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# The Experiences of Seeking Help for Intimate Partner Violence in Latin Lesbian Relationships

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*Walden University*

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# Walden University

College of Psychology and Community Services

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Patricia Cepero

has been found to be complete and satisfactory in all respects,  
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Walden University  
2024

Abstract

The Experiences of Seeking Help for Intimate Partner Violence in Latin Lesbian

Relationships

by

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MA, Capella University, 2012

BS, Metropolitan College of New York, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Human Services

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## Abstract

Intimate partner violence (IPV) is a social and public health problem that affects millions of people each year regardless of race, ethnicity, culture, and sexual orientation. Although heterosexual IPV has been a topic of academic research, researchers have turned their attention to same-sex IPV. Lesbian, gay, bisexual, transgender, and queer individuals experience rates of IPV equal to or higher than rates reported by heterosexual individuals and have challenges seeking support . A qualitative case study approach was used to fill the identified gap in the literature about how Latina lesbians experience seeking support for IPV. The minority stress model provided a framework for the study. Zoom video conferencing was used to conduct interviews and collect data with six Latina lesbians who had been in an IPV relationship in the past. Data were analyzed for case similarities and repeating themes. The themes that emerged from content analysis were (a) the dilemma related to the decision to seek support for IPV, (b) finding support and access to help from friends and family, and (c) the cultural stigma related to finding support and accessing help. The results may contribute to social change and the social determinants of health by informing human service providers and directing better services and resources for Latina lesbians experiencing IPV.

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## Table of Contents

List of Figures .....	v
Chapter 1: Introduction to the Study.....	1
Background of the Study .....	3
Problem Statement .....	4
Purpose of the Study.....	6
Research Question.....	6
Theoretical Foundation .....	6
Nature of the Study.....	7
Definition of Terms.....	8
Assumptions.....	9
Scope and Delimitations .....	9
Limitations .....	10
Significance.....	11
Summary .....	12
Chapter 2: Literature Review .....	13
Literature Search Strategies .....	14
Theoretical Foundation .....	14
Literature Review Related to key Variables and/or Concepts .....	17
DV and IPV Terms .....	17
IPV Among LGBTQ Populations.....	20
Latina Lesbians’ Alcohol Use as a Risk Factor for IPV.....	32

Shelters' Response to IPV for LGBTQ Individuals .....	33
LGBTQ Legal Barriers to Reporting IPV .....	36
Summary .....	38
Chapter 3: Research Method.....	40
Research Design and Rationale.....	40
Role of the Researcher .....	42
Researcher Bias.....	43
Methodology.....	43
Participant Selection Logic .....	43
Instrumentation .....	45
Procedures for Recruitment, Participation, and Data Collection .....	48
Data Analysis Plan .....	52
Issues of Trustworthiness.....	55
Credibility .....	55
Transferability.....	56
Dependability .....	56
Confirmability.....	57
Ethical Procedures.....	58
Summary .....	60
Chapter 4: Results .....	62
Setting	62
Demographics .....	63



Data Collection .....	63
Data Analysis .....	64
Evidence of Trustworthiness.....	65
Credibility .....	65
Transferability.....	65
Dependability .....	66
Confirmability.....	66
Results	67
Theme 1: The Decision to Seek Support for IPV .....	67
Theme 2: Finding Support and Access to Help From Friends and Family .....	70
Theme 3: Cultural Stigma Related to Finding Support and Accessing Help .....	71
Summary .....	73
Chapter 5: Discussion .....	74
Interpretation of the Findings.....	74
Theme 1: The Decision to Seek Support for IPV .....	76
Theme 2: Finding Support and Access to Help From Friends and Family .....	77
Theme 3: Cultural Stigma Related to Finding Support and Accessing Help .....	78
Limitations .....	79
Recommendations.....	79
Implications for Practice .....	80
Conclusion .....	80
References.....	81

Appendix A: Interview Protocol.....110

Appendix C: Facebook Flyer .....112

Appendix D: Recruitment Flyer.....113

Appendix E: Citi Report .....114

## List of Figures

Figure 1. Cycle of Abuse .....	19
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## Chapter 1: Introduction to the Study

Research involving intimate partner violence (IPV) victims has found that lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals suffer from IPV at higher rates than their heterosexual counterparts. IPV has been associated with any behavior between partners that involves acts of physical and/or sexual violence, emotional and psychological abuse, and controlling behavior (Furman et al., 2017). According to Register (2018), the degree of violence in female same-sex couples is the same as that experienced by women in heterosexual relationships. Gehring and Vaske (2017) reported that 56.9% of bisexual women, 40% of lesbians, and 32.3% of heterosexual women had described experiencing IPV at least once in their lifetime. Additionally, The National Coalition of Anti-Violence Programs (2015) received 2,166 reports of IPV in 2014; of the 1,700 survivors, 86% identified as individuals of the LGBTQ community, with 49% identifying as gay and 20% identifying as lesbian.

IPV occurs more commonly within the LGBTQ community, but for the survivors, there is little support for these individuals. Rollè et al. (2018) reported that lesbians were at higher risk of being involved in IPV. Factors such as feelings of fear of being outed, repercussions from the court system, internalized homophobia, and the desire to maintain a positive societal attitude toward the lesbian community become reasons to remain silent about lesbian abuse (Rausch, 2016). Additionally, LGBTQ persons may not feel comfortable calling the police or telling medical or service providers that they need help (Scheer & Baams 2021). According to Gehring and Vaske (2017), individuals are becoming aware of same-sex IPV; however, empathy for victims is still geared toward

heterosexual females in the community, who likely assume more traditionally feminine roles.

Perceived victimization and IPV in the LGBTQ community have been underreported. This is due to a lack of incidence reporting, resulting in a small amount of data (Calton et al., 2016). Without access to culturally competent advocacy, intervention, and other critical services, victims who identify as LGBTQ will continue to suffer from violence and the aftermath of victimization (Berman, 2016). To cope with the consequence of abuse or leaving an abusive partner, many LGBTQ IPV survivors seek support from law enforcement, emergency shelters, and courts (Calton et al., 2016). However, Rollè et al. (2018) reported that in lesbian communities, there is a lack of support from community service that puts lesbian survivors of IPV in danger when seeking those services or disclosing the abuse.

IPV is a worldwide social problem that disproportionately affects women and minority individuals (Decker et al., 2018). The extent of violence within the LGBTQ community is difficult to ascertain given the paucity of research (Carratalá, 2016). According to Gehring and Vaske (2017), most research relating to victims of IPV has focused on female heterosexual victims. Therefore, further investigation was necessary to increase understanding of this population's issues and needs.

In this chapter, I explore the background of the problem in addition to the gaps in the recent literature. Additionally, the problem statement, purpose, and theoretical framework of the study are discussed, as are the nature of the study and the research design that was used to explore IPV among Latina lesbians. Finally, the operational

definitions, assumptions, limitations, and scope and delimitations of the study are addressed.

### **Background of the Study**

Researchers have begun to examine IPV within same-sex couples in recent years. However, the amount of literature available in this area is limited. IPV is a common problem in partnerships, according to Furman et al. (2017). IPV is a societal problem that affects 1 out of every 4 heterosexual partnerships and 1 out of every 5 same-sex partnerships (Rollè et al. 2018). According to the Centers for Disease Control and Prevention (CDC, 2019), 1 in 4 women and 1 in 10 men have experienced physical abuse and stalking by an intimate partner at some point in their lives. The CDC (2015) found that 43.8% of self-identified lesbians reported having been physically victimized, stalked, or raped by an intimate partner throughout their lives, as compared to 35.0% of heterosexual women. Alvarez and Fedock (2018) confirmed that about one third of Latin women reported having a higher rate of IPV than White women in the United States. Further, women of color experience higher IPV rates in their lives than White women (Stockman & Gundersen, 2018). Additionally, higher rates of IPV are also found among Latinas compared to Asian women (Scartz & Reese, 2019).

According to Barrett (2015), comprehending the scope and dynamics of IPV in the LGBTQ community has been delayed by historical silence regarding the problem and a range of methodological issues that complicate researchers' efforts to produce data about this phenomenon. For instance, K. M. Edwards and Sylaska (2016) noted that, in the past 15 years, over 14,000 studies had been completed with a focus on IPV. However,

K. M. Edwards and Sylaska noted only 3% of these studies focused on IPV among members of sexual minorities.

According to Steele et al. (2020), sexual minority women are considered to have higher spousal violence rates than heterosexual women. For instance, lesbians who are victims of partner abuse may experience more maladaptive outcomes as a result of the components of same-sex IPV as their sexual minority status in the world and the lack of proper services tailored to victims of violence (Gehring & Vaske, 2017). Additionally, sexual and gender minority women face unique stressors, such as discrimination, which increase their risk for IPV compared to heterosexual and cisgender individuals (Shorey et al., 2019). However, throughout the literature, I could not identify any relevant literature on IPV that was experienced by Latina lesbians.

### **Problem Statement**

IPV affects people of all genders; however, marginalized groups, such as LGBTQ women of color, are particularly vulnerable. Physical violence by a current or former partner remains a social health issue (Bryngeldottir & Halldorsdottir, 2022). According to Calton et al. (2016), same-sex IPV occurs in 1 out of every 5 same-sex relationships, making it a societal issue that needs to be addressed in the United States. For instance, the CDC (2018) confirmed that 61% of bisexual women and 44% of lesbians in the United States had experienced intimate partner assault, which is a higher IPV rate than among straight women. Additionally, Rollè et al. (2018) noted that the lack of studies that addressed LGBTQ people involved in IPV is due to the silence that has existed around violence in the LGBTQ community. For instance, according to Tallis et al. (2020), IPV in

lesbian relationships is described by silence around the issue. According to Rollè et al., lesbians experience IPV at rates higher than or equal to those of heterosexual women. Rollè et al. also noted that lesbians are more likely to be involved in IPV and need further research on IPV in lesbian relationships.

Many LGBTQ survivors who report suffering IPV are persons of color, with Black and Latino survivors being the most common (National Coalition of Anti-Violence Programs, 2016). Jacobson et al. (2015) revealed that even though IPV affects all women, it may not affect all women in the same way. For instance, lesbians and women of color who are IPV survivors may experience barriers to service and access to protection (Daniel, 2019). In addition, Harper et al. (2021) noted that women of color who have connected with IPV police outreach frequently report abuse from responding officers, including neglect, uncaring, denigrating attitudes, failing to aid, and downplaying the abuser's story. Additionally, nuisance laws are being used disproportionately against IPV survivors, particularly women of color (Arnold, 2019). Further, IPV's highest rates are likely to happen among sexual and gender minorities who are persons of color (Whitfield et al., 2021). Therefore, there was a need to explore IPV among Latina lesbians.

Although the research regarding the experience of IPV on women of color provided important findings, I did not find research that examined Latina lesbian experiences with IPV. Given this determination, further research was warranted to explore the problem of IPV among Latina lesbians from their perspective.



### **Purpose of the Study**

The purpose of this qualitative case study was to explore the experiences of IPV among Latina lesbians currently living in one of the five boroughs of New York City. I aimed to understand the perspectives of Latina lesbians who had gone through IPV by a same-sex partner. The overarching goal of this study was to contribute to the scholarship on IPV among lesbians of color by highlighting the experiences of Latina lesbians, with the hope that this information may be used for future studies and interventions for this population. I conducted semistructured interviews to understand the experiences of this population.

### **Research Question**

What are the experiences of IPV among Latina lesbians living in one of the five boroughs of New York City?

### **Theoretical Foundation**

This study drew its theoretical orientation from one theoretical model, which is the minority stress model (MSM). Meyer's (2003) MSM is a useful framework for assessing the coping skills relating to minority stress and psychopathology. Minority stress can be described as a specific type of excess social stress arising from belonging to a minority group (Meyer, 2003). Social stress refers to a form of stress involving the social environment. Social stress emphasizes certain social conditions or factors (including prejudice and bias) that act as sources of stress, requiring people to adapt to situational changes (Meyer, 2003). Meyer also noted that the MSM has several factors

that are significant to the struggles of minority individuals, including experiencing discrimination, minority identity, concealing identity, and internalizing stigma.

Individuals who are members of a socially marginalized group such as the LGBTQ often experience tension with the dominant culture, resulting in significant amounts of stress. For example, Meyer (2007) used the MSM to defend the premise that in a heterosexual society, LGBTQ individuals experience an increased degree of stress related to stigmatization, which prohibits them from seeking support in circumstances such as victimization. Meyer further explained that the most prominent explanation for the incidence of IPV in same-sex relationships is minority stress, which is described as a unique, unavoidable, and ongoing stressor that sexual minorities experience as a result of being a marginalized group in their social environment. This framework helped me explore the Latina lesbian experiences with IPV because the relationship between IPV and minority stress is associated in this framework. Therefore, the MSM was used as a lens to better understand the IPV experiences of Latina lesbians because this model was developed to comprehend the experiences of marginalized people. Further discussion of the theoretical foundation appears in Chapter 2.

### **Nature of the Study**

I used a qualitative case study approach to explore the experiences of IPV from the perspective of Latina lesbians. The generic qualitative investigation is based on the psychology of examining the external world of human behavior and experiences (Percy et al., 2015). This qualitative approach is interpretive and takes a naturalistic approach to the world. Qualitative researchers study concepts in their natural surroundings,

attempting to understand the meanings that people bring to them (Flick, 2018). Dodgson (2017) explained that qualitative researchers participate in the research process because they interact within the study. The qualitative techniques can be employed in an eclectic but integrative structure (Percy et al., 2015). For instance, qualitative interviews allow researchers to explore, in an in-depth way, those elements that are unique to the interviewees' experiences (McGrath et al., 2019). Questions in qualitative research provide the flexibility necessary to study specific cultural groups and provide participants with a culturally appropriate research experience (Grove & Gray, 2018). Qualitative interviews can give a voice to minorities and groups in the world that may not be heard elsewhere (McGrath et al., 2019). Based on the research questions in the current study, a qualitative case study method was the proper choice because it allowed the voices of Latina lesbians to be heard regarding their experiences with IPV.

### **Definition of Terms**

*Intimate partner relationships*: Past or present spouses or dating partners (Evans et al., 2020).

*Intimate partner violence (IPV)*: Any type of violence (or hostility) that comes from a close relationship that an individual has with a partner (CDC, 2019).

*Latina*: A woman of Latin descent; it includes those who identify as Latina because the term embraces a diversity of cultures such as skin, immigration, and language (Youmans & Devlin, 2015).

*Lesbian*: Attraction between females (Momenzadeh, 2018).

*LGBTQ*: An acronym for terms often used by those identifying as lesbian, gay, bisexual, transgender, or queer (Masri, 2018).

*Sexual minority*: Any individual who is not heterosexual (McKay et al., 2019).

### **Assumptions**

The objective of this study was to understand Latina lesbians' experiences with IPV. I assumed that all participants who volunteered for this study were victims of domestic violence (DV). I assumed that all participants identified as lesbian and were truthful with their responses during interviews. I assumed that by building trust and having good rapport with participants, I would encourage them to share their experiences with me. Based on these assumptions, all participants were willing to discuss their experiences truthfully. These assumptions were needed to conduct the study.

### **Scope and Delimitations**

This qualitative study focused on IPV among Latina women 18 years of age and older who identified as lesbians. IPV is a social problem that involves abuse by a present or former intimate partner using physical strength, sexual assault, emotional abuse, or stalking (E. Miller & Brigid, 2019). These delimitations were the criteria for recruitment, which excluded any individual who did not identify as a Latina lesbian living in one of the five boroughs of New York City. This study did not include men.

The theoretical framework chosen for this study was MSM, which pertains to stigma, prejudice, and discrimination that produces a hostile and stressful social environment that causes mental health difficulties (Meyer, 2003). For instance,

nationwide discrimination and lack of social support can make it harder for LGBTQ IPV survivors to escape unsafe situations and recover from the trauma they have experienced (Harden et al., 2020). There are other theoretical models that exist for studying the LGBTQ community, such as Merton's strain theory and social ecology theory. Strain theory is based on the idea that strain leads to frustration, anxiety, anger, stress, and other negative emotions that drive people to engage in criminal behaviors (Merton, 1938). Strain theory would not have been beneficial in the current study because the focus was on exploring the experiences of Latina lesbians who had experienced IPV. Strain theory did not align with the goals of the study because individuals committing IPV were not being explored. The theory of social ecology has been conceptualized as the study of communities using an interdisciplinary approach (Register, 2018). This approach would not have been appropriate for the current study because the perspective of the participants was explored rather than their interactions with the community. Although these theories would have been interesting to use with the population being studied, they would not have facilitated the exploration of the population from the perspective that was needed, such as why it was difficult for Latina lesbians to escape or recover from the trauma that they experienced with IPV.

### **Limitations**

I limited this study to Latina lesbians living in one of the five boroughs of New York City, so transferability to another LGBTQ or Latina population from outside the boroughs of New York City could be limited. Another limitation was that as a precaution to the COVID-19 pandemic crisis, this study lacked face-to-face contact

due to restrictions and lockdowns that were implemented. I conducted interviews over Zoom video conferencing. Additionally, participants needed to have access to a computer or comparable technology to participate in the interview.

Merriam and Grenier (2019) noted that researchers are the main instruments for qualitative data collection and analysis. There may be limitations and biases that might impact qualitative research. To reduce those biases, I practiced reflexivity, which required a series of self-reflections on how my social background, assumptions, positioning, and behavior could have impacted the research process (see Caetano, 2017). I used a journal to monitor all of my thoughts and feelings. Further, I maintained an open discussion with my committee to reflect on my study progress.

### **Significance**

This study may contribute to social change by illuminating the experiences of IPV in Latina lesbian relationships. The results uncovered from this study may benefit professionals in an organization working with lesbian IPV victims, which may increase the understanding of reporting same-sex IPV. The results of this study may prompt action by professionals who may not have facilitated appropriate services for members of LBGTQ populations who are victims of IPV. These professionals may educate and provide awareness and build better support systems and interventions for lesbian IPV victims. The LBGTQ community may benefit from the creation of more culturally responsive intervention and prevention IPV programs to improve the safety and well-being of LBGTQ Latina individuals affected by IPV. These results may increase IPV awareness in the LBGTQ community, which could be a positive change.

## **Summary**

Chapter 1 introduced the background of the problem, literature gaps, and problem statement. In addition, a brief description of the framework was presented. The study's purpose was discussed in detail, along with the significance of the problem. The theoretical foundation and the nature of the study were also included. The research design was introduced along with the research question addressing Latina lesbian IPV. Operational definitions derived from valid literature were provided, and the assumptions, limitations, scope, and delimitations of the study were addressed.

In Chapter 2, I present an exhaustive review of existing literature containing various findings on the LBGTQ community and lesbian IPV. I describe the literature search strategy, including sources and databases used and keywords and terms searched. A detailed evaluation of the theoretical framework that guided the research is included in the review as well. Finally, I present a summary of previous research on IPV to conclude the chapter.

## Chapter 2: Literature Review

The purpose of this study was to explore the experiences of Latina lesbians who had been the victims of IPV. Marrs and Brummett (2021) described IPV as abuse that happens in intimate relationships regardless of race/ethnicity and sexual orientation that involves behaviors by one person to get or maintain power and control over the other individual. The CDC (2019) estimated that 1 in 4 women and about 1 in 10 men have experienced physical violence and/or stalking by an intimate partner throughout their lifetime. Additionally, the CDC reported that 61% of bisexual women, 40% of lesbian women, and 35% of heterosexual women have experienced physical violence and/or stalking by an intimate partner in their lifetime. According to Whitfield et al. (2021), lesbians are at significantly higher risk of being involved in IPV, followed by heterosexual women, gay men, and heterosexual men.

IPV may take on various forms, including striking and kicking, sexual violence, threats, and forced sex. Acts of emotional abuse include insults, patronizing, shaming, and bullying, as well as controlling behaviors such as isolating a person from family and friends (Simpson Rowe & Jouriles 2019). Women are more likely to be victimized by an individual with whom they are closely related, including but not limited to spousal violence (Kuruku & Emmanuel, 2018). IPV can be inflicted by current or former spouses as well as married spouses, civil union spouses, dating partners, and ongoing sexual partners (CDC, 2019).

In this literature review, I address a range of topics regarding Latina lesbians who have experienced IPV, including the MSM, the cycle of abuse, DV among LGBTQ



populations, the physical and psychological impact of IPV, shelter IPV response to IPV for LGBTQ individuals, LGBTQ legal barriers to reporting IPV, IPV within the Lesbian community, IPV and Latina lesbians, Latina culture, and IPV and Latina lesbians risk factors.

### **Literature Search Strategies**

I accessed several databases from Walden University's library to begin my search for the literature on the experiences of Latina lesbians and IPV. The literature was reviewed within the last 5 years to provide credible and recent information. Databases included ProQuest, Google Scholar, PsychInfo, Sage Journals Online, Ebsco, and Sage Knowledge. The keyword searches conducted in the electronic databases included the following terms: *Latina IPV, lesbian IPV, Latina lesbian IPV, sexual minority, same-sex IPV, minority stress model, stigma, LGBTQ victimization, health effects of IPV, homophobia, LGBTQ community barrier, legal barriers to reporting IPV, and risk factors/substance use.*

### **Theoretical Foundation**

The theoretical foundation for this study was based on the MSM conceptualized by Meyer (2003), which was created and grounded in Dohrenwend's (1998) stress model concept of minority stress rooted in intergroup relations theory. Meyer (2003) expanded the MSM to provide theoretical explanations of how minority stress impacts the mental health of sexual minority groups, specifically lesbian, gay, and bisexual people.

Meyer identified four types of stressors for LGBTQ people, which are divided into distal (external) and proximal (internal) stressors. Four minority stress processes

frame the Meyer model, which include (a) events related to chronic and acute experiences of prejudices, (b) expectation of minority stress and the attentiveness that this expectation requires (stigmatization), (c) internalization of negative social attitudes and interiorized homophobia, and (d) hiding sexual orientation.

An individual's classification as having a minority status leads them to be exposed to distal stressors. Distal stressors are external objective events, including being a victim of discrimination or violence because of sexual minority status. For instance, a woman who identifies as a lesbian is at greater risk of experiencing discrimination than women who are not LGBTQ (Li et al., 2019). The proximal stressors are personal and inward stressors depending on the person's negative experience of specific incidents, such as rejection, concealment of sexual orientation influenced by heterosexism, and a vulnerable social attitude regarding the self (Li et al., 2019). For example, lack of support, discrimination at the national level, and lack of empathy make it difficult for LGBTQ IPV survivors to escape unsafe situations and recover from the trauma they experienced (Arlee et al., 2019).

MSM addresses the stigmatization, discrimination, and lack of support experienced by members of minority populations (Harden et al., 2020). For instance, Sutter et al. (2019) noted that sexual and gender minority women endure lifetime experiences of discrimination, which is a predictor of IPV victimization and perpetration. Furthermore, Velez et al. (2015) focused on the effects of oppression on mental health among Latina sexual minorities. Velez et al. found that internalized and externalized racism and heterosexism are acts of racist and heterosexist discrimination, which cause

higher rates of emotional distress, while only internalized racism and heterosexism cause lower rates of life satisfaction and self-esteem. The MSM was appropriate for the current study because it related to higher degrees of stress suffered by LGBTQ persons as members coming from a larger heterosexual world.

LGBTQ individuals are exposed to numerous stressors when they experience IPV. For instance, K. M. Edwards and Sylaska (2016) noted that the action of physical and sexual IPV had been identified as damaging a person's sexual orientation and that physical IPV was linked to the concealment of their gender identity. Concealment means the way LGBTQ persons at times hide their minority status to prevent prejudice and/or rejection (Timmins et al., 2020). For instance, lesbian women may encounter many stressful experiences due to their sexual minority status in the world (Heron et al., 2018). K. M. Edwards and Sylaska also found that adverse effects are associated with minority stress, including IPV. For instance, experiences of violence and discrimination and the community's dissatisfaction with existing social services can cause LGBTQ victims to struggle with obtaining intervention when they experience IPV (K. M. Edwards & Sylaska, 2016). In addition, IPV and lesbian partners have found that minority stress, anger, and alcohol consumption play an essential role in the perpetration of IPV and psychological assault in lesbian relationships (Counselman-Carpenter & Redcay, 2018). Rollè et al. (2018) indicated that a higher portion of violence is caused by unique risk factors related to minority stress known only by LGBTQ individuals. Additionally, lesbians are at higher risk of being involved in IPV because of the fear they have of the discrimination that will be placed against them for being a lesbian if they seek help (K.

M. Edwards & Sylaska, 2016). Lastly, Decker et al. (2018) advised that decreasing minority stress may be an important part of IPV intervention and prevention among LGBTQ individuals.

### **Literature Review Related to key Variables and/or Concepts**

When conducting the literature review, I identified recent literature investigating the phenomenon of IPV. I focused on Latina lesbians who had experienced IPV. I gathered and organized several IPV victimization topics including but not limited to the cycle of violence, the health effects of IPV, Latina culture, IPV among the LGBTQ population, IPV within the lesbian community, LGBTQ legal barriers to reporting IPV, and shelter responses to IPV for LGBTQ individuals. Additionally, the literature review established the use of the MSM in studying IPV among Latina lesbians by demonstrating that they often avoid seeking help due to the stigma, discrimination, heteronormativity, rejection, and internalized homophobia that they face when attempting to seek help.

### **DV and IPV Terms**

DV and IPV are not comparable in definitions. I used the term IPV throughout the study to refer to all types of abuse or violent acts committed by a current or former intimate partner. DV is defined as any abuse in the home or family environment involving a child or older person. In contrast, IPV refers to violence between two people involved in an intimate relationship (Gold, 2020).

Experts on IPV agree that abuse typically occurs within a cycle that escalates into violence (Caffrey, 2018). The abused person endures repeated acts of violence on several occasions, and they remain in the household with the abuser despite harm

being inflicted (Kelly, 2018). Harper (2017c) noted that IPV is more dangerous and lethal in Latin women and women of color. Further, many abused women continue to be in abusive relationships after the initial act of violence.

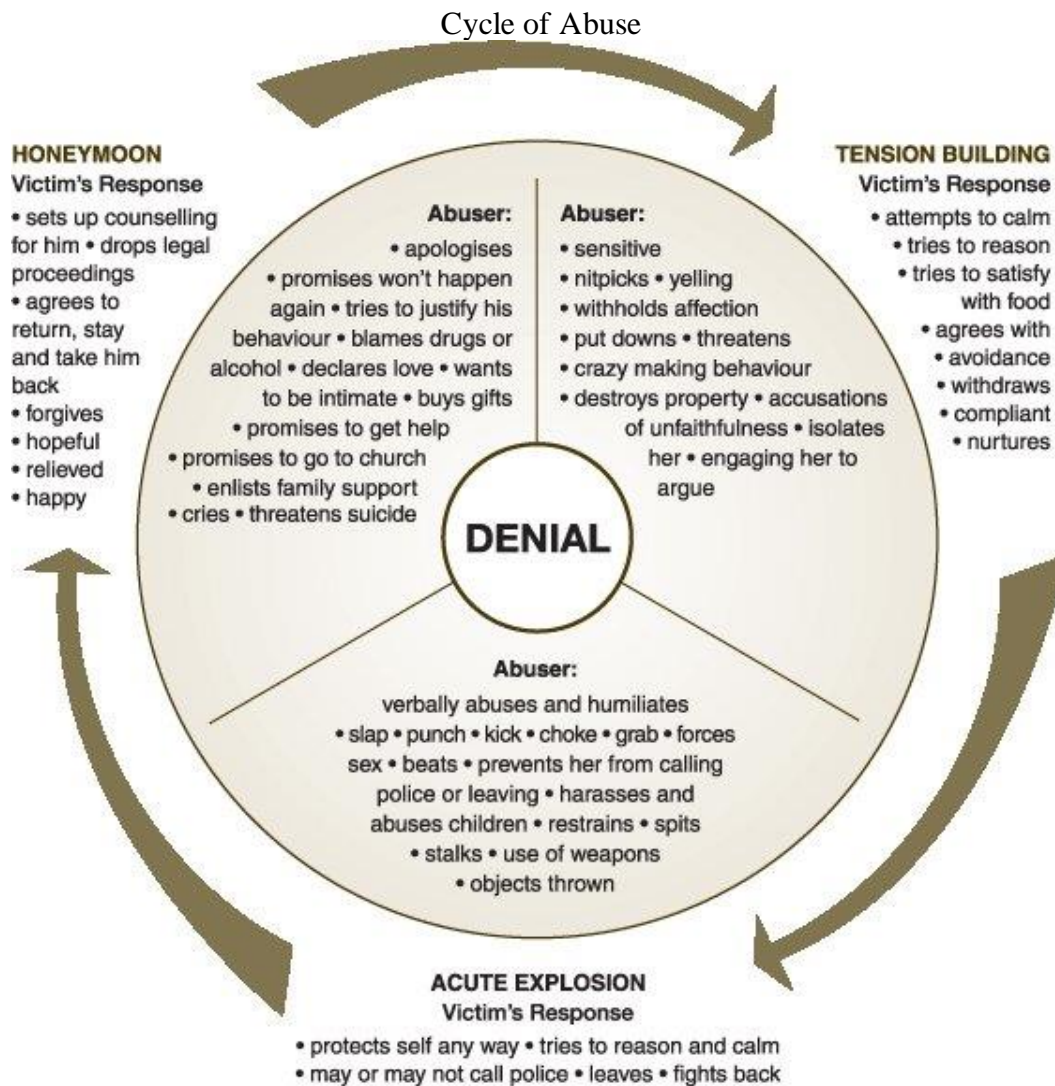
The cycle of abuse theory, as described by Walker (2017), provides a three-part repetitive pattern within an abusive relationship (see Figure 1). The main stages of the cycle of violence are (a) the tension-building phase, (b) the acute explosion stage that repeats, and (c) the loving-contrition phase. According to Caffrey (2020), Walker introduced this cycle of violence theory during the 1970s pertaining to DV. Walker's goal was to predict toxic relationship patterns that often fall into repeated abuse.

Walker identified three phases within such relationships:

- During the tension-building phase, the abuser falls into a pattern of agitation within the relationship, leading to the abuser exhibiting dangerous anger but not in an extreme way, including verbal abuse and jealousy traits.
- During the acute violence phase, which is the shortest phase, the violence starts. The perpetrator has no control, which is why verbal, physical, and sexual hostility occurs. The victim experiences mistrust. Within this phase, injuries can occur, with the victim possibly being hospitalized.
- During the loving-contrition phase, the abuser is remorseful and shows loving behavior to their victim. The abuser also attempts to save the relationship and typically promises not to harm the victim anymore.

Figure 1

## Cycle of Abuse



Domesticviolence.Org. <https://domesticviolence.org/cycle-of-violence/>

## **IPV Among LGBTQ Populations**

Researchers have studied IPV among LGBTQ individuals. For instance, K. M. Edwards et al. (2015) confirmed that in the past few years, more researchers have studied IPV among minority populations, including survivors who identify as LGBTQ. For instance, Rollè et al. (2018) showed that the lifetime prevalence of IPV in LGBTQ couples seemed to be similar to or higher than in heterosexual couples. Statistically, 61.1% of bisexual women, 43.8% of lesbian women, 37.3% of bisexual men, and 26.0% of gay men have suffered IPV throughout their life, while 35.0% of heterosexual women and 29.0% of heterosexual men have experienced ( Rollè et al. 2018). IPV. Similarities also appear across same-sex and opposite-sex relationships among types of violence, such as physical violence, emotional abuse, financial abuse, and patterns of control that keep the victims trapped and silent (Penone & Guarnaccia, 2018). Even though many similarities exist between LGBTQ and heterosexual-cisgender IVP, research has found many unique characteristics of LGBTQ IPV concerning the predictors of perpetration, barriers to help seeking and policy, and intervention necessities (Messinger, 2017). The findings on IPV in same-sex relationships included in this literature review provided an analytical force for understanding the study of IPV in same-sex relationships.

IPV in same-sex couples is widespread, and it presents a serious problem. Basile,. et al. (2022) reported that 44% of lesbian women, 61% of bisexual women, and 35% of heterosexual women had experienced physical abuse, rape, and stalking by a close partner during their lifetime. Additionally, the National Coalition of Anti-Violence Programs (2016), which tracks IPV against LGBTQ people, found that a significant

number of IPV survivors were people of color (61%) or those who had a physical or psychological disability (44%). Langenderfer-Magruder et al. (2016) also noted that LGBTQ people were at higher risk of victimization by their close partner, even as McKay et al. (2019) described that the estimated victimization differences between LGBTQ and heterosexual individuals appear to have worsened. Swan et al. (2019) further mentioned that the prevalence of IPV perpetration and victimization among LGBTQ individuals in Latin America seems to be both high and connected to experiences of discrimination. Based on these statistics, there appeared to be a significant and frequent issue with IPV among the sexual minority population.

### ***IVP Emergency Room and Stressor***

Rates of IPV are high among LGBTQ people who end up in the emergency room for partner abuse. For example, Harland et al. (2018) described IPV prevalence among LGBTQ individuals who end up in their local hospitals' emergency departments. The prevalence of IPV in this context was much higher in the LGBTQ patients than in heterosexuals (18.3% vs. 10.8%,  $p = .0151$ ); the prevalence was highest among bisexual women (21.6%) and gay men (18.5%). Decker et al. (2018) also estimated that LGBTQ individuals are at a much higher risk of experiencing a more severe outcome of violence in a relationship than their heterosexual peers.

Moreover, Kramer and Finley (2019) expressed that people who identify as LGBTQ face a unique set of external social stress factors related to bias, discrimination, and stigma. These stressors can produce a sense of burden, shame, and guilt due to a person's self-evaluation of sexual identity (Kramer & Finley, 2019). Additionally, in



lesbian relationships, many women are hesitant to tell someone about their experience of IPV violence due to the fear of homophobic community violence (Penone & Guarnaccia, 2018). Additionally, the stress of experiencing harassment and discrimination due to their marginalized identities will be harmful in intimate relationships as IPV (Whitfield et al., 2021). The close link between IPV and the stressor is yet another example of understanding IPV incidence with same sex-couples.

### ***IPV Within the Lesbian Community***

There is a high prevalence of IPV in same-sex relationships, particularly among lesbians. Addington and Dixon (2019) highlighted that, regardless of the literature examining the problems of IPV, there was a small amount written on the experiences of LGBTQ individuals who had been through IPV. Rollè et al. (2019) showed that in the United States, approximately one-third of sexual minority males and one-half of sexual minority women confirmed that they were sufferers of physical and emotional abuse in a romantic relationship. Furthermore, a study dealing specifically with lesbian relationships showed that most studies report rates of physical violence ranging between 30% and 40% in such relationships (Rollè et al., 2019). Mason et al. (2016) also noted that lesbians reported experiencing IPV at rates higher than or equal to those reported by heterosexual women.

Studies have been conducted on lesbian masculinity and its effects on the court system and how they are treated. According to Register, (2018), when IPV occurs in lesbian relationships, society often assumes that the more masculine the partner is the perpetrator. For instance, Tallis, et al. (2020) stated that lesbian relationships are believed

to mimic heterosexual ones, and the “butch” partner is most likely the offender. Additionally, Wasarhaley et al. (2017) explored the validity perspectives of lesbian IPV using a mock juror model. In this model, it was found that when the victim of IPV was counter-stereotypically masculine, the masculine female perpetrator was held more responsible for the victim’s wounds than a feminine female perpetrator. Wasarhaley et al. concluded that the perceptions of gendered stereotypes could have dangerous consequences for how the criminal justice system perceives and responds to lesbian partner violence and, as a result, may affect the readiness of lesbian survivors to seek assistance from law enforcement and the justice system overall.

### ***IPV and Latina Lesbians***

IPV among Latina lesbians is prevalent. The U.S. Census Bureau (2016) projected that 57.5 million Latinos were living in the United States, with 49% (28 million) being Latina women. Of these numbers, a substantial percentage of Latinas may have experienced some form of violence throughout their lifetime (World Health Organization, 2016). Alvarez and Fedock (2018) stated that in the United States, about a third of Latina women reported experiencing IPV. Latina women and African Americans are three times more likely to experience IPV (Davila et al., 2021).

Alvarez and Fedock further explained that in comparison to non-Latina Whites, Latina women were more predisposed to experience the unhealthy effects of IPV, such as hopelessness, low self-esteem, and physical illnesses. Also, compared to the mainstream White population, Latinas experienced extremely adverse health concerns linked with unhealthy behaviors (Alvarez & Fedock, 2018). Furthermore, Irizarry-Robles et al.

(2016) revealed that LGBTQ Puerto Ricans experience a higher percentage of IPV than heterosexual Puerto Ricans.

IPV varies across all demographics; however, vulnerability intensifies when examining unique cultural groups (Lopez, 2017). Latinas are a diverse group living in the United States. The group's diversity is reflected in their age, philosophy, socioeconomic level, skin color, religion, geographic region, immigration, and varied occupations (Silva et al., 2018). Regardless of these differences, many Latina women have shared everyday experiences of oppression and discrimination (Silva et al., 2018). For instance, sexual minority Latina individuals are at an increased risk of experiencing heterosexist stigma, and its internalization is due to the Latinx cultures focusing on traditional roles of religiosity and prejudice toward same-sex attractions (Velez et al., 2015). Additionally, Johnson and Summers (2015) noted that women who identified as LGBTQ were at a higher risk of experiencing discrimination than their non-LGBTQ counterparts. According to Lewis et al. (2017), life-long discrimination was connected to emotional perpetration among lesbians.

Swan et al. (2019) stated that IPV occurrence in Latin Americans showed that LGBTQ people in Latin America might have been experiencing higher rates of IPV than those of the general Latin American population. For instance, Barrientos et al. (2018) examined the prevalence of IPV psychological abuse in same-sex couples in Spain and Latin America. The online survey was conducted with 663 gay and lesbian respondents from Spain and Latin America. Of the total sample, 10.6% reported that they saw

themselves as victims of psychological abuse from their partner, with 9.6% in gay men and 10.7% in lesbians (Barrientos et al., 2018).

Messing et al. (2017) explained that Latina women also encountered other cultural barriers impacting their experiences of IPV. For example, Latina women struggle with being able to gain access to local violence services and interventions because of their vulnerability to communicate if they are not fluent in English (Alvarez et al., 2021). As a result, language barriers and understanding the cultural laws and rules prove to be challenges in access to support services for Latina women experiencing IPV. Many Latina women fail to understand and access policies that defend survivors of IPV (Campbell, 2016).

Reina and Lohman (2015) reported that Latinas not only face physical health and mental problems as an aftermath of IPV incidents, but they also still have to deal with being neglected by organizations that help IPV individuals when they try to leave the abusive relationship. Alvarez and Fedock (2018) indicated that although Latinas may not experience higher rates of IPV in comparison to other women, they are more afflicted by the ramifications of IPV. Alvarez and Fedock also explained that even though many Latinas in the United States experience IPV, few studies have explored their experiences within their violent environment. When the Latina woman is experiencing IPV, their personalities as Latina are disconnected from their struggles as an injured woman. For example, Latina women have a history of discrimination and prejudice, and it informs how they search out legal sources of support (Silva et al., 2018).

Practitioners may benefit from an understanding of commonly ascribed mental conditions with Latina women experiencing IPV. For instance, “Ataques de los nervios,” which translates to “attack of the nerves,” has been identified as a cultural condition occurring solely among Latina women (Alvarez & Fedock 2018 ). Ataques de los nervios is typically related to the experience of events with IPV. Velez et al. (2015) also revealed that racist and heterosexist oppressions affect the mental health of sexual minority Latinas. Stereotypical and discriminatory beliefs held by society may explain the unwillingness of Latina women to report IPV (Campbell, 2016).

### ***IPV and Latina Culture***

Researchers have studied the Latina culture of IPV survivors and the challenges they face in seeking support from family members .For instance, Harper (2017b) described that the family plays a significant role in the Latino community because the survivor of IPV depends on the family member’s support. The influence of the Latina survivors on IPV experiences are the cultural features belief of *familismo* or *familism*. Familismo focuses on family togetherness and encourages the support of the family members (Lopez, 2017). On the other hand, Latino cultural beliefs, such as the honor code and upholding cultural roots, may influence IPV tolerance and help-seeking behaviors amongst Latina women (Natal, 2021).

Latinas experience more IPV than other racial/cultural groups because of the cultural values that place emphasis on family loyalty (Harper, 2017a). For instance, cultural roles, values and beliefs, and different roles among Latino communities all lead to a substantial risk of not disclosing the assault (Alvarez & Fedock 2018). In addition,

same-sex couples face more stress connected with their families of origin in comparison to their different-sex counterparts (Swendener & Woodell, 2017). Family social support between sexual minorities is challenging due to the individual marginalized status (Swendener & Woodell, 2017). Additionally, familismo does not always support queer Latinas. Prejudice, fear, and hate can lead some families to detach or reject queer people rather than help them (Patrón, 2021). Barriers for a Latina to leave an abusive relationship include fear of consequences after speaking up, social stigma, and going against cultural values (Postmus et al., 2014).

Lopez (2017) explained that loyalty within the Latina family has been the reason why Latina women stay in abusive relationships and are not able to seek the right support systems to obtain help from sources outside of the family. The cultural values of respect, *personalismo*, and *simpatía* precede social communications within the family and with people outside the family (Edwards & Cardemil, 2015). *Personalismo* is defined as the Latino/a's preference for bonding with others and for social relationships that are built on trust (Ortiz, 2020). *Simpatía* means that a woman should not be aggressive, and she ought to simply provide a harmonious relationship with her mate and family members (Alvarez & Fedock, 2018).

Another traditional cultural gender role supports *machismo* and *marianismo*. Machismo is a set of morals describing how Latino men should conduct themselves, whereas *marianismo* is the set of standards of how women consider their roles in the family (Lopez, 2017). Lopez (2017) stated that for many Latina survivors of violence, having their families notice the consequences of the abuse is an indication of failure to be

a respectable wife, and the family will not support them in leaving the relationship.

Latinas experience IPV differently from other cultural groups because of cultural family loyalty (Harper, 2017b). For instance, because of the values in the Latino/Latina community, Latina women hesitate to leave their husbands because of the traditional rules of not believing in divorce (Postmus et al., 2014). Alvarez and Fedock (2018) noted that members of the community and family occasionally choose to “not get involved” in supporting survivors. The family considers the survivor responsible for the abuse, and they are often oblivious to how to help the survivor. Most of the literature about Latino culture addresses the role of machismo and marianismo as shared values that describe and enforce gender roles for men and women (Da Silva et al., 2021). However, few research studies have examined Latina cultural experiences on IPV with Latina lesbian women.

### ***Physical and Psychological Impact of IPV for LGBTQ and Latina Populations***

Psychological and emotional abuse are terms which are used throughout the literature for IPV. Latina women can be especially susceptible to prolonged outcomes of IPV. The consequences of IPV on an individual’s psychological well-being can be long-lasting. Illnesses, in general, can include posttraumatic stress disorder, being in a depressed state of mind, and nervousness (Page et al., 2017). Woulfe and Goodman (2020) also emphasized that LGBTQ people who experience abuse reported more symptoms of posttraumatic stress disorder (PTSD) and depression, which was correlated with mental health outcomes such as physical and psychological abuse. In addition, Latinas who experience the psychological pain initiated by IPV are prone to complain of

physical pain and gastrointestinal issues (Gonzalez et al., 2020). Additionally, many LGBTQ individuals are already exposed to mental health issues and are vulnerable to risk factors, such as stereotyping, misconceptions, and discrimination, if signs of IPV are exhibited; mental health issues are more likely to develop (Bolam & Bates 2016). Members of the LGBTQ community are often overlooked in society, increasing their vulnerability to experiencing severe, life-threatening physical and psychological harm (Masri, 2018). However, little is known about the national occurrence of IPV, sexual maltreatment, and stalking among lesbians, gay men, and bisexuals in the United States (Kirincic, 2016).

Carpenter (2017) reported that violence between LGBTQ partners is challenging to comprehend for multiple reasons. Case in point, typically, the LGBTQ individual is alienated from their family and friends due to preconceptions. Furthermore, a couple could be more isolated from external witnesses who could intervene to assist the victim. In addition, within the LGBTQ community, they are already handling high levels of condemnation externally from the relationship, leading to pressure for not dealing with any negativity and a lack in sharing their experiences with third-party individuals outside of the relationship (Carpenter, 2017). Once isolation is used within LGBTQ IPV survivors, such consequences can be more severe in comparison to heterosexual IPV survivors (Woulfe et al., 2021). Additionally, there is a heightened risk of mental illness/stigma development and succumbing as an IPV victim for sexual minority women (Fedele et al, 2022). Case in point, because lesbian women identify themselves as queer, their mental health already suffers significantly. Furthermore, being an IPV victim, apart



from being previously marginalized due to sexual preference identity, could negatively affect their quality of life more severely (Harden et al. 2020).

IPV is a social issue among LGBTQ individuals, and it has life-threatening physical, mental, and social outcomes for victims, their families and communities, and society (Morgan et al., 2016). Additionally, LGBTQ individuals who are victims of IPV are at a higher risk of severe harm, including homicide (Masri, 2018). Specifically, Cunha and Pacheco (2018) reported that Brazil is a leading country in violence against the LGBTQ population, and homicides towards LGBTQ people in Brazil increased by 55% in 2014 compared to prior years. In the United States, about 85% of intimate partner homicide sufferers are women (Díez et al., 2017). For instance, Latina women are highly exposed to DV and intimate partner femicide (Harper, 2017a). Harper (2017a) found that 60% of Latina victims of intimate partner homicides (IPHs) had a history of IPV abuse. Also, rates for intimate partner homicide in Puerto Rico are much higher than in the United States (Villafañe-Santiago et al., 2019). According to Harper (2017b), Latinas' position in unhealthy relationships is adversely affected by additional risk factors such as racial discrimination, gender inequality, unstable residency status, immigration status, poverty, and language barriers. As a result of these risk factors, Harper et al. (2021) concluded that Latinas and other women of color were at an increased risk of intimate partner homicide because they were socially isolated and lacked access to resources.

Regardless of all recent socio-legal improvements that the LGBTQ community has experienced in the United States, victims of same-sex IPV remain lagging behind from a perspective of human rights discourse/inclusion (Masri, 2018). Workman (2019)

noted that LGBTQ community representation within legislative discussions is challenging. This is because, presently, there are several areas in which inclusive language is lacking, as well as the use of non-inclusive language, which produces and upholds ambiguity within laws. Consequently, state and local legislators should focus on such matters as drafting gender-neutral IPV regulations, prioritizing IPV education within local schools, educating law administration in same-sex IPV, and formulating more robust criminal penalization for the offender (Masri, 2018).

Victims of IPV may suffer from PTSD, physical wounds, and irregular work and school days (Modi et al., 2014). For example, Latina women exposed to IPV have high rates of PTSD, depression, substance abuse, and alcohol usage (Gonzalez et al., 2020). Latina women also suffer from high levels of PTSD in comparison with all other racial and ethnic populations of women (Modi et al., 2014). The CDC (2018) reported that many chronic health issues are linked with IPV, such as cardiovascular, gastrointestinal, reproductive, musculoskeletal, and nervous system conditions. Additionally, IPV survivors have a higher chance of being involved in risky health behaviors, such as smoking, binge drinking, and HIV risky behaviors (CDC, 2018). Miller and Irvin (2017) emphasized that LGBTQ members and Latina lesbian IPV victims are much more likely to have a history of depression and anxiety than heterosexual victims. The aftermath of exposure to violence on women has terrible long-term outcomes that run the risk of unwanted pregnancies, dangerous abortions, HIV, and low-birthweight babies (García-Moreno et al., 2015). Miller and Brigid (2019) also noted that psychological belligerence, intimidation, belittling remarks, shame, and attempts to monitor and control one's

intimate partner are common issues in partner abuse and have health consequences for the victim.

### **Latina Lesbians' Alcohol Use as a Risk Factor for IPV**

Studies show that for decades, there has been global evidence that alcohol misuse increases the risk of violence toward intimate partners (Taft et al., 2019). For example, Lewis et al. (2017) reported that lesbians who experienced more emotional pain were more prone to use alcohol as a coping means, were accountable for more alcohol-related issues and alcohol-related dilemmas, all of which were connected with bidirectional IPV amongst lesbians.

Lewis et al. (2017) recruited 1,248 lesbians through numerous LGBTQ social venues to participate in a survey examining the association between sexual minority stress and IPV. Heterosexism is one of the main reasons that lead to suppressed feelings, which in turn leads to the offender becoming angry (Lewis et al., 2017). Lewis et al. concluded that the intensified suppressed homophobia was related to the build-up of anger and alcohol-related issues that were demonstrated through a significant role in spousal violence. Though in the literature, higher rates of alcohol consumption are seldom reported among sexual minority groups, only a few studies have examined alcohol intake as it relates specifically to LGBTQ IPV victimization (Dardis et al., 2021). Cunradi et al. (2014) reported that alcohol is one of the primary triggers for IPV. Minority stress, alcohol use, and alcohol-related issues play a significant part in emotional aggression and physical violence in lesbian intimate partner relationships (Lewis et al., 2017).

Heron et al. (2018) highlighted an association between partner violence and alcohol use in their study on lesbian couples who experienced IPV. Heron et al. showed that roughly 64% of both batterers and victims accounted for using alcohol before violent incidences, which made them more aggressive towards their partners. Also, alcohol use was connected with nonphysical IPV, such as verbal intimidation and damage to belongings (Heron et al., 2018). Shorey et al. (2019) reported that alcohol use and its misuse was a familiar antecedent of IPV perpetration. However, a small amount of research examined whether alcohol use increased the risk for IPV perpetration among individuals who identified as a sexual minority. This is concerning because rates of IPV and alcohol use are higher among LGBTQ individuals in comparison to their straight peers (Shorey et al., 2019).

### **Shelters' Response to IPV for LGBTQ Individuals**

Same-sex IPV victims encounter many barriers in domestic violence shelters. Crisis or emergency housing services, according to the US Department of Housing and Urban Development (2018), are a temporary or transitional refuge for the homeless population. IPV survivors who seek refuge in a shelter typically arrive with an array of needs and necessities (Sullivan & Virden, 2017). Furthermore, according to Messinger and Roark (2019), shelters are unwelcoming to this group. Sullivan and Virden (2017) also highlighted that many IPV individuals look for short-term shelters, whereas others need a lengthier time to support their healing from their trauma so that they can start a new life. Moreover, LGBTQ survivors of IPV, both formal and informal, find that seeking support is limited compared to the assistance available to straight women

(Guadalupe-Diaz & Jasinski, 2017). The decision for the survivor to seek help from an abusive relationship differs and is influenced by individual, sociocultural, and interpersonal factors (Branch et al., 2018).

For instance, Reina and Lohman (2015) found that Latina women experienced racism and discrimination as they sought services and that these discriminatory practices discouraged them from seeking services. These barriers can be handled by educating how frontline workers and mental health providers are trained in working with vulnerable populations, such as LGBTQ and undocumented Latina immigrants (Reina & Lohman, 2015). Morin (2014) stated that the LGBTQ individuals who were permitted in the shelter experienced harsh looks, negative remarks, and their stay was short. As for lesbian survivors of IPV, residents at a shelter may feel uneasy about them and avoid them, some even fearing that their children would be corrupt if they become friends with a lesbian (Block et al., 2017).

Various shelters and agencies that support IPV victims do not support or permit same-sex couples who are victims of IPV in their shelters (Branch et al., 2018). Consequently, victims may not be provided the needed means of support to help them leave the abusive relationship. However, responsive service workers at these organizations may be a crucial resource to individuals who are seeking services for IPV abuse (Branch et al., 2018). Cole and Harris (2017) noted that LGBTQ individuals could face several challenges when seeking professional help. However, Branch et al. (2018) stated that for victims of same-sex abuse, there is a lack of services in place for IPV.

The high rate of victimization and the fact that help-seeking often involves LGBTQ victims who have been exposed to one or more stigmatized experiences makes it difficult for them to seek out services (McKay et al., 2019). For example, perpetrators often use the fear and hatred that society has for lesbians to persuade the victim that it would be dangerous to seek help from other people, which means that they must continue to rely on the perpetrator (Block et al., 2017). Additionally, Latinas are less likely to look for assistance from family in comparison to European and African American women (O'Neal & Beckman, 2017).

Branch et al. (2018) confirmed that the lack of acknowledgment of IPV in same-sex couples and the absence of services in place for victims in same-sex IPV adds to the gravity of the issues. Some same-sex couples do not report the abuse due to fear of homophobic responses, retribution, and prejudices from social service providers, police, and court personnel (Branch et al., 2018). Additionally, Edwards et al. (2015) revealed that there is a shortage of formal IPV services intended for LGBTQ survivors and those services available for LGBTQ survivors are often endangered to differential treatment. Many LGBTQ individuals experiencing IPV are isolated when in a coupled relationship and are afraid of retaliation when leaving the relationship due to fear of society's judgments (Lev, 2015). The silence within the LGBTQ community results in individuals going through IPV with little or no support and treatment. In addition, they typically lack formal education and an understanding that relationships should not be about violence; therefore, it is hard for the individual to exit the relationship (Lev, 2015). Herek (2015) stated that LGBTQ individuals might not reach out for assistance because they are not

open with their sexual orientation or gender identity if their families are unaware of their relationship. Workman and Dune (2019) explained that socioeconomic status is a huge barrier for individuals not residing in LGBTQ “friendly” communities. Brown and Herman (2015) described that many survivors do not know about LGBTQ-friendly support resources. Some sexual minority men and women do not believe shelters are accommodating to them (Brown & Herman, 2015).

Many domestic violence service workers believe women cannot hurt other women, which has a detrimental impact on how members of the criminal justice system act and recognize lesbian IPV and their responsibility to seek services (Wasarhaley et al., 2017). Though, LGBTQ-affirming human service workers are prepared to address the unique needs of LGBTQ survivors and all survivors requiring assistance regardless of gender or sexual orientation (Furman et al., 2017). For instance, practitioners may work with survivors by affirming their LGBTQ identity as well as forming an open space to speak about any topics that may come up relating to sexuality (Bermea et al., 2019). To be responsive, it is essential to support the LGBTQ client experience of violence, as experiences may not have been validated at former agencies designed to serve straight women (Furman et al., 2017). In fact, Block et al. (2017) concluded that lesbians considered shelters to be the least useful of all sources of support and were much more likely to have negative shelter experiences than straight women.

### **LGBTQ Legal Barriers to Reporting IPV**

One of the main obstacles for LGBTQ survivors seeking legal aid is discrimination in reporting IPV to law enforcement officers. For instance, Mallory et al.

(2015) stated that maltreatment and preconceptions by police officers based on sexual orientation remained prevalent throughout the United States. LGBTQ communities face barriers to reporting IPV to enforcement; when they do, officers may not react appropriately to the situation (Workman & Dune 2019). Calton et al. (2016) found that when examining a sample of lesbian IPV survivors, they rated police and attorneys as the most unhelpful out of a list of assistants. Additionally, lesbians have a problematic time soliciting an appropriate response from the police, meaning that police often disregard their complaints as not significant enough to deal with (Guadalupe-Diaz & Jasinski, 2017). Morin (2014) also stated that when police officers respond to an IPV incident relating to two men, the police often struggle to recognize who is the committer and who is the survivor. Furthermore, Guadalupe-Diaz (2016) reported that LGBTQ people experience similar rates of IPV abuse in comparison to straight women; however, little is understood about their interactions with or views of the police.

Calton et al. (2016) noted that many individuals may listen to different cases of behavior from other survivors about the police, which is likely to discourage them from calling the police. Queer survivors of color, for example, may sense a need to protect those in their community (Workman & Dune 2019). This is because there are negative stereotypes or persecution by police and a penal prison system where queers and people of color are overrepresented (Carlton et al., 2016). Stereotypes affect women of color who face discrimination and prejudice when experiencing violence (Workman & Dune 2019). Thus, the LGBT communities have a significant problem with the police. Russell and Sturgeon (2018) conducted a study that showed prejudice and harassment by law



enforcement based on sexual orientation and gender identity as an ongoing universal issue with LGBTQ individuals. Russell and Sturgeon concluded that of the LGBTQ IPV survivors who interacted with police, 48% stated they experienced police misconduct, unfair arrest, and police cruelty. Social stigma creates a multitude of barriers that keep lesbians from asking for help (Hart, 2019).

### **Summary**

IPV is a far-reaching social phenomenon. Lesbians report experiencing IPV at a higher rate than straight women. However, the current research on IPV issues is lacking in terms of examining IPV in Latina lesbian relationships. Many studies on IPV within the LGBTQ community have historically been focused on issues such as social stigma, homophobia, discrimination, and the myth that only men are assaulters and women are victims. Thus, the role of the MSM is a source that contributes to IPV in same-sex couples. One of the contributions to minimizing the gap comes from the MSM to better understand Latina Lesbian experiences with IPV. Longobardi and Badenes-Ribera (2017) confirmed studies that come from the MSM show internalized homophobia, a degree of outness, stigma, consciousness, and experiences of discrimination based on sexual orientation are all related to IPV. Taranto (2015) further explained that the life experiences of LGBTQ individuals and IPV victims have long been silenced and dismissed.

In Chapter 3, details regarding the rationale of this case study qualitative research design focused on the perspectives of Latina lesbians' experiences of IPV is discussed. In addition, the role of the researcher and how the participants are selected based on meeting

the inclusion criteria of being Latina lesbians that have experienced IPV over 12 months ago is explored. Further, the data collection methods of semi-structured interviews are discussed, along with instrumentation and the thematic data analysis plan that is used. Next, trustworthiness is explored to demonstrate how credibility, transferability, dependability, and conformability were achieved throughout the analysis and the results portion of this research study. Finally, the ethical procedures and guidelines that create the foundation of the current research study are provided.

### Chapter 3: Research Method

The purpose of this qualitative case study was to explore Latina lesbians' experiences with IPV in a narrative form. The case study qualitative approach allowed Latina lesbians to speak about their personal experiences with IPV in a real-life setting. Billups (2021) noted that qualitative research allows participants to tell their stories in their own way. In this chapter, I address the research design and rationale, including the role of the researcher, participant selection logic, instrumentation, and procedures for recruitment. Additionally, participation, data collection, data analysis plan, and ethical considerations are identified along with issues of trustworthiness, including credibility, transferability, dependability, and confirmability.

#### **Research Design and Rationale**

This study was grounded in the following research question: What are the experiences of IPV among Latina Lesbians living in one of the five boroughs of New York City? In this study, I used a qualitative case study approach (see Merriam, 2019) to explore the experiences of IPV among Latina lesbians in a real-life setting. The case study helped me to explore a complex issue in-depth and in a multifaceted way in participants' real-life setting. According to Yin (2016), a case study approach is used in the investigation of a phenomenon in its real-life context. This approach can include multiple data collection methods because it entails an in-depth study of the event or occurrence. Case studies are in-depth investigations from multiple views with the purpose of capturing the complexity of the object of study (Frey, 2018). A case study can describe single or multiple cases. The case study's objective is to explore the complexity of single

or multiple cases in a study (Frey, 2018). I selected this approach because it allowed me to obtain an in-depth and multifaceted understanding of Latina lesbian women's experiences with IPV, which was this study's purpose.

I considered other qualitative designs when determining what approach to use for this study, including narrative, phenomenology, ethnography, and grounded theory. Narrative research involves investigating people's stories, with a start, middle, and end, to understand how they see the world around them (Frey, 2018). The narrative design allows participants to narrate their stories and attribute meaning to their experiences through the stories they recount. However, narrative research focuses on the narratives of only one or two participants. Therefore, the narrative design was not a good fit for my study. Phenomenologists study human lived experiences and how individuals make sense of their experiences (van Manen, 2017). I was not attempting to understand the essence of the experiences of the participants as in a phenomenological study, so I rejected this approach. Ethnography is the study of social/cultural groups in the same social space (Madden, 2017). I interviewed participants individually rather than focusing on the cultural pattern, as is done with the ethnographic approach. Therefore, ethnography was not appropriate for this study.

Glaser and Strauss (2017) noted that grounded theory seeks to generate novel theory as it emerges from data and analyses. The goal of the current study was to understand the experiences of Latina lesbians, not to establish a theory around them. Therefore, I did not choose the grounded theory approach. In generic qualitative studies, researchers seek to understand how people create meaning from their world and

experiences (Yin, 2016). According to Kahlke (2014), a generic qualitative investigation does not have a detailed research design. A generic qualitative design is built from the base up and includes different methodologies to build the foundation (Kahlke, 2014). Kahlke also noted that generic qualitative research is not a specific methodology because there is no firm definition of the approach and because this approach does not have a specific set of boundaries as do other qualitative designs. The primary goal of generic qualitative research is to gather rich information that permits the researcher to enter the participants' world and let the participants tell their own stories (Cypress, 2018), which was not the purpose of the current study. These approaches were not selected for the present study because they could not help me answer the research question.

### **Role of the Researcher**

The responsibility of a qualitative researcher includes leading the study, aligning the research problem with the framework of the research design for data collection, and assisting in the response to the research question (Edmonds & Kennedy, 2016). The researcher's role in a qualitative study is to participate and to remain unbiased (Clark & Veale, 2018). My role as the researcher in this study was to identify potential participants, explain the study without bias, conduct proper interviews, maintain confidentiality, and evaluate and interpret the results (see Reid et al., 2018). My job as the researcher was to recruit Latina lesbians who had been in an abusive relationship for more than 1 year.

In qualitative research, the researcher serves as a facilitator and observer (Flick 2018). Allen (2017) noted that the researcher should always be aware of any power

struggle in the researcher–participant relationship. As an observer, I refrained from working with people with whom I had a personal or professional connection that involved supervisory authority or control over the participants. Chamberlain and Hodgetts (2018) advised that being clear and transparent in communicating the research process to the participant helps gain their trust. Additionally, Bush and Amechi (2019) noted that it is vital to establish meaningful rapport and trust with participants.

### **Researcher Bias**

The possible influence of researcher bias, as well as any ethical considerations, should be identified and addressed early in a study (J. L. Johnson et al., 2020). During the initial contact, I aimed to create a good connection with the participants to reduce any research bias in this study. I also engaged in reflexive processes by using a journal that helped me remain aware of my values and beliefs. Probst (2015) suggested that reflexivity allows the researcher to remain self-aware throughout the research process. Gabriel (2018) further suggested that researchers must attempt to engage in reflexive processes, which involve an inner dialogue and critical self-evaluation of the researcher’s positionality.

## **Methodology**

### **Participant Selection Logic**

The target population for the study was Latina lesbians living in one of the five boroughs of New York City. To engage in the study, the participant had to be free from intimate partner abuse for a period of 1 year. The proposed sample size consisted of 10–15 Latina lesbians age 18 and older residing in one of the five boroughs of New

York City. However, the final sample was six participants, which was appropriate for a qualitative case study. Gaire (2018) recommended that semistructured interviews are appropriate and more common when the number of participants is limited to 10 to 15. According to Vasileiou et al. (2018), a suitable sample size for interviews is typically between 10 and 30; however, there could be fewer participants if data saturation is reached before the 30 participants are interviewed. If data saturation is not met, additional participants may be required.

In the current study, a combination of purposeful and snowball sampling was used to recruit potential participants. Purposeful sampling is a selective sampling method that can be used to identify inclusion or exclusion criteria for study participation (Allen, 2017). Purposeful sampling was an appropriate sampling strategy for the current study because I concentrated on selecting a few participants who had experienced IPV (see Schreier, 2018). Snowball sampling is when researchers start with a small number of initial contacts who match the research criteria and are invited to participate in the study (Frey, 2018). The participants who agreed to participate are then asked to recommend other contacts who meet the selection criteria and who may be willing to participate in the study (Parker et al., 2019). Snowball sampling helped me recruit new participants from current participants whom they believed fit the selection criteria. Using both types of sampling allowed me to recruit the necessary number of participants, which could have been difficult to achieve if snowball sampling had not been used.

I recruited participants through various social media platforms, including Facebook and Instagram, with terms of inclusion that included Latina lesbians age 18 and above who had been exposed to IPV for more than 1 year. Potential participants had to be residents of one of New York City's five boroughs. I contacted the board members of several women's groups who assisted IPV victims and explained the purpose of this study. After obtaining permission from these organizations to recruit participants, I designed a flyer and sent it to several organizations via email as a precaution for the COVID-19 pandemic.

### **Instrumentation**

Semistructured interviews with open-ended questions were the major data-gathering method for this qualitative case study. Semistructured in-depth interviews are used in qualitative research that, according to McGrath et al. (2019), allow the researcher to collect in-depth data to explore participants' opinions and views about the study topic. The researcher's interview technique is a tool for asking questions to learn more about their experiences (DeJonckheere & Vaughn, 2019).

According to Hamilton et al. (2017), as part of the interview protocol, interviewers should also explain the purpose of the interview and the conversational guidelines to the participant. Brinkmann and Kvale (2018) explained that interviewers are responsible for developing interview questions that address what they want to learn from interviewees during the course of a study. An interview protocol was developed for the interview process (see Appendix A). Each participant was interviewed individually. By



addressing the Latina lesbian experiences with IPV, the interview questions were meant to provide the most relevant data for this study.

As I wrote the interview protocol, I followed the steps outlined by Castillo-Montoya (2016) on the interview refinement framework. In the first phase, the interview questions had to align with the study questions. In this step, Castillo-Montoya recommended drafting questions that help participants tell their stories and are aligned with the study objectives. As recommended by Castillo-Montoya, I created a matrix to map the interview questions, which helped me recognize any gaps. I started with questions that helped to build rapport, followed by those connected with the study to promote inquiry-based conversations.

The second step was the construction of an inquiry-based conversation. During this step, the researcher uses the participants' everyday practices, norms, and contexts to write the interview questions (Castillo-Montoya, 2016). In addition, the researcher uses terms likely to be used by participants in the construction of the interview questions while avoiding jargon (Castillo-Montoya, 2016). In the current study, four questions were constructed (introductory, transition, key, and closing) that were not threatening and gave the participants a chance to describe their experiences.

As described by Castillo-Montoya (2016), the third step is obtaining a review of the interview protocol. This step provides the researcher with critical information to gauge how the participant is likely to understand the questions for the interview. I validated the interview protocol by sharing the questions with my committee chair, an expert familiar with the study background, and one lesbian who was not included in

the final study. The feedback from my committee chair suggested that several questions be removed. Additional feedback came from an individual who was a member of the target population, suggesting that my questions needed to be more about the participant's experiences. In reviewing my questions, I realized that many questions were not directly focused on the IPV experiences of Latina lesbians. Because of this, I took some questions out, added others, and adjusted the interview protocol accordingly. The final step was piloting the interview protocol. As Castillo-Montoya (2016) recommended, I did this by piloting the interview protocol with some individuals who had similar traits as the expected participants. I conducted interviews to stimulate rapport and observe timing, recording, and space to evaluate the data collection instrument. This helped me gauge how the interview would take place and whether the participants would answer the interview questions. Some notes were taken, which helped me to refine the final interview protocol and prepare for the final study.

I used Zoom to conduct and record the interviews. Many researchers favor video conferencing tools, such as Zoom video communications, to in-person interviews because they are more cost-effective and convenient. I created a Zoom account to enable an interview meeting platform so that invitations could be sent to participants (see Archibald et al., 2019). From there, consent was sought from the participants to inform them that the conversations would be recorded. Those who agreed were asked to provide verbal consent before the beginning of the interview.

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

### ***Recruitment and Participation***

I used purposeful and snowball sampling to recruit participants. Criteria-based sampling comprised Latina lesbians who had not experienced IPV within the past 12 months but had experienced it previously. I recruited eligible participants through the use of purposeful sampling followed by snowball sampling. Allen (2017) advised that researchers should participate in purposeful sampling to select cases from a population centered on specific characteristics.

The recruitment process began with platforms such as Facebook, Instagram, and various local community organizations. The Facebook page was created and activated after approval for this study by the Walden University Institutional Review Board (IRB 12-05-22-0751831). Participants were given the option to be interviewed via Zoom. Flyers were made to recruit participants (see Appendix C). The Facebook page provided information about this study, and all participants who wished to join the study contacted me via the instant messenger icon on the page and the email listed in the “About” section. This method of communication ensured that all conversations between the participants and me were unseen by others. Potential participants were informed that any personal information that pertained to the interview would not be shared on this social media platform. In a qualitative study, ethical standards are intended to protect the confidentiality of the participants (Bender & Hill, 2016). The participants who expressed interest in the current study responded via Facebook messenger or email. Once the

participants made contact, they were welcomed, which allowed for the determination of their eligibility to take part in the study.

Researchers have used Facebook to recruit individuals who experience stigma or discrimination (Andrade et al., 2018; Russomanno et al., 2019). This allows for confidentiality to be maintained because the participants can read the information on Facebook and reach out to the researcher if they would like to participate. In the current study, I adhered to the *Belmont Report's* ethical guidelines when selecting and interviewing individuals. The *Belmont Report* established a moral framework for human research (National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research, 1979). Respect for humans, beneficence, and fairness are three key ethical criteria found in the *Belmont Report* (Redman & Caplan, 2021). In alignment with the *Belmont Report* (National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research, 1979), I respected individuals involved in the recruitment process and treated them as autonomous agents (see CDC, 2018; Wilson & Joye, 2017). The rights of participants were secured by giving them informed consent, and confidentiality was maintained throughout the study.

Members of marginalized groups may feel more secure in interacting with social media recruitment messages because they can select the profile and privacy settings to maintain control over how much of their own information is presented to the researcher when they communicate with them through a direct message (Russomanno et al., 2019). Therefore, in accordance with the ethical principles of the *Belmont Report*, I maintained participants' confidentiality because it allowed them to have both privacy and data

security by communicating only through direct messages with one researcher. When an individual reached out to participate, they were greeted through the social media's direct messenger service. The messaging service allows participants to communicate with confidentiality. If the potential participants did not want to communicate by messenger, they reached out to me via email, which was provided on the Facebook page. Once the introduction was completed, an evaluation was immediately made regarding the inclusion criteria to ensure that the individual qualified for this study. Those eligible received a consent form by email, which explained the study procedures, risks, benefits, and participants' rights (see Appendix B). Further, the consent form also explained to the participant that they could withdraw from the research at any time without any negative consequences.

I reached out to community-based organizations that support Latina lesbians to recruit eligible participants. Potential organizations for recruitment included the Bronx LGBTQ Center, Inc., and LGBTQ Care at Montefiore Hospital. These organizations provide different types of services, including IPV counseling, for LGBTQ people. I provided flyers for this study to each establishment so they could post them on their bulletin board (see Appendix C). Once a participant was recruited, snowball sampling was used to ensure that more participants were reached.

### ***Data Collection***

Due to the ongoing COVID-19 pandemic, I used the video-conferencing platform Zoom. In using Zoom, interviews were audio recorded to my laptop using the local recording option and then transferred to a USB storage device. Archibald et al.

(2019) noted that Zoom has the advantage to secure the recording and store sessions without recourse to third-party software. This feature is significant in research where the protection of sensitive data is necessary. I used Zoom sessions to conduct and record interviews. Zoom allows anyone to access the platform without restrictions. In order to access Zoom, I created a Zoom account and then became the account owner. Further, I was the administrator who invited participants to the meeting and provided them with passwords for authentication purposes. Many researchers favor video conferencing tools, such as Zoom video communications (Zoom), to in-person interviews because they are more cost-effective and convenient. Data collection is critical in qualitative investigations, and the researcher's role is that of a participant-observer (Bretschneider et al., 2017).

The primary data collection approach for this case study qualitative study was semi-structured interviews with open-ended questions necessary to gather detailed perspectives of participants. Additionally, qualitative researchers ask the interviewee questions in order to gather rich information about their experience (DeJonckheere & Vaughn, 2019). I developed an interview protocol of questions for the interview process (see Appendix A). Castillo-Montoya (2016) noted that the researcher's interview protocol is a tool for asking questions to gather certain information related to the research study.

The data collection method that I used was semi-structured interviews. Semi-structured interviews are used when the interviewer has topics that they want to cover that are connected to the research question (Morris, 2015). Morris (2015) stated that the researcher asks questions and follows up on the interviewee's responses to get as much

data as possible from the interviewee. Interviews were conducted via Zoom, a platform used to communicate by video conference. After all the interviews were completed, the first thing that occurred was to clean up the transcripts to ensure that the captured information represented what the participants said during their interviews. I conducted member checking to ensure the accuracy of transcripts (Frey, 2018). During member checking, the researcher checks in with the participants and requests their input on whether the findings are consistent (Frey, 2018). Frey (2018) also noted that engaging participants in the analysis and interpretation is an essential process that should strengthen the rigor and validity of a qualitative research study. This process of feedback and participant responses became a part of the study's credentials.

### **Data Analysis Plan**

This case study qualitative approach provided a detailed account of the experiences with IPV among Latina lesbians. The data collected from each participant's interview were analyzed individually (Allen, 2017). King and Brooks (2018) noted that thematic analysis used in qualitative data analysis mainly focuses on identifying, organizing, and interpreting themes in textual data. Moreover, Denicolo et al. (2016) proposed that the goal of thematic analysis is to tell the story of the data in a convincing narrative that demonstrates the merits and validity of the interpretation, which is my intention in the current study. The thematic analysis was beneficial, especially when compared to narrative analysis because it allowed me to deduct meaning from the themes found in the data instead of digging into the meaning of the stories being told, which narrative analysis does (Galanis, 2018).

The approach used to analyze the data was the Percy et al.'s (2015) thematic analysis. Thematic analysis can support identifying and developing themes that emerge from the data collected (Percy et al., 2015). As described by Percy et al., the thematic analysis in this qualitative case study research approach was used to identify codes, phrases, and themes throughout the data. The following steps assisted me in ensuring a comprehensive and proficient data analysis process. Percy et al. outlined the steps in the data analysis process:

1. Getting to know the data. After all the interviews are completed, the researcher reads the collected data to become familiar with it. Percy et al. noted that the researcher engages with each participant's data separately throughout this process.
2. I checked and highlighted the areas that were relevant to the research study. Specific evidence in the transcript was essential but did not relate to the question.
3. I also placed all other data that were not needed for the study and was locked away.
4. I also took all of the data and coded it to provide an easy way to track each data item.
5. Pattern creation. I looked at the clusters of evidence and created coded patterns to identify the common ground between the participants and the research questions.



6. Then, I assembled the pattern into common groups to match participants' phrases, highlighting their experiences with IPV.
7. I created themes from the patterns. This process engages in combining and clustering the connected patterns into themes.
8. Then I organized patterns to make them easy to use when presenting the data results. A matrix of themes was created along with identifying codes and the supporting patterns.
9. I then developed an abstract for each known theme, which defined the substance and scope of understanding.
10. These steps were then repeated for each person.
11. Then, I combined all the information in the analysis and looked for themes across all individuals.
12. The final step was to analyze all the data themes against the research question.

Further, I also used the Dedoose 12 software to analyze the qualitative data to answer the central research question. Dedoose is qualitative data analysis software for qualitative, non-numerical data. The Dedoose program allows the researcher to collect, organize, analyze, and then visualize all the data in one area so that themes can be deducted in an appropriate and accurate manner (Jackson & Bazeley, 2019).

Additionally, Dedoose has four stages of analysis that will help me to answer the research question, including:

- entering data sources into Dedoose
- organizing and coding the data

- analyzing and querying the data
- drawing answers from the data

### **Issues of Trustworthiness**

Connelly (2016) addressed strategies for qualitative researchers to ensure the trustworthiness of a qualitative study. Trustworthiness means that the reader can evaluate if the researchers have been honest in how the research has been carried out and have been realistic in the conclusions that they make (Cloutier & Ravasi, 2021). The qualitative researcher should focus on credibility, transferability, dependability, and confirmability to enhance the trustworthiness of the findings.

### **Credibility**

Credibility involves making the evidence that supports the interpretation of the data as clear as possible (Kyngäs et al., 2020). Reinhardt et al. (2018) noted that appropriate credibility strategies included triangulation, prolonged contact, member checks, reflexivity, and peer review. Member check is another method used to enhance the credibility and reliability of the study results because the participants are able to confirm if their responses were accurately correct (Frey, 2018). As a follow-up to the interviews, I contacted each participant for verification of the data to review any notes and information related to the interview to ensure everything they said was accurate. Finally, I used data saturation to ensure that all the themes were discovered. That is, once repeating themes were found throughout the interviews, data collection was finalized.

**Transferability**

Transferability shows the way studies can be applied or transferred to another setting (Frey, 2018). Korstjens and Moser (2018) reported that having a thick description of the participant's interview can enable transferability. The researcher has the responsibility of providing a "thick description" of the research process and participants so that readers can assess whether the findings are transferable to their own settings. The researcher provides a detailed explanation of the study, such as the research process, the context of the study, and data collection, so that other researchers can examine if it can be replicated in other settings having similar conditions. I facilitated transferability by ensuring that the results of the study showed rich descriptions of the participant's stories and perspectives of IPV from a Latina lesbian standpoint. In addition, I provided a highly detailed description of the participant's situation and the methods used to gather the data so that readers can assess and determine if the study results can apply in a situation that they are familiar with. This facilitates the transferability of the study.

**Dependability**

Dependability refers to the stability of data and the degree to which data are collected in a way that is precise and reliable. Frey (2018) suggested aspects of dependability consist of checking whether the analysis process is in line with the accepted standards for a particular design. Haven and Van Grootel (2019) stated that researchers should create an audit trail of transparent research steps that are taken from the start of a research project to the development and reporting of the findings. I took proper steps in creating a detailed audit trail to ensure credibility and to assist in

establishing if the steps taken were promising. The audit trail consisted of all the steps taken from the beginning to the end of the research project. All side notes, including my own personal thoughts, were included. Frey (2018) highlighted that an audit trail outlines the process that explains the rationale the researchers use in moving from raw material to the final interpretation of the data. I also maintained an audit trail of all information collected.

### **Confirmability**

Confirmability refers to the degree to which the results of the study are based on the research purpose and not altered due to researcher bias (Nassaji, 2020). Sultan (2019) suggested that a critical strategy for enhancing confirmability is the researcher reflexivity, which is an examination of the researcher's perception or role and can possibly influence the data analysis and explanation. Therefore, confirmability was demonstrated by using reflexivity. Yao and Vital (2018) defined reflexivity as being important for self-awareness and ownership of one's perspective. In addition, qualitative researchers must be familiar with their own values, beliefs, and behavior (Karagiozis, 2018). I used a journal to self-monitor all of my feelings and any potential biases. Journaling can be used to enter thoughts related to the research, and journal entries can also be performed periodically during the entire research process (Shufutinsky, 2020). All of the journals were stored in a locked file cabinet in my apartment, and I was the only person who had access to the cabinet.

### **Ethical Procedures**

To recruit participants in accordance with Walden University's standards for ethical research, I first sought approval for my research study through my dissertation committee. Once approval was obtained from the committee, an IRB application was completed and submitted for approval, which included all documentation that they requested along with the approved proposal from the dissertation committee. The IRB process ensured that the current research study aligned with Walden University's ethical research guidelines to protect the participants during the research process.

Further, Morris (2015) defined three principles of the *Belmont Report* that are applied to human participant research studies: respect for persons, beneficence, and justice. First, respect for persons means acknowledging the participant's dignity and autonomy, which includes each participant giving their informed consent to participate in the research. Next, beneficence refers to the "complementary" duties to do no harm, take full advantage of the benefits, and abate potential harms. Finally, justice refers to equality in the delivery of the benefits and problems within the research. These three principles were vital to the current study because I had to ensure that the participants were well protected and not being violated or harmed in any manner (beneficence). Lastly, the participants also have the right to know if the research or its outcome will benefit them or anyone else before they agree to participate (justice).

To participate in the current study, I created a Facebook business page to recruit participants. Once recruited (by contacting me via direct message or email), questions were emailed to participants to ensure that they met the eligibility criteria.

This included being a Latina lesbian adult between the ages of 18 and older who had experienced IPV over a year ago. Further, an informed consent form was forwarded to their email once it was confirmed that they met the eligibility criteria, which discussed their rights as a participant and the confidentiality of the information that they shared with me throughout the research and interview process. Consent forms assure participants that their information will be kept private and confidential (Armstrong et al., 2015). The consent form also included information pertaining to the voluntary nature of the study, stating that the participants could withdraw from the study at any time they choose without any positive or negative consequences. Finally, once the interviews were completed, I explained to the participants that I would store all of the information obtained electronically on a USB hard drive. The hard drive was stored in a locked file cabinet at my apartment, which did not allow access by any other individual. As for the emails, I am the only one who had access to my emails with a secure, strong password. Therefore, all of the emails obtained throughout this study were deleted at the end of this study.

Participants for this study were Latina lesbians who had experienced IPV. This study aligned with the ethical guidelines of the IRB, which was responsible for ensuring all Walden University's researchers obey the established ethical standards. Further, Coffelt (2017) noted that confidentiality is an ethical practice intended to protect the privacy of participants while collecting, analyzing, and reporting data. Once the study was completed, all of the transcribed documents were stored in two secure ways. The first copy was printed on paper, which was placed in a folder and

stored away securely in my apartment in a locked desk. The second copy was the actual Zoom recording, which was saved on my personal computer and then stored by transferring the file onto a USB storage device to be placed with the secured written documents. Once this study was completed, all documentation relating to the study was maintained for 5 years as required by Walden University. Once the 5-year time period has been reached, all appropriate documents are destroyed physically and or electronically.

### **Summary**

In Chapter 3, I provided the rationale of the case study qualitative research design focused on the perspectives of Latina lesbians' experiences of IPV. In addition, I detailed the role of the researcher and how the participants were selected based on meeting the inclusion criteria of being Latina lesbians who had experienced IPV more than 12 months ago. Further, the data collection methods of semi-structured interviews were discussed, along with instrumentation and the thematic data analysis plan. Next, trustworthiness was explored to demonstrate how credibility, transferability, dependability, and conformability were achieved throughout the analysis and the results portion of the research study. Finally, the ethical procedures and guidelines that created the foundation of the current research study were demonstrated. In Chapter 4, the results of the research study are presented by including the setting of the interviews, the demographics of the participants, the data collection process, and a discussion on the data analysis process. Further, evidence of trustworthiness is

explored to demonstrate credibility, transferability, dependability, and confirmability of the research results.



## Chapter 4: Results

The purpose of this qualitative case study was to better understand the experiences of seeking support for IPV among Latina lesbians living in the northeastern United States. In Chapter 4, I discuss the setting where the study took place, participant demographics, the procedures for collecting and analyzing data. I also provide evidence of trustworthiness and present the results of the analysis.

### **Setting**

I conducted semistructured interviews from December 2022 to July 2023. Two options of interview modality were offered to each participant: Zoom or telephone. All of the participants selected Zoom videoconferencing as their preferred interview modality. The participants and I were in separate private locations, which provided privacy, confidentiality, and comfort with no interruptions. During the initial contact, I asked screening questions to determine that each participant met the inclusion criteria for the study.

One participant chose to turn off their camera during the interview while the others left their cameras on throughout the interview; however, each interview was audio recorded. Each interview was scheduled to last about 1 hour, but they were completed in about 30 to 40 minutes. There were no personal or organizational influences at the time of the study that would have affected the participants' ability to share their experiences or influenced my interpretation of the findings. None of the individuals who agreed to participate dropped out of the study, and no one expressed any stress related to it.

### **Demographics**

I interviewed six self-identified Latina lesbian women who reported experiencing IPV in their relationships. All participants resided in the northeastern United States and were over the age of 18. All participants indicated that they were former victims of IPV but were no longer in the abusive relationship and had been out of that abusive relationship for at least 2 years. I maintained participants' confidentiality by replacing their names with pseudonyms (P1, P2, P3, P4, P5, and P6). To further protect their identities, I did not collect additional demographic information about the participants.

### **Data Collection**

Six Latina lesbian individuals responded to the flyers I posted throughout the city and on social media platforms. Four participants responded to the flyer, which they said they had seen on the social media platform Facebook, and two individuals were recruited from the flyer at an LGBTQ event. When the participants reached out to me and agreed to be a part of the study, I scheduled a time to interview them. Data collection lasted about 8 months, and there were several weeks during which no one reached out to me. I underestimated how difficult it would be to collect data from this population because of the post-Covid 19 environment and the sensitivity of the research topic, which were unique circumstances while distributing the flyer. After 8 months, I had six volunteers who agreed to participate in the study. I had hoped to have 10, but further efforts on social media did not elicit any responses. Data were collected using semistructured interviews in English, and a total of 12 interview questions were asked of each of the six participants.

I adhered to all ethical guidelines specified in Chapter 3. Before starting each interview, I expressed my gratitude for the participant's decision to take part in my research and informed them that they were able to withdraw from the study at any time without any questions or judgment. Additionally, the interviewees were informed that their names would remain confidential. I also reviewed the consent form with each individual at the time of the interview and discussed the process. I recorded all six Zoom interviews and kept the recording on a password-protected laptop. After the interviews were completed, I transcribed them into text using the Dedoose software and transferred the transcripts to Word documents.

### **Data Analysis**

Once the text was ready for review, I began to manually review the transcript's content and highlighted key words that came up repeatedly during the interview. These key words became the codes and then the categories where common ideas were clustered. The Dedoose qualitative data analysis program allows a researcher to assign codes to certain data collected and turn data collected into categories according to the codes created (Lieber et al., 2021). Once the key words were selected, I put the information back into Dedoose for analysis. Four key words stood out and an additional two key terms were selected that came up frequently during the interviews. After I ran the information through Dedoose, it produced a graph of all of the data that were inputted. At this point, I completed the data collection, entry, and sorting process.

## **Evidence of Trustworthiness**

Following Connelly's (2016) guidance, I implemented several strategies to ensure the trustworthiness of this qualitative study. Trustworthiness allows a reader of a study to evaluate whether a researcher was honest in describing how the research was carried out and was realistic in the conclusions that they made (Cloutier & Ravasi, 2021). The qualitative researcher should focus on credibility, transferability, dependability, and conformability to enhance the trustworthiness of the study's findings.

### **Credibility**

Credibility involves making the evidence that supports the interpretation of the data as clear as possible (Kyngäs et al., 2020). As part of the criteria for credibility, all interviews contained participants' personal statements that appear as quotes to support statements of findings. To promote credibility, I also asked participants to elaborate on their responses for clarification and/or to add any additional responses. To ensure that I had properly documented the information I had gathered, I made audio recordings of the interviews, saved them in a password-protected file, and carefully transcribed the interviews to written text. I then checked the text against the recording to ensure accuracy in capturing the audio. I also forwarded a copy of the transcript to my committee chair, an experienced qualitative researcher and faculty member at Walden University.

### **Transferability**

Transferability refers to the potential for a study to be applied or transferred to another setting (Frey, 2018). Korstjens and Moser (2018) reported that having a thick description of the participant's interview can enable transferability. The researcher has

the responsibility of providing a thick description of the research process and participants so that readers can assess whether the findings are transferable to their settings. This study was completed with six participants. The participants provided a thorough, detailed account of their experiences. I analyzed their interview responses to identify patterns that applied in a real context. I documented each participant's firsthand accounts, which might reflect the experiences of others.

### **Dependability**

Dependability refers to the stability of data and the degree to which data are collected in a way that is precise and reliable. Frey (2018) suggested aspects of dependability consist of checking whether the analysis process is in line with the accepted standards for a particular design. Haven and Van Grootel (2019) noted that researchers should create an audit trail of transparent research steps that are taken from the start of a research project to the development and reporting of the findings. All side notes, including my own personal thoughts, were also included. To achieve dependability, I used the interview protocol to ensure that the data-gathering process was logical, traceable, and clearly documented in a consistent manner.

### **Confirmability**

Confirmability refers to the degree to which the results of the study are based on the research purpose and not altered due to researcher bias (Nassaji, 2020). Sultan (2019) suggested that a critical strategy for enhancing confirmability is reflexivity, which is an examination of the researcher's perception or role and how they can possibly influence the data analysis and explanation. In the current study, confirmability was demonstrated

by using reflexivity. Yao and Vital (2018) defined *reflexivity* as self-awareness and ownership of one's perspective. In addition, qualitative researchers must be familiar with their values, beliefs, and behavior (Karagiozis, 2018). I used a journal to monitor my feelings and potential biases throughout the interview process. Journaling can be used to report thoughts related to the research, and journal entries can be performed during the entire research process (Shufutinsky, 2020). All of my journals were stored in a locked file cabinet in my apartment, and only I had access to it. I also shared the coding and analysis process with the chair of my committee to ensure there was no bias in the analysis.

## **Results**

I sought to answer the following research question: What are the experiences of seeking support for IPV among Latina lesbians living in one of the five boroughs of New York City? The themes that emerged from the data analysis were (a) the decision to seek support for IPV, (b) finding support and access to help from friends and family, and (c) cultural stigma related to finding support and accessing help. I detail the themes in the following sections.

### **Theme 1: The Decision to Seek Support for IPV**

Findings from the analysis indicated lesbian Latina couples appear to be experiencing similar IPV as is found with some heterosexual couples, including physical violence, emotional violence, bullying, and social control issues. All participants shared their experiences on the dilemma they faced in making the decision whether to seek support for the partner violence they had endured. Some participants never sought help

when they were facing abuse but decided to end the relationship. For example, Participant 5 said “I didn’t reach out for help. I just decided to leave.” Others had to understand that they could not change the partner even when seeking help. Participant 1 said “we are accountable for ourselves. We can’t change anyone’s behavior, so we have to understand why we continue to accept or tolerate, or whatever word you want to use”. The participant said that she would visit a therapist every once in awhile to reflect on herself. Participant 2 said because of her past working with DV clients, she felt too proud to seek out any type of services: I just spoke with a few close friends about my problem. Participant 3 stated that after the last incident she had with her ex, she reached out to her aunt for support and asked her if she could stay with her for a few days. “At that point, I knew the relationship was over.”

Participant 4 stated that she decided to end the relationship with the help of her family. Participant 4 also stated that “I was working. I do art, too, like I paint and stuff, and I do tattooing, so I just use the energy that I have from that, and I put it into my art and that helped me also end the relationship.” Participant 6 mentioned that her family knew what she was going through, and they would tell her “I think it’s about that time she should leave her [girlfriend]”. The participant then ended the relationship with family support, and she did a lot of self-reflection.

The participants talked about their decision on whether stay or leave the abusive relationship. Participant 1 mentioned

the moment I decided to leave, in my mind I realized I deserve better. Domestic violence is not about love; it is about control. I realized I love me more, and I am in control of my thoughts, attitude, and behaviors.

Participant 2 stated that she tried leaving several times, and it did not work. She said I just kind of knew that it just wasn't going to get any better. And, more importantly, I wasn't happy. But she was military, and she had to show up for work very early in the morning. Though, sometimes she would come back home to take a shower and then go back to work. But I knew that I had just a tiny window of time. I had maybe an hour to get all my stuff together and get the hell out, and that's what I did.

Participant 3 noted the following:

I had nothing more to give her. I was drained and I just felt like I couldn't help her anymore because I had my own personal issues. I was helping her get through her alcoholism and other issues. I did not feel like her girlfriend anymore. It was taking a toll on me, so that encouraged me to leave the relationship.

Participant 4 said

what made me decide to leave the relationship was the way it was affecting me, and at the same time my cousin had been encouraging me to leave. Also, my ex was planning to move out of state, so that helped me because I was not going to move with her.

Participant 5 noted the following:



I think it was when I just kept getting black eyes and when I had basketball games, people would ask me, and I would say it was from basketball. One day my coach sat me down and he started talking to me, and because she also played basketball the year before on the same team. So, he knew of the relationship and was helping me try to get out of it. I also just had to push through and get out of it myself honestly.

Participant 6 said

I did some self-talking and said to myself that I keep going back and forth and I keep repeating the story, repeating, and repeating. Like usually when I try to break up with her. I'll mute her in person because it's appropriate. You just don't want to receive a message because that's a little immature, but I noticed that once I do that, she will convince me like, oh, you know, I'll change. So, I decided to send a long message and just kind of disappeared on her like that, because it was just repeating the same story. There was no solution. It was like we both need to go to our own routes because we try for 5 years and nothing; if anything, it got worse.

## **Theme 2: Finding Support and Access to Help From Friends and Family**

Participants mentioned getting support from family and friends. Participant 2 said because of her past working with DV clients, she felt too proud to seek out any type of services: "I just spoke with a few close friends about my problem." Participant 3 stated that after the last incident she had with her ex, she reached out to her aunt for support and asked her if she could stay with her for a few days. Participant 3 stated "at that point, I

knew the relationship was over.” Participant 4 stated that she decided to end the relationship with the help of her family. Participant 6 mentioned that her family knew what she was going through, and they would tell her “I think it’s about that time you should leave her [girlfriend].” The participant then ended the relationship with family support, and she did a lot of self-reflection.

### **Theme 3: Cultural Stigma Related to Finding Support and Accessing Help**

Throughout the interview meeting, the participants provided their justification for seeking support and discussed Latina cultural issues. Most of the Latina community members are unable to overcome a social cultural stigma which is aligned to Latinas not seeking help when in distress or at risk because these individuals are then viewed as weak and must appear to be strong. Participant 1 said “I’ve always been a tough cookie, it affected me”. Latina communities are usually faced with the social pressure to succeed, even in relationships. External pressure makes them want to be perfectionists and that pressure contributes to anxiety and stress. This is the reason these particular participants shared they were slow to seek help even when facing IPV.

Participant 1 said:

At first, I would say that I don’t want to do services, but I was like I’m not humiliated where I cannot get the services. I’m humiliated where I need to get to services. Oh, shit! I need to stick to somebody, because I know I deserve better. I know that I shouldn’t do this being this; I know that she knows it. Participant 1 then stated that she was going for counseling sessions every now and then to reflect on her behavior because she needed to make changes. She would say, “The

counseling was for me to understand that I needed to remove myself from the relationship.

Participant 2 said that:

If I'm perfectly honest. I never reached out for help, or any domestic violence support and I am a therapist who had worked with domestic violence clients. I did not seek out any services because I was ashamed that I was experiencing domestic violence because I worked with clients who were victims of it. I just told a few friends.

Participant 3 stated that she really did not reach out for help. A few of her friends knew what she was going through and thus, she would speak with them every now and then. Participant 4 acknowledged, "I did not reach out for help. I have some close family member who I would share my business with." Participant 5 said,

I was already seeing a therapist and thus, I would kind of mention what I was going through. But then I started seeing a new therapist because the therapist gave me a referral to meet with a different therapist for domestic violence issue, and she was helping me through it, because I wanted the relationship to end.

Participant 6 said,

I didn't reach out for help. I just decided to leave. I mainly vented my issues to close friends. I did mentioned therapy to my partner at that time because we were married. However, she thought I was calling her crazy. There are a lot of people once they hear the word therapy. They think it's for crazy people only. They judge it before even trying like.

### **Summary**

In Chapter 4, I presented the study results. To address the research question for the study, I conducted semistructured interviews with the six participants. Three themes emerged to address the research question: abuse by an intimate partner, psychological and emotional abuse by intimate partners, and cultural stigma related to finding support and accessing help. The themes that emerged were (a) the decision to seek support for IPV (b) decision-making related to whether to stay or leave (c) finding support and access to help from friends and family (d) cultural stigma related to finding support and accessing help. In Chapter 5, I interpret the findings, discuss the limitations of this study, offer recommendations for further research, consider the implications of the study, and provide a conclusion.

## Chapter 5: Discussion

The extent of IPV within the LGBTQ community is difficult to ascertain given the paucity of research about minority experiences (Carratalá, 2016). Many LGBTQ survivors who report IPV are persons of color, with Black and Latino survivors being the most common (National Coalition of Anti-Violence Programs, 2016). In addition, lesbians and women of color who are IPV survivors may experience barriers to service and access to protection Daniel (2019). The purpose of this qualitative case study was to explore the experiences of Latina lesbians living in the northeastern United States seeking support for IPV. In this chapter, I discuss the themes from the data analysis: (a) the decision to seek support for IPV, (b) finding support and access to help from friends and family, and (c) the cultural stigma related to finding support and accessing help. Chapter 5 contains the interpretation of the findings, limitations, recommendations, implications for practice, and a conclusion.

### **Interpretation of the Findings**

I used Meyer's (2003) MSM as a framework to interpret and understand the experiences of Latina lesbians seeking support for IPV. This model explains the unique stressors experienced by minority groups, the strengths and weaknesses of the environment, and the individual. MSM helps researchers illuminate the stigmatization, discrimination, and lack of support experienced by members of minority populations (Harden et al., 2020). Meyer's model also helps researchers assess the coping skills related to minority stress. The model emphasizes that social factors or conditions become the origin of stress, and as result people adapt to changes (Meyer, 2003).

Meyer's (2003) model supported my findings as illustrated by participants who noted that they did not report the abuse they were experiencing due to fear of being discriminated against by social service providers because of their Latina ethnicity and orientation. The results indicated that participants faced various forms of abuse but did not seek services at the time of the abuse. In addition, participants noted that although they had undergone therapy, they could not mention it to their partner due to lack of partner support and fear. This contributed to stress in their relationships. Participants reported that they wanted to leave the relationship but were unsure how it would turn out because of perceived lack of support from family and society. Familismo does not always support queer Latinas. Prejudice, fear, and hate can lead some families to detach or reject queer people rather than help them (Patrón, 2021). The term familismo focuses on family togetherness and encourages the support of the family members (Lopez, 2017). Harper (2017a) noted that the family plays a significant role in the Latino community because the survivor of IPV depends on the family member's support. This family influence on Latina survivors of IPV experiences includes the cultural features defined by the term and belief in *familismo* or *familism*. Strong family bonds and common destiny are part of Latino cultural beliefs, and include an honor code and upholding cultural roots. The family influence may mitigate IPV tolerance and help-seeking behaviors among Latina women (Natal, 2021).

Most of the current participants mentioned that when leaving their relationship, they relied on close friends for support. The following sections provide a detailed discussion of the findings compared to the literature, as well as implications for future

research, practice, and social change. This is followed by a summary of the chapter and a conclusion.

### **Theme 1: The Decision to Seek Support for IPV**

All participants talked about their experiences with abuse and whether they sought help for it. Most of the participants chose to end their relationship rather than seek help. The finding confirms findings reviewed in Chapter 2. Many Latina women fail to understand and access policies that defend survivors of IPV (Campbell, 2016). Latina women have a history of discrimination and prejudice, and this informs how they search out legal sources of support (Silva et al., 2018). In my study, one participant mentioned that “I use to work with DV clients; I was embarrassed to seek help.” She also said “I just spoke with a few close friends about my issue.” Two participants chose to end their relationship rather than seek help. Both stated that they did not reach out for help. Another participant mentioned she would see a therapist now and then and would reflect on her behavior. In addition, LGBTQ survivors of IPV, both formal and informal, find that seeking support is limited compared to the assistance available to straight women (Guadalupe-Diaz & Jasinski, 2017). Brown and Herman (2015) also described that many survivors do not know about LGBTQ-friendly support resources.

All participants talked about their decision on whether to remain in or leave the relationship. This finding confirms findings reviewed in Chapter 2 (Branch et al., 2018; Reina & Lohman, 2015). The decision for the survivor to seek help from being in an abusive relationship differs and is influenced by individual, sociocultural, and interpersonal factors (Branch et al., 2018). Reina and Lohman (2015) also reported that

Latinas not only face physical health and mental problems in the aftermath of IPV incidents, but they also have to deal with being neglected by organizations that help IPV individuals when they try to leave the abusive relationship. Other studies showed that, from the survivor's perspective, the process of making a decision about seeking help and effectively leaving the abusive circumstances is an enormous part of increasing self-esteem and lessening fear and distrust (Bridges et al., 2018). This is confirmed in the current findings by Participant 1 who mentioned that the moment she decided to leave, she realized that she deserved better. She said "domestic violence is not about love; it is about control. I realized I love me more, and I am in control of my thoughts, attitude, and behaviors." Participants also explained that alcohol influenced their decision about seeking help for the relationship. This finding is supported by Counselman-Carpenter and Redcay's (2018) study, which noted that minority stress, anger, and alcohol consumption play an essential role in the perpetration of IPV and psychological assault in lesbian relationships. Trauma survivors of IPV use alcohol as a coping mechanism because they perceive it as an easily accessible source of relief from the symptoms of their trauma (Gezinski et al., 2021).

### **Theme 2: Finding Support and Access to Help From Friends and Family**

Obtaining assistance from friends and family was noted by some participants. This finding is supported by Harper (2017b) describing that the family plays a significant role in the Latino community because the survivor of IPV depends on the family member's support. Other researchers mentioned that, in general, IPV victims are more likely to turn to friends and family for informal support rather than outside resources such



as domestic abuse hotlines and mental health professionals (Monterrosa, 2021). One current participant shared that her family recognized her situation and encouraged her to leave the abusive partner, which she did with family's support. Another participant reached out to her aunt for help when leaving the ex-girlfriend, while a third participant sought and received assistance from her family in ending the relationship. Schmidt et al. (2023) mentioned that women who are exposed to IPV frequently depend on the assistance from their informal support networks so they can obtain recourse that might lessen the effects of IPV.

### **Theme 3: Cultural Stigma Related to Finding Support and Accessing Help**

In regard to the theme of cultural stigma when finding support and access to help, I wanted to determine whether participants used different resources as a part of reaching out for assistance. All participants shared similar responses to this interview question. Most of the participants mentioned that they did not seek any help at the time of the abuse because of their concern for stigma, but two participants mentioned that they did speak to a counselor they were seeing for other purposes about their abuse while in the relationship. This finding confirms what I found in the literature. Reina and Lohman (2015) mentioned that Latina women experienced racism and discrimination as they sought services and that these discriminatory practices discouraged them from seeking services. Social stigma creates multiple barriers that keep lesbians from asking for help (Hart, 2019). Branch et al. (2018) also mentioned that some same-sex partners do not report the abuse due to fear of homophobic responses, retribution, and prejudices from social service providers, police, and court personnel.

### **Limitations**

This study had two limitations. First, because of the COVID-19 pandemic, I could not conduct face-to-face interviews due to restrictions and lockdowns that were implemented. As a result, participants were interviewed over Zoom videoconferencing. The second limitation was that participants had to have access to a computer or comparable technology to participate in the interview. This was a limitation because some participants did not have access to technology. Another limitation was that I intended to collect responses from 10 Latina lesbians. However, there were only six Latina lesbians interviewed. This could hinder transferability of the study to other settings.

### **Recommendations**

The results of this study suggest that there is a need to further explore Latina lesbians' experience with IPV. Future researchers could incorporate a larger sample, including a wider geographical area. Also, the use of questionnaires may be appropriate to collect data from a larger population. Another recommendation is to encourage LGBTQ individuals facing IPV to talk about the issue with friends and family who can help them and at the same time raise awareness about such violence. In addition, more local resource centers for the LGBTQ community are needed so that they can have a safe space to speak about their situation when they face IPV. The last recommendation would be that because there is higher incidence of IPV among LGBTQ people than among heterosexual people, safe havens should revise their rules to include and embrace this

community. This study emphasizes the need for organizations to educate the lesbian community and the general public about IPV.

### **Implications for Practice**

The LGBTQ population has a high incidence of IPV. Lesbians experience IPV at rates higher than or equal to those reported by heterosexual women. Current findings indicated that most individuals going through abuse do not seek help. This suggests that they need to be encouraged to seek help early for their well-being. The findings from the current study may help public health stakeholders, state legislators, and local legislators plan and implement more programs that address IPV among women regardless of their sexual orientation.

### **Conclusion**

IPV is a problem that is becoming a growing issue worldwide. A case study qualitative approach was applied to explore the IPV experiences of Latina lesbians in the northeastern United States. In this qualitative case study, data were collected from six participants who had experienced some form of abuse; however, during the time of abuse, none of them sought any support. Findings may be used to modify policies, practices, and programs to assist victims of intimate partner abuse so that they can feel safe to seek help at any time. The goal of this study was to raise awareness of the violence that occurs in lesbian relationships daily and the fact that lesbians should be treated fairly and well by their partners, the LGBTQ community, and the general public.

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## Appendix A: Interview Protocol

My name is Patricia Cepero. I am a Doctoral student at Walden University, and I am conducting research on intimate partner violence with Latin lesbians. The name of this research study is “The Experiences of Intimate Partner Violence with Latina Lesbians.” I chose this topic of study because, as a Latina woman, I am interested in exploring more of the issues surrounding IPV, specifically those affecting the LGBTQ community. If you wish to participate in this study, a consent form will be given to you at the beginning of this study. We will both go over the consent forms, and if you have questions about the interview, please ask. Now, let us begin with the interview.

1. Participant (1) Is there a preferred pronoun you would prefer me to use when addressing you and referring to your interview questions?

1. Participant (1) Is there a preferred pronoun you would prefer me to use when addressing you and referring to your interview questions?
2. Can you please tell me about the relationship you had with the intimate partner that abused you?
3. At your comfort level, can you please describe for how long you experienced the abuse?
4. Can you tell me about the ways your partner was abusive?
5. What was the worst intimate partner abuse episode you’ve experienced?
6. Can you please tell me when did you first realize the relationship was abusive?
7. How did the violence you experienced affect your life?
8. Can you please tell me how long it took you to reach out for help ?

9. Can you describe in detail what your experiences was like seeking out those services ?
10. What were the services and resources available for a “lesbian IPV victim”?
11. Tell me about the moment you decided to leave the abusive relationship. What encouraged you to leave?
12. How did the relationship end?  
What kinds of professional social support if any did you receive for the abuse.
13. Did you seek out social support for the abuse such as ? If yes , please explain
- Domestic violence agencies
  - Police officers
  - Judicial system
  - Community leaders
14. Is there anything else that you want to share about your experiences with IPV ?

The interview has ended. Thank you for taking part in this research. Also, do you have any questions concerning the interview? My phone number will be provided. If you have any questions concerning the study, you may call Walden University at 1-866-492-5336. From this point, I have to continue interviewing additional people, and if you know anyone who would be interested in participating in the study, please pass along my phone number. I will then review what the participants stated when all of the interviews are done. I wanted to double-check that I had taken down what you stated accurately. I will then e-mail a summary of the transcribed interview to your selected e-mail address, as we agreed.

### Appendix C: Facebook Flyer

My name is Patricia Cepero. I am a doctoral candidate at Walden University. I am recruiting participants for a research study on Latina lesbian experiences with intimate partner violence. The purpose of this study is to better understand IPV experiences among Latina lesbians.

You are eligible to participate in this study if you are at least 18 years or older, identify as a Latina lesbian, living in one of the 5 boroughs of New York City and have been a victim of same sex IPV.

Participants in this study will: Due to COVID-19 precautions, the study will take place via Zoom video conferencing or by phone. Your participation will last between 60-90 minutes. Answer questions about IPV. Fill out a demographic questioner and review transcript for 10 minutes.

This study will remain entirely confidential. Your names will not be shared in the study nor with anyone else. If you would like to participate in this study, you can contact me at [Patricia.cepero@walden.edu](mailto:Patricia.cepero@walden.edu)

#### Appendix D: Recruitment Flyer

My name is Patricia Cepero. I am a doctoral candidate at Walden University. I am recruiting participants for a research study on Latina lesbian experiences with intimate partner violence. The purpose of this study is to better understand IPV experiences among Latina lesbians.

You are eligible to participate in this study if you are at least 18 years or older, identify as a Latina lesbian, living in one of the 5 boroughs of New York City and have been a victim of same sex IPV.

Participants in this study will: Due to COVID-19 precautions, the study will take place via Zoom video conferencing or by phone. Your participation will last between 60-90 minutes. Answer questions about IPV. Fill out a demographic questioner and review transcript for 10 minutes.

This study will remain entirely confidential. Your names will not be shared in the study nor with anyone else. If you would like to participate in this study, you can contact me at 347-500-9862 or [Patricia.cepero@walden.edu](mailto:Patricia.cepero@walden.edu).

## Appendix E: Citi Report

File | C:/Users/pcepe/Desktop/citiCompletionReport\_11066969\_48102316.pdf

1 of 2

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COMPLETION REPORT - PART 1 OF 2**  
**COURSEWORK REQUIREMENTS\***

\*NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Patricia Cepero (ID: 11066969)
- **Institution Affiliation:** Walden University (ID: 2906)
- **Institution Email:** patricia.cepero@waldenu.edu
- **Phone:** 3475009962
- **Curriculum Group:** Students
- **Course Learner Group:** Doctoral Student Researchers
- **Stage:** Stage 1 - Basic Course
- **Record ID:** 48102316
- **Completion Date:** 24-Mar-2022
- **Expiration Date:** N/A
- **Minimum Passing:** 60
- **Reported Score\*:** 88

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
History and Ethical Principles - SBE (ID: 490)	23-Mar-2022	3/5 (60%)
Assessing Risk - SBE (ID: 503)	23-Mar-2022	5/5 (100%)
Informed Consent - SBE (ID: 504)	23-Mar-2022	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	23-Mar-2022	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	23-Mar-2022	4/5 (80%)
Belmont Report and Its Principles (ID: 1127)	23-Mar-2022	3/3 (100%)
Consent with Subjects Who Do Not Speak English (ID: 17260)	24-Mar-2022	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing Institution identified above or have been a paid Independent Learner.