As common as respondent's perception for heterosexual people	82.7	818
Less common than respondent's perception for heterosexual people	9.1	90
How big of a problem do you think partner violence is among gay/bisexual men?		
Bigger problem than respondent's perception for heterosexual people	6.2	61
Same problem as respondent's perception for heterosexual people	84.1	832
Less of a problem than respondent's perception for heterosexual people	9.7	96
If a gay/bisexual man were experiencing partner violence and contacted the police, how helpful do you think the police would be in assisting him?		
More helpful than respondent's perception for a heterosexual woman	1.5	15
As helpful as respondent's perception for a heterosexual woman	39.4	390
Less helpful than respondent's perception for a heterosexual woman	59.1	584
TOTAL	100	989

Table 4. Bivariate analysis, percentages of respondents indicating that the police would be less helpful to a gay/bisexual male victim of intimate partner violence (IPV) than to a heterosexual female victim of IPV and results of chi-square testing. * Significant differences.

Exposures	n	%	p
Age			
18–24	104	49.8	< 0.017*
25–34	191	60.8	
35–44	161	63.6	
45+	128	60.1	
Race/Ethnicity			
White non-Hispanic	307	66.3	< 0.000*
Black/African American non-Hispanic	204	51.4	
Hispanic/Latino or other	73	56.6	
Sexual orientation			
Gay/Homosexual	538	60.8	< 0.001*
Bisexual	46	44.2	
HIV status			
Negative	409	59.8	0.317
Positive	133	55.4	
Unknown	42	64.6	
Employment status			
Employed	479	62.2	< 0.000*
Unemployed	105	48.0	
Education			
High school or less	61	37.2	< 0.000*
Some college or 2-year degree	202	59.2	
College or more	321	66.3	
Recent emotional IPV			
No recent emotional IPV	452	60.5	0.101
Recent emotional IPV	132	54.6	
Recent physical IPV			
No recent physical IPV	490	60.1	0.137
Recent physical IPV	94	54.0	
Recent sexual IPV			
No recent sexual IPV	562	59.5	0.212
Recent sexual IPV	22	50.0	
Total	585	59.1	

Table 5. Logistic regression results with odds ratios and (95% confidence intervals [CI]). Regression outcome was reporting that police would be less helpful towards a gay/bisexual man experiencing IPV than towards a heterosexual woman experiencing intimate partner violence (IPV). * Significant differences

Exposures	Odds ratio (95% CI)
Age	
18–24	Referent (1.0)
25–34	1.24 (0.86, 1.82)
35–44	1.26 (0.84, 1.88)
45+	1.01 (0.66, 1.55)
Race/Ethnicity	
White non-Hispanic	Referent (1.0)
Black/African American non-Hispanic	*0.73 (0.53, 0.99*)*
Hispanic/Latino or other	0.77 (0.50, 1.17)
Sexual orientation	
Gay/Homosexual	Referent (1.0)
Bisexual	0.83 (0.52, 1.30)
Employment status	
Employed	Referent (1.0)
Unemployed	0.79 (0.57, 1.11)
Education	
High school or less	Referent (1.0)
Some college or 2-year degree	*2.18 (1.46, 3.25)**
College or more	*2.54 (1.69, 3.80)**
Recent partner violence	
Recent emotional IPV	0.79 (0.54, 1.19)
Recent physical IPV	1.15 (0.72, 1.85)
Recent sexual IPV	0.77 (0.38, 1.57)
Homophobia indices	
Internalized homophobia index	*0.99 (0.98, 1.00)**
Homophobic discrimination index	*1.11 (1.06, 1.17)**
pseudo R-squared	0.0639

gay and bisexual men perceive the severity of partner violence in their community to be on par with the severity of partner violence in the heterosexual community. This finding can be contrasted to findings by McLaughlin and Rozee[35] who found that among lesbians, IPV was viewed as more common in different-sex relationships than in same-sex relationships. As all abusive male same-sex relationships involve an abusive male partner, and the culturally dominant image of partner abuse in heterosexual relationship portrays the male as the exclusive perpetrator of violence, gay/bisexual men make

comparisons between male-female IPV and male-male IPV more readily. Alternatively, emerging evidence indicates that certain forms of IPV may be more prevalent in male same-sex relationships versus female same-sex relationships; respondents in this sample may have been reflecting their own personal knowledge of IPV in their communities when making these comparisons.[36]

While gay/bisexual men agree upon the commonness and severity of partner violence, their perceptions of police helpfulness in response to male-male partner violence are negative overall. This result, combined with the finding that men who reported more instances of homophobic discrimination also viewed a hypothetical police response to a gay/bisexual male victim of partner violence as poorer than that for a heterosexual female victim of violence, suggest an

understanding of gay men's perceptions of partner violence within their community that is in line with Meyer's theory of minority stress.[27,28] Specifically, gay men's learned expectations of stigma, prejudice, and rejection are likely being fueled by both a heteronormative society that views homosexuality as deviant *and* a hegemonic understanding that women, not men, are victims of partner violence. As these stressors are internalized by gay and bisexual men (and compounded by the additional shame felt by victims of partner violence for having experienced partner violence), this homophobia fatigue serves only to further isolate IPV victims in the "double closet" described by Kaschak.[37]

Another novel finding is that recent experience of IPV was not correlated to a negative perception of police helpfulness in the multivariate analysis. From the data, it is unknown whether or not persons who recently experienced partner violence did or did not contact the police; thus, it may be the case that persons experiencing IPV who did contact the police received help from them upon contact. Alternatively, if a respondent experiencing IPV contacted the police and was unaided by them, he may have applied this cynicism to both hypothetical situations presented (and therefore would not have been classified as having a disparate view). Furthermore, while 27.6% (n=273) of respondents were classified as having recently experienced IPV per the R-CTS, 36.3% of these respondents (n=99) reported experiencing only emotional/psychological IPV. Previous research with women has shown that, for a variety of reasons, persons experiencing non-physical, non-sexual IPV are less likely to contact the police than persons experiencing physical and/or sexual partner violence.[10, 14, 38] Additionally, same-sex abusive behavior has been shown (among lesbian women) to not be readily recognized as constituting IPV, another factor that would impact the process of deciding to contact the police.[35]

Indeed, minority stress (and in particular expectations of stigma and rejection) can be applied to Liang et al's[39] framework for help-seeking processes among survivors of IPV. First, the male victim of male-male IPV may delay recognizing and defining that IPV is a problem in his relationship due to cultural messaging that portrays the heterosexual woman as the victim of IPV (to the exclusion of the gay/bisexual man). Second, he may delay deciding to contact the police for assistance due to his learned anticipation of homophobic stigma and rejection, as such an anticipation may lead him to view the police as less legitimate entity. This lack of legitimacy, fueled by anticipation of homophobia, is supported by empirical findings in the literature. Seelau et al[40] demonstrated that while the victim's sex, rather than his sexual orientation, modifies an observer's perception of the severity of an episode of partner violence, IPV episodes are viewed as less severe and less warranting of intervention when the victim of the violence is male. Implicit in this gendered understanding of partner violence is the idea that men (and not women) should

be able to defend themselves against an attacker.[41, 42] Finally, minority stress may impact the gay/bisexual male IPV victim's selection of support. Men who anticipate – and, indeed, may have experienced – homophobic stigma and rejection from police officers (an anticipation that is not entirely unfounded in the wake of the Atlanta Police Department's 2009 warrantless, illegal raid of the Atlanta Eagle), may seek alternative sources of support, such as friends and family, in lieu of legal support.[43]

LIMITATIONS

The findings of this study are limited by its design. We used venue-based sampling (VBS) to recruit participants, and, while VBS has been shown to generate samples that are similar to more classically rigorous recruitment methodologies, VBS necessarily excludes potential study participants who do not access venues during the sampling frame. The reported IPV prevalence is likely underestimated; although the survey was anonymous, respondents may have nonetheless been reluctant to report being criminally victimized by their partners. As was discussed previously, the survey instrument did not assess whether or not survivors of IPV did or did not actually contact the police for assistance, so the actual effectiveness of police intervention in cases of male same-sex IPV (or in any cases of IPV) is not here considered.

CONCLUSION

For all survivors of IPV, the ability to access police assistance is imperative. The actual helpfulness of a police response to a homosexual male victim of IPV is of secondary concern: if he never seeks police intervention for anticipation of futility and/or fear of rejection, whatever assistance the police would have been able to provide him will not reach him. The results of this study demonstrate that efforts must be made to improve both the supply of police assistance (i.e., its quality and effectiveness) and gay/bisexual men's demand for this assistance (i.e., their perceptions of its quality and effectiveness, in order words, police legitimacy). While efforts can be made to improve the training that police officers receive in terms of how to respond to situations of partner violence, police forces should attempt to increase their legitimacy by communicating to the LGBT community that their reports of partner violence will be taken seriously – and, internally, police forces must ensure that policies are in place that ensure that those reports will indeed be taken seriously. Community groups that provide support to LGBT persons experiencing partner violence can liaise with the domestic violence corps of their local police forces in order to provide this sensitivity training. As data are lacking, future research should analyze outcomes for gay/bisexual IPV survivors who do enlist police support in comparison to female IPV survivors who also access police support. From a policy perspective, lawmakers should ensure that the extra legal protections afforded to survivors of IPV, such as protective orders, are available to persons experiencing

IPV, regardless of gender or sexual orientation. A way to achieve this end is to extend legal recognition of same-sex partnerships – the right to marriage – to all same-sex couples who desire it. Emergent evidence already indicates that legal recognition of same-sex partnerships via marriage is correlated with decreased mental distress, including decreased internalized homophobia.[44, 45] Extending the legal recognition of marriage to same-sex couples may have the added benefit of having law enforcement officials increasingly appreciate the legitimacy of same-sex partnerships (and therefore the legitimacy of any possible violence that may occur during those partnerships), and will ensure that law enforcement is able to protect all IPV survivors equally under the law. As the response to same-sex IPV emerges in courthouses, police stations, hospitals, clinics, and community centers, the homophobia fatigue documented here among gay and bisexual men must be considered by practitioners not only as a potential barrier to success, but also as an opportunity for dialogue, modified efforts, and collaboration.

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