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Interpersonal Violence Within Same-Sex Relationships: Survivors' Perspectives of Counselor Competency

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College of Social and Behavioral Health

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Cheryl A. D' La Rotta

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Walden University
2025

Abstract

Interpersonal Violence Within Same-Sex Relationships: Survivors' Perspectives of
Counselor Competency

by

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MA, Walden University, 2011

BS, University of Miami, 2000

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Counseling Education and Supervision

Walden University

July 2025

Abstract

Survivors of same-sex intimate partner violence (IPV) face negative mental health consequences. A lack of research exists on how social support, emotional and coping regulation, and counselors' behaviors, knowledge, and skills affect the help-seeking behaviors and therapeutic outcomes of survivors of same-sex IPV. Addressing the gap is important because recent studies report an increase in same-sex IPV but low levels of help-seeking behaviors in response. If unaddressed, IPV can affect the well-being and safety of those partnered individuals. The purpose of this qualitative hermeneutic phenomenological study was to explore the experiences of same-sex IPV survivors who received therapeutic counseling. The theoretical foundation for this study was hermeneutic phenomenology and minority stress theory. The research question sought to answer what the lived experiences of the same-sex survivors of IPV are, their perceptions of counselor competencies, and whether the therapeutic relationship affected the outcome of therapy. The six participants were same-sex IPV survivors. Data was analyzed using thematic analysis. Minority stress was found to be related to the abuse. The results of this study suggest that individuals who experience same-sex IPV have numerous challenges when trying to acquire help. The findings substantiate the need to improve counselor competency in working with same-sex IPV survivors. Recommendations for future research include the use of a larger sample size, a mixed-methods approach, and a cross-sectional or longitudinal design. The study may lead to positive social change for individuals in same-sex relationships who have experienced IPV by showing areas of need for counselor improvement.

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Dedication

To my husband, Max, whose unwavering support, encouragement, and belief in me have made this journey possible.

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Chapter 1: Introduction to the Study

The National Intimate Partner and Sexual Violence Survey identified five types of intimate partner violence: stalking, sexual violence, physical violence, psychological aggression (including coercive control), and control of sexual health (Walters et al., 2013). The survey reported that 43.8% of lesbian and 26% of gay men had experienced at least once in their lifetime stalking, sexual violence, rape, and physical violence by an intimate partner. The Williams Institute's assessment of the National Partner and Sexual Violence Survey found that lesbians were 1.8 times as likely to report violence within their relationships as the general heterosexual population (T. N. Brown & Herman, 2015). Additionally, 44% of lesbians experience more physical types of interpersonal violence (IPV) over a lifetime, such as being punched, kicked, hit, or slammed against a wall, than the general heterosexual population (Walters et al., 2013). Gay men have been found to suffer forms of violence within relationships at similar rates to women (Finneran & Stephenson, 2012). Furthermore, IPV within same-sex relationships has been associated with a higher risk of alcohol and chemical abuse (Lewis et al., 2015).

Consequently, Balsam et al. (2013) found that minority stress contributes to maladaptive psychological and psychosocial functioning within the gay and lesbian populations. These maladaptive behaviors include (a) internalized homophobia; (b) identity concealment; (c) perceived stigma; and (d) the perception by the individual of counselor competencies (Meyer, 2003). Alessi (2014) found that the treatment of gay and lesbian clients focuses on the intrapsychic processes rather than addressing the macro-level influences that form the client's attitudes, feelings, and behaviors and that are

related to minority stress. Hancock et al. (2014) found that counselor competency regarding the understanding and treatment of same-sex IPV is underdeveloped. Three factors were found to have adverse therapeutic outcomes for same-sex survivors of IPV, and these are the counselor's attitudes or behaviors, academic training, and multicultural influences (Hancock et al., 2014).

According to the literature, there is a lack of research that explains how social support, interpersonal relationships, cognitive processes (of self), emotional and coping regulation can impact the help-seeking behaviors of individuals in same-sex relationships marred by IPV and the therapeutic outcomes of survivors (Alessi, 2014). Moreover, there is a need to understand how counselors' behaviors, knowledge, and skill impact the help-seeking behaviors and treatment outcomes for this vulnerable population (Alessi, 2014). Exploration of how minority stress combined with the personal perceptions of counselor competency of same-sex survivors of IPV is an additional gap (Hancock et al., 2014). Understanding these three aspects have the potential to expand the insight of how these lived experiences are perceived by the individual when social stressors are internalized by the survivor of same-sex IPV and counselor competency.

Background

I examined the lived experiences of same-sex survivors of IPV, help-seeking behaviors, and their perception of counselor competency. Alessi (2014) found that within the context of minority stress, same-sex survivors of IPV face many negative mental health consequences. According to Anderson et al. (2012), there are many forms of IPV. These included forced sex/rape, financial coercion, physical abuse, verbal abuse, sexual

and degradation/humiliation (Anderson et al., 2012). These revictimize the same-sex survivor of IPV increasing negative mental health issues that can alter the survivor's life (Anderson et al., 2012).

Additionally, Basow and Thompson (2012), using online vignettes, found that the perceived heterosexism and lack of understanding by trauma counselors contributed to the barriers towards help-seeking by the same-sex survivors of IPV. The results of the study showed a disparity in the services that were offered. According to Calton et al. (2015), found three significant contexts of barriers towards help-seeking. These included a) the limited understanding by trauma counselors of the problem and severity of same-sex survivors of IPV; b) the interpersonal discrimination felt by the survivor within the system, and c) the refusal by the counselor to treat same-sex survivors due to homophobic or heterosexist biases.

Hancock et al. (2014) found that counselor competency concerning the understanding and treatment of same-sex survivors of IPV is underdeveloped. Three factors were noted as having adverse therapeutic outcomes for same-sex survivors inclusive to a counselor's attitudes or behaviors, academic training, and multicultural influences (Hancock et al., 2014). In addition to this, Starzynski and Ullman (2014) surveyed 365 adult survivors of sexual assault and found that minority stress impacted the therapeutic alliance due to the increased mental health issues. These included depression, posttraumatic stress disorder (PTSD), substance/alcohol abuse, anxiety, and poor social adjustment in both groups (Starzynski & Ullman, 2014).

Counselors not familiar with the minority stress theory may not acknowledge certain psychological symptoms as the consequence of multiple life stressors (Starzynski & Ullman, 2014). Therefore, gay or lesbian clients may be less likely to disclose their interpersonal experiences (Starzynski & Ullman, 2014). Identifying how lived experiences, minority stress and personal perceptions from the survivor's point of view was used to find potential gaps. This provided a better understanding of therapeutic outcomes and the impact of these outcomes. In Chapter 2, I discussed literature that provided an agreement of the lived experiences of gay and lesbian survivors of IPV.

Problem Statement

Recent studies reported that IPV in same-sex relationships is more common than it was 15 years ago (Walters et al., 2013). Despite the increasing rates, help-seeking behaviors of those individuals in interpersonally violent relationships are low (Helfrich & Simpson, 2006), and the therapeutic outcomes are compromised (Basow & Thompson, 2012; Kulkarni et al., 2012). Calton et al. (2015) found three help-seeking barriers and harmful therapeutic outcomes for gay and lesbian survivors of IPV and include (a) the limited understanding by trauma counselors of the problem and severity of same-sex IPV; (b) the interpersonal discrimination felt by the survivor within the system, and (c) the refusal by the counselor to treat same-sex survivors of IPV due to homophobic or heterosexist biases. The problem is important, as if unaddressed IPV in same-sex relationships can affect the well-being and safety of those partnered individuals (Basow & Thompson, 2012; Walters et al., 2013).

Harmful therapeutic outcomes and barriers were linked to minority stress (Puckett & Levitt, 2015). Minority stress theory states that sexual minorities have a higher prevalence of mental disorders due to the chronic stress contributed by heterosexist and homophobic societal attitudes. Processes that contribute to the stress involve identity concealment, perceived stigma, internalized homophobia, and the lived experiences of social prejudice (Carter et al., 2014). These processes contribute to the invalidation, discrimination, and revictimization of the same-sex survivor of IPV, thus impacting the individual's psychological and physical health (Puckett & Levitt, 2015).

Additionally, Alessi (2014) found that research has shown that minority stress contributes to negative psychological issues within gay and lesbian populations. There is little comprehension as to how minority stress affects same-sex survivors of IPV. The gap in the literature shows a lack of research on how the importance of social support, interpersonal relationships, cognitive processes (of self), emotional and coping regulation can impact the help-seeking behaviors and the therapeutic outcomes of survivors (Alessi, 2014).

Purpose of the Study

The purpose of this qualitative hermeneutic phenomenological research study was to explore the experiences of individuals in same-sex relationships who survived IPV and have received therapeutic counseling. Linking phenomenology with hermeneutics provided a new understanding of what may not be cognitively visible within the lived experience of the survivor. Same-sex IPV is defined as sexual, physical, and/or psychological harm to an individual from a former/current partner or spouse that affects

the victim's interpersonal relationships, emotional and social well-being, and mental and physical health (McLeod et al., 2010). McLeod et al. (2010) noted that same-sex survivors of IPV reported suffering from negative mental health issues such as depression, sexual dysfunction, anxiety, and higher levels of stress. Incorporating minority stress theory within this study contributed to the understanding of how IPV within same-sex relationships contributes to the survivor's maladaptive psychological and psychosocial functioning.

Research Questions

I sought to answer one research question (RQ) and two sub-questions (SQs):

RQ1. What are the lived experiences of survivors of same-sex IPV?

SQa: What are the lived experiences survivors of same-sex IPV with counselors?

SQb. What are the lived experiences of survivors of same-sex IPV and the affect of a therapeutic relationship?

Theoretical Framework for the Study

The theoretical foundation for this study was hermeneutic phenomenology. I also incorporated the minority stress theory (MST). Phenomenology looks to understand the lived experiences or events that are particularly significant to an individual (Van Manen, 2015). Phenomenology is a systematic attempt to understand the internal essence of the lived experience using language, giving the experience a more profound or richer meaning (Van Manen, 2015). Edmund Husserl described phenomenology as the "original, pre-reflective, pre-theoretical attitude" (p. 7) rather than something conceptualized within the world of an individual's everyday life (Van Manen, 2015).

These are events that happen while the individual is in their natural attitude, allowing them to transform the experience into something understandable within that individuals' reality (Van Manen, 2015).

Hermeneutic phenomenology looks at how an individual perceives others within their lived experience and tries to explain the phenomena of "being and becoming" while reflecting on the individual's worldview (Van Manen, 2015, p. 8). Mantzavinos (2018) stated that hermeneutics concerns itself chiefly with studying human action and the consequences of those actions. It is rooted in a long history dating back to the Greeks of antiquity and concerns itself with the method of interpretation (Mantzavinos, 2018). Historically, the interpretation was focused on ancient literature, including those rooted in the Judaic Talmud, Hindu Vedas, Biblical writings, and other ancient philosophies (Audi, 1999). However, it has progressively evolved over the centuries to encompass interpretation of a much more comprehensive range of texts and common sources of media (Shaw, 2013).

Martin Heidegger, a former student of Edmund Husserl departed from the notion of Husserl's transcendental phenomenology that stated the experience was to be transcended through a state of pure consciousness without personal prejudices to explain the individuals' lived world (Heidegger, 1962). Heidegger's approach emphasized both the understanding of the author and the social context in which they wrote. The true meaning of the individual's experience and what they communicate cannot be adequately explained unless the interpreter attempts to interpret not from their frame of mind, but the original author's (Heidegger, 1962). Hermeneutics has been applied in understanding the

experiences of abuse survivors (Hellman, 2016; Willis, Rhodes et al., 2014). Meyer (2003) found that sexual minorities have a higher prevalence of mental disorders due to the chronic stress contributed by heterosexist and homophobic societal attitudes that he termed Minority Stress.

Minority Stress

According to Carter et al. (2014), there are specific processes that contribute to the survivor's stress. These involve identity concealment, perceived stigma, internalized homophobia, and the lived experiences of social prejudice (Carter et al., 2014).

Additionally, Puckett and Levitt (2015) found that these processes contributed to the invalidation, discrimination, and revictimization of the same-sex survivor of IPV, thus impacting the individual's psychological and physical health. MST explores the health disparities among same-sex survivors of IPV due to stressors induced by social prejudice (Meyer, 1995). These may influence behavior to access care, safety, or police protection (Meyer, 1995). MST looks at the underlying stressors that affect the day-to-lives of same-sex relationships within the contexts of age, substance abuse, within-group variations or demographics, life-time factors (childhood abuse/sex trafficking), disabilities, children, and marriage (Parry & O'Neal, 2015).

Combining hermeneutic phenomenology and MST could potentially increase understanding of the lived experiences of the same-sex survivor of IPV and their worldview by exploring the individual's perception within the context of their social environment. Additionally, these two frameworks illuminated the role in which day-to-day challenges regarding help-seeking behaviors, social prejudice, and the participant's

perception of therapeutic outcomes understood. This research could provide a new understanding for therapeutic counselors to treat same-sex survivors of IPV within the context of their social environment.

Nature of the Study

The nature of the study was qualitative. The methodological framework for this study was built on Heidegger's theoretical viewpoint of hermeneutics. Smalley et al. (2009) stated that Heidegger's theoretical view of hermeneutics focuses on what may not be cognitively visible. Interpretative phenomenological analysis (IPA) allows the qualitative researcher to examine how an individual views and makes sense of their environment, which includes objects, people, and phenomena (Pietkiewicz & Smith, 2014). Combining the ideas of hermeneutics and phenomenology, I was concerned with the participant's interpretation of how lived events or objects appear and the meaning behind these phenomena (Pietkiewicz & Smith, 2014). I assumed that human beings are actively engaged in the interpretation of people, places, and things (see Pietkiewicz & Smith, 2014).

The process of IPA has three parts concerning the relationship between participant and researcher. First, the participant describes in detail the meaning of their lived experience, secondly, the researcher tries to decipher the participants' meaning and how this interpretation is meaningful to the participant, and thirdly, the researcher uses an idiographic approach to examine the participants' experience within different contexts before coming up with any general conclusions (Pietkiewicz & Smith, 2014). By linking phenomenology, hermeneutics, and IPA, I was able to find new meaning regarding the

lived experiences of same-sex survivors of IPV and the way these individuals view their abuse. Additionally, incorporating the MST expanded the understanding where societal stressors were internalized by the same-sex survivor of IPV and the counselor's competency.

Definitions

The following definitions of terms provide a better understanding and clarification.

Clinical mental health counselor: An individual who within a professional relationship helps to empower individuals and families by using education, wellness, and goal setting to prevent substance abuse as well as to promote emotional and mental health well-being (American Counseling Association, 2014).

Coercive control: A pattern of behavior designed to exert power and control over another person. This can include isolating the victim from friends and family, restricting their access to finances, monitoring their movements, and making threats (Walters et al., 2013).

Control of sexual health: Behavior that includes refusing to use contraception, sabotaging contraception, coercing a partner into having sex when they do not want to, withholding sex as a form of punishment, forcing a partner to engage in unwanted sexual acts, and/or refusing to disclose a diagnosis of a sexually transmitted infection (Walters et al., 2013).

Expressive control: The use of emotional abuse to demean, humiliate, or intimidate the victim. This can include name-calling, insults, threats, and intimidation (Walters et al., 2013).

Interpersonal violence (IPV): According to the National Intimate Partner and Sexual Violence Survey, violence that has five types: stalking, sexual abuse, physical violence, psychological aggression (coercive tactics/expressive control), and control of sexual health (Walters et al., 2013).

Minority stressors: Minority stressors are “stress processes, [that include] the experience of prejudice events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes” (Meyer, 2003, p. 2)

Outing: The act of disclosing someone's sexual orientation or gender identity without their consent (Meyer, 2003).

Physical violence: Any intentional act that causes or could cause physical injury. This includes hitting, slapping, kicking, biting, choking, and using weapons (National Center for Victims of Crime, 2024)..

Same-sex relationship: A romantic or intimate relationship between two individuals of the same sex (Calton et al., 2015).

Sexual violence: Any sexual act or attempted sexual act committed against a person without their consent. This includes rape, sexual assault, unwanted sexual touching, and forced sexual activity (National Center for Victims of Crime, 2024).

Stalking: "A pattern of repeated and unwanted attention, harassment, or contact that creates fear or emotional distress in the victim" (National Center for Victims of Crime, 2024).

Within-group variations: The diversity and differences that exist among individuals within the same sexual orientation group, such as gay men or lesbians (Meyer, 2003).

Assumptions

In this study, I assumed that survivors of same-sex IPV who have reached out to a mental health counselor or another type of counseling for help would be open to allowing themselves to be a part of this study. I also assumed that these participants were interpretative beings open and honest about their perceptions of their lived experiences with the understanding that this information would be used to help the therapeutic process. I also assumed that by using IPA to collect the data, this would provide me with detailed personal accounts about the interpersonal violent events.

Based on the information gathered, I anticipated being able to provide the survivor with resources and coping strategies that empowered them to make informed decisions about their safety and well-being. This involved exploring options for leaving the abusive situation or developing skills to improve communication and safety within the relationship. There was an assumption that minority stress would impact the survivor's willingness towards help-seeking or possibly answering the RQs honestly. Additionally, I assumed that there would be some common themes among the survivors and their counseling experience.

Scope and Delimitations

The scope of the study included participants who are either in or have been in a same-sex relationship where IPV occurred within the United States and who are 18 years or older. The participants had at least three months of individual therapeutic counseling by a mental health provider. The delimitations of the study were that the study sample was too small to provide adequate information or that the participants were biased towards the counseling process. The data collected primarily focused on gay and lesbian IPV and did not address heterosexual IPV. Within a qualitative study, the sample is usually small and therefore, it was a challenge to apply the data to a broader population or similar situations (Shenton, 2004). Additionally, as a novice researcher, transferability was a challenge with being able to use the contextual information from the data collection process and apply it to other environments, events, or situations.

Limitations

The limitations of this study included specific issues with the participants' ability to articulate their lived experiences (thoughts, feelings, behaviors) in a way that I could interpret accurately and subjectively. Such articulation issues were based on the participant's age, race, English as a second language, embarrassment, or other issues unknown to me. Consequently, any bias or preconceived assumptions on my part during the collection of the participants' recollections of their lived experiences could have skewed my interpretation of the data. Therefore, my presentation of the findings could have become difficult. Data collected in a phenomenological study if not subjective was

challenging to establish validity and reliability. Finally, even though the sample size was small, the collection of data became very time-consuming.

Significance of the Study

Given the minority stress experienced by same-sex survivors of IPV and the possible bearing on barriers to help-seeking and adverse therapeutic outcomes, it was imperative to have a greater understanding of how these stressful events impact survivors of same-sex relationships (Carter et al., 2014; Duke & Davidson, 2009). Such routine events as discrimination, prejudice, and marginalization were found to contribute to mental health issues like depression, anxiety, substance abuse, low self-esteem and PTSD (Alessi, 2014; Starzynski & Ullman, 2014). These were stressors not experienced by nonoppressed populations, and they were constant, related to social norms/cultural structures, and socially based on institutional and social processes (Meyer, 2003). There is still much room for further investigation of how these stressors are unique to same-sex relationships and to those who are/were in an interpersonally violent situation (Frost et al., 2012).

Summary

In Chapter 1, I introduced how minority stress impacts the help-seeking behaviors of same-sex (gay and lesbian) individuals who have experienced IPV within their relationship(s). Within this chapter, I reviewed the problem statement, the issues, and the background and the gaps in the literature. The purpose of this phenomenological study was to explore the lived experiences of same-sex (gay and lesbian) survivors of IPV within the context of the survivor's perceived therapeutic outcomes and counselor

competency. The chapter was organized to provide detailed information and a better understanding of the issue. The need was significant to create social change and to provide better services by mental health counselors specifically for this vulnerable population.

The literature review in Chapter 2 provided a detailed description of the issues and challenges that the survivors of same-sex IPV face on a day-to-day basis. Additionally, I provided data that showed how some mental health counselors do not understand the lived experiences of survivors of IPV. Chapter 2 literature review also addressed what was needed to help these individuals in the areas of minority stress, societal discrimination, stigma, and identity concealment.

Chapter 2: Literature Review

Introduction

Interest continues to grow among researchers and practitioners regarding violence within same-sex relationships (Calton et al., 2015; Walters et al., 2013). Individuals in same-sex relationships are routinely exposed to discrimination, prejudice, and marginalization and are more likely to be diagnosed with mental health issues, such as depression, anxiety, substance abuse, low self-esteem, and PTSD (Alessi, 2014; Starzynski & Ullman, 2014). Meyer (2003) found that nonoppressed populations do not experience these types of constant stressors that are related to social norms/cultural structures that are socially based on institutional and social processes. Within the context of the minority stress theory, there has been limited research on same-sex relationships and the effects of IPV (Frost et al., 2012).

The purpose of this qualitative hermeneutic phenomenological study was to explore the experiences of individuals in same-sex relationships who were survivors of IPV and have received therapeutic counseling. Same-sex relationships are those relationships where partners are either male-to-male or female-to-female. As per this definition, this study included those couples that identify as gay and lesbian. The findings of the study informed future training of counselors regarding the treatment of survivors of same-sex IPV through a within-group exploration of these survivors (Holley, 2017). Outcomes from this research contributed to a greater understanding of the range of experiences found among same-sex

relationships and IPV. The data that emerged from this study focused on the same-sex survivor of IPV and their experience of counseling in an era where same-sex relationships are becoming more accepted as a societal norm (Holley, 2017).

In this chapter, I reviewed Meyer's minority stress theory (MST) and the associated risk factors of this vulnerable population. Some of these risk factors were include but not limited to alcohol/substance abuse, within-group variations, socioeconomic status of sexual minorities, sociocultural pressures, barriers to help-seeking and the internalized homophobia that impact these volatile relationships. This literature review relied on data compiled within the last 5 years, with data before that time frame only used, when necessary, as foundational references. I also provide overviews of the literature search strategy and the theoretical foundation. The chapter concludes with a summary of key points.

Literature Search Strategy

The literature review is composed of peer-reviewed articles retrieved from the followings sources: Walden University Library system, EBSCOhost, ERIC, Google Scholar, ProQuest, LGBT Life with Full Text, Research Gate, The Dissertation Database, PsycARTICLES, PsycBOOKS, PsycINFO, and Springer. The Google search engine was used in cases when the use of a proprietary database or internal search engine was not required. Statistical information on IPV was acquired from the Centers for Disease Control and Prevention and the National Center on Domestic and Sexual Violence. I began by searching for qualitative studies within the Walden University Library system

using the keywords *gay* or *lesbian intimate partner violence*. The Walden University Library system expanded my search to include the indicated databases.

The next step of the search process broadened as I began to review quantitative, mixed-methods, and narrative approaches using keywords, and search terms within an iterative process that progressed from an initial set of keywords. These keywords were initially used to search databases and websites and included the following: *abuse in same-sex relationships, Heidegger, hermeneutic, Heidegger's hermeneutics, minority stress theory, minority stressors, relationship abuse, same-sex relationships, help-seeking, help-seeking behavior, barriers to help-seeking, same-sex relationship stigma, same-sex relationships counseling, interpersonal violence, intimate partner violence, same-sex violence, counseling gay couples, counseling lesbian couples, counselor competencies with same-sex couples and same-sex relationships therapy.*

Theoretical Framework

Minority Stress Theory

According to Meyer (1995), heterosexist societal stressors were found to affect the levels of psychological distress among sexual minorities. Minority stress is not a theory; instead, the premise is based on sexual minorities within a heterosexist environment exposed to chronic stressors that are related to the individual's stigmatization (Meyer, 1995). Minority stressors are stigma which refers to experiences where rejection is anticipated resulting in the feelings of shame, internalized homophobia

which refers to the gay or lesbian's acceptance of negative societal attitudes towards oneself, and discrimination which refers to the individual's experience with discrimination and or violence (Meyer, 1995).

Furthermore, Carter et al. (2014) found that there were specific processes that contribute to the same-sex survivor's stress, these include identity concealment, perceived stigma, internalized homophobia, and the lived experiences of social prejudice. Moreover, Puckett and Levitt (2015) found that these processes contributed to the invalidation, discrimination, and revictimization of the same-sex survivor of IPV, thus impacting the individual's psychological and physical health. MST explores the health disparities among same-sex survivors of IPV due to stressors induced by social prejudice that may impact behavior to access care, safety, or police protection (Meyer, 1995). MST looks at the underlying stressors that affect the day-to-lives of same-sex relationships within the contexts of age, substance abuse, within-group variations or demographics, life-time factors (childhood abuse/sex trafficking), disabilities, children, and marriage (Parry & O'Neal, 2015). To embrace a better understanding of how minority stress affects the intimate relationships between gay and lesbian couples, I decided to combine hermeneutic phenomenology to the study.

Hermeneutic Phenomenology

Hermeneutics concerns itself chiefly with studying human action and the consequences of those actions (Mantzavinos, 2018). It is rooted in a long history dating back to the Greeks of antiquity and concerns itself with the method of interpretation (Mantzavinos, 2018). Historically, this interpretation had focused on ancient literature,

including those rooted in the Judaic Talmud, Hindu Vedas, Biblical writings, and other ancient philosophies (Audi, 1999). However, it has progressively evolved over the centuries to encompass interpretation of a more extensive range of texts and common sources of media (Shaw, 2013).

Moreover, Martin Heidegger's approach to hermeneutics influenced modern approaches and was rooted in the concept that texts and biographers cannot be studied through methods traditionally employed in the natural sciences including the scientific method (Shaw, 2013). Heidegger's (1962), approach accentuated understanding of the biographer within the social context in which they transcribed. The core emphasis of Heidegger's work is that interpreting another individual's communications is inherently biased by a variety of influences which are, but are not limited to, prejudices, traditions, and language (Heidegger, 1962). The meaning of the individual's experience and what they communicate cannot be adequately interpreted unless the interpreter attempts to interpret not from their frame of mind, but the original biographer's (Heidegger, 1962).

Phenomenology

Phenomenology looks to understand the lived experiences or events that are particularly significant to an individual (Van Manen, 2015). Phenomenology is a systematic attempt to understand the internal essence of the lived experience using language, giving the experience a more profound or richer meaning (Van Manen, 2015). Edmund Husserl described phenomenology as the "original, pre-reflective, pre-theoretical attitude" rather than conceptualized within the world of an individual's

everyday life (Van Manen, 2015, p. 7). These are events that happen while the individual is in their natural attitude, allowing them to transform the event into something understandable within that individuals' reality (Van Manen, 2015).

Additionally, phenomenological hermeneutics has been applied in a qualitative study of men suffering from childhood maltreatment (Willis et al., 2014). The study was conducted using in-depth interviews among men using a purposeful sampling technique, which is useful in qualitative studies when attempting to acquire a significant amount of information from a limited pool of individuals (Willis et al., 2014). Following interviews, the verbatim data were analyzed and sorted for thematic categories that could best explain what healing meant among the participants (Willis et al., 2014). By narrowing the information and identifying several themes, the researchers concluded that healing for this sample best meant to move beyond suffering (Willis et al., 2014). The categories established revealed that these men perceived healing by the following processes: breaking through their appearances of masculinity, finding meaning in their own lives, choosing positive ways of living, caring for themselves using holistic approaches, and becoming engaged in humanizing relationships (Willis et al., 2014).

Consequently, a similar approach conducted in a study of adult females who experienced sexual assault (Hellman, 2016). Similar to Willis et al. (2014), Hellman (2016) explored the meaning of these individuals' lived experiences via interviews and the analysis of the resulting transcripts from among the nine participants. The researcher established five general patterns and sub-categorized the

information into 31 themes (Hellman, 2016). The broad patterns established included topics such as dealing forever with the abuse and using faith as a basis of strength to deal with said abuse (Hellman, 2016).

Furthermore, Sigurdardottir et al. (2015), within their qualitative study, explored the individual experiences of ten females who were victims of childhood sexual abuse. The researchers relied on a blend of hermeneutics and phenomenology to best describe these victims' experiences in a variety of therapeutic contexts (Sigurdardottir et al., 2015). It was found that childhood sexual abuse could be treated in several ways, two of which included both individual as well as group therapies (Sigurdardottir et al., 2015). The researchers applied multiple therapeutic approaches, including psychological, psychosomatic, and hypnosis therapy that was used over 10 weeks to tally 20 hr of treatment (Sigurdardottir et al., 2015). Additional interviews were conducted both 1 week before and after the completion of the program, with interviews taped and transcribed verbatim (Sigurdardottir et al., 2015). A thematic analysis was performed for each interview, and consistent themes presented among the participants. (Sigurdardottir et al., 2015). Among the multiple themes identified: the sensation among participants that they felt less lost in their lives, that their ability to enter trusting relationships increased and their sense of control over their lives increased (Sigurdardottir et al., 2015). These were presented alongside ratings of the individual therapies (Sigurdardottir et al., 2015).

As mentioned in Chapter 1, combining both MST with hermeneutic phenomenology increased understanding of the lived experiences of the same-sex survivor of IPV and their worldview by exploring the individual's perception within the

context of their social environment. Additionally, since MST is technically not a theory, but a premise based on the societal psychological stressors aimed at sexual minorities, by incorporating Heidegger's theoretical viewpoint of hermeneutics when examining the participant's lived narratives allowed me to home in on the areas that may not be cognitively visible (Smalley et al., 2009). Additionally, applying IPA to the participant's narratives allowed me to examine how the participant views external objects, phenomena, and others within their environment (Pietkiewicz & Smith, 2014). Furthermore, IPA uses three areas of how information was collected, deciphered, and an idiographic approach (Pietkiewicz & Smith, 2014). When linked with phenomenological hermeneutics and MST these theoretical frameworks allowed me to expand on how the survivors of IPV view their abuse, where societal stressors play into their perceptions, help-seeking behaviors, and environment, as well as their perception of the violence and their counselor's competency.

Literature Review Related to Key Variables and Concepts

Interpersonal Violence

Violence within a relationship can be sexual, physical, verbal, or psychological, and it can significantly impact a victim's ability to maintain interpersonal relationships, as well as negatively impact their emotional, social, mental, and physical functioning (McLeod et al., 2010). IPV can manifest as both bidirectional (where both partners engage in violence) and unidirectional (where only one partner perpetrates violence). These distinct patterns are associated with different risk factors (Langhinrichsen-Rohling et al., 2012). IPV can occur in both heterosexual and same-sex relationships. IPV is

defined as the use of controlling behaviors within an intimate relationship, which may include emotional/psychological abuse, physical abuse, sexual abuse, financial dependency, coercion/intimidation, and social isolation. These behaviors can significantly impact the victim's well-being (C. Brown, 2008; Hellemans et al., 2015).

Same-Sex Interpersonal Violence

Same-sex IPV is a public health problem that affects all ages, races, and socioeconomic groups (Head & Milton, 2014). IPV among gay men is the third major health problem second only to AIDS and alcohol/substance abuse (C. Brown, 2008). Long-term physical, emotional, and social issues such as, suicidal behaviors, inability to trust, PTSD, substance abuse, chronic pain syndrome, and gastrointestinal disorders have been attributed to IPV and increased use of medical services (Freedner et al., 2002; Head & Milton, 2014).

According to Gold et al. (2009), gay men who have experienced sexual violence by an intimate partner have been found to have more severe symptoms of depression, substance abuse, and PTSD. These symptomologies were directly associated with internalized homophobia. Same-sex survivors may attempt to avoid all sexual thoughts, arousal, feelings, attractions, and memories of the sexual trauma that could promote the development of assault-related psychopathology.

Additionally, Hellemans et al. (2015) found that gay and lesbian survivors of IPV are more likely to report a lack of mental well-being and sexual dysfunction due to the physical and psychological aggression by the abusive partner. Mental issues for lesbian survivors range from higher stress levels, alcohol abuse and depression whereas, gay

males tend to have a higher increase in emotional disorders, depression, and bipolar when physical aggression is used (Hellemans et al., 2015). Tension or conflict (directly or indirectly) within same-sex relationships is associated with sexual dysfunction (Hellemans et al., 2015). Gay and lesbian survivors of IPV focus more on self-protection instead of intimacy, arousal, or sexual desire, therefore resulting in higher levels of sexual dissatisfaction, less frequency of sex and increased sexual distress (Hellemans et al., 2015).

Moreover, Milletich et al. (2014) found that same-sex IPV within dating, married, or cohabiting relationships was due to one or both partners having feelings of inadequacy and lack of self-worth where the individual uses aggression to regain control over the other partner. Lesbian perpetrators were found to have different beliefs or experiences that increased aggressive behaviors against their partner(s). Additionally, researchers discovered that sexual minority woman who believed negative assumptions or attitudes about their homosexuality had a greater sense of disempowerment or lack of self-identity and were more prone to use aggression within their relationships (Milletich et al., 2014).

In addition to this, Eaton et al. (2016) found that one of the leading indicators of IPV within lesbian relationships is power. Considered as “borrowing male authority,” the lesbian abuser facilitates behaviors of control and dominance that legitimizes power over a partner (Eaton et al., 2016, p. 703). Eaton et al. (2016) found patterns of control that ranged from whether the controlled partner can engage in safe sexual behaviors, how they dressed, whom they were allowed to socialize with, what activities they were allowed to

participate in and not being included in major decision-making. According to Jin and Franklin (2016), those perpetrating violence in same-sex relationships also tended to use emotional and psychological manipulation as a form of power assertion. Such forms of power assertion may have stemmed from reported abandonment fears or lack of control in other areas of their lives. Meanwhile, victims of abuse in both hetero and gay relationships often had a history of mental health issues and mistreatment as children (Jin & Franklin, 2016).

Risk Factors and Abuse Among Sexual Minorities

In the following sections, I reviewed how the following risk factors: alcohol/substance abuse, within-group variations (education, physical/mental limitations), age, outing, risky sexual behaviors, socioeconomic status, marriage/child custody, help-seeking behaviors, internalized homophobia, stigmatization, and discrimination that impact IPV within same-sex relationships. Within each section, I provided information that demonstrated how each of the risk factors can contribute to higher levels of IPV within same-sex relationships.

Percentages of Reported Abuse by an Intimate Partner

It has not been until recently that research regarding IPV within same-sex relationships has taken on a “within-group” context, therefore allowing a deeper understanding of their lived experiences (Holley, 2017, p. 1). In the past, research on same-sex IPV has been viewed through the lens of comparing heterosexual IPV with those of same-sex relationships (Ard & Makadon, 2011; Barrett & St. Pierre, 2011). In a study of violence among males and females within in same-sex relationships, were more

likely to experience physical, verbal, emotional, controlling, and sexual violence; with 26.9% of gay men and 3.6% of lesbians reporting some form of partner violence and sexual abuse during their lifetimes (T. N. Brown & Herman, 2015; Messinger, 2011). Within the 26.9% of gay males, 12.1% had experienced some form of IPV in the past year (T. N. Brown & Herman, 2015).

The National Intimate Partner and Sexual Violence Survey based on reports from the National Center for Victims of Crime (2024) reported five types of intimate partner violence: stalking, sexual violence, physical violence, psychological aggression (coercive tactics/expressive control), rape and control of sexual health (Walters et al., 2013). The survey reported that 43.8% of lesbians and 26% of gay men had experienced at least once in their lifetime stalking, rape, sexual violence, and physical violence by an intimate partner (Walters et al., 2013). Additionally, the National Violence Against Women Survey found that among same-sex relationships other risks of violence were identified, including prior aggressive relationships, higher levels of aggression victimization, and higher levels of relationship fusion (Messinger, 2011). Relationship fusion is most common within intimate lesbian relationships where the couple's intense need to love and be together become deeply dependent on one another (Ackbar & Senn, 2010). According to The Williams Institute's assessment of the National Partner and Sexual Violence Survey found that lesbians were 1.8 times as likely to report violence within their relationships as compared to gay males (T. N. Brown & Herman, 2015).

In a literature review based on a national data set and the Centers for Disease Control and Prevention report, Calton et al. (2015) found that trauma counselors often

possess a limited understanding regarding the severity of the violence that occurs in same-sex relationships. The Centers for Disease Control and Prevention and the national data set reported that 44% of lesbians and 26% of gay men have experienced such violence as stalking, rape, physical violence by an intimate partner within their lifetime (Calton et al., 2015). IPV within same-sex relationships is specific to minority sexual orientation (gender identity) that include such tactics as threats of outing or medical conditions (HIV/AIDS; Calton et al., 2015). Survivors, meanwhile, often feel a degree of interpersonal discrimination within the therapeutic system (Calton et al., 2015). Finally, counselors sometimes refuse to treat survivors of IPV within same-sex relationships many times; the reason for refusal occurs due to perceived homophobia and heterosexist bias (Carter et al., 2014).

Besides, Walters et al. (2013) found that 44% of lesbians experience more physical types of IPV over a lifetime, such as being punched, kicked, hit, or slammed against a wall as compared to heterosexual women. Men who have sex with other men have been found to suffer forms of violence within relationships at similar rates to women (Finneran & Stephenson, 2012). Furthermore, IPV within same-sex relationships is associated with a higher risk of alcohol and chemical abuse (Lewis et al., 2015).

Further study of same-sex relationships revealed other unique factors involved in IPV (Stiles-Shields & Carroll, 2014). These included an emphasis on men to be able to defend themselves or be considered fewer masculine's (Stiles-Shields & Carroll, 2014). Masculine's is a term used within the gay community that refers to the perception of the form of the male physique (Stiles-Shields & Carroll, 2014). Bidirectional violence among

gay men was more likely to occur among HIV-positive individuals and those who were publicly gay among fewer people (Stiles-Shields & Carroll, 2014). Among women, lesbian couples were likely to withdraw from their communities and become socially isolated, placing females at a higher risk of being unable to find outside help when necessary (Stiles-Shields & Carroll, 2014).

Recent data from the National Intimate Partner and Sexual Violence Survey from the National Center for Victims of Crime (2024) revealed key findings: 1) A substantial portion of the population has experienced some form of intimate partner violence (IPV) within their lifetime. 2). Women are disproportionately affected by severe forms of IPV, including physical and sexual violence, and psychological aggression is the most common form of IPV experienced by both men and women.

Alcohol and Substance Abuse

Lewis et al. (2015) performed a quantitative study of 445 participants who self-identified as lesbians, that were between the ages of 18-35, have been in a romantic relationship for at least 3 months and who reported seeing their partner at least once a month. The researchers found that there was a definite connection associated with higher levels of alcohol consumption and physical violence resulting in substance abuse disorders and mental health issues (Lewis et al., 2015). Lesbians experiencing emotional distress in relationships were more likely to drink as a form of self-medication, thus, erupting into episodes of physical IPV (Lewis et al., 2015).

Additionally, Lewis et al. (2015) found an association between lesbians within an intimate relationship who fixated on their problems in the form of “brooding” or

ruminating and the use of IPV and psychological aggression (p. 919). Although the study showed that lesbian survivors of IPV have a higher rate of alcohol abuse due to emotional distress caused by physical abuse, it did not show that emotional distress was a predictor. Instead, there could be a domino effect where physical abuse leads to emotional distress that leads to using alcohol to cope, which leads to severe alcohol abuse.

In addition to this, Hequembourg et al. (2013) examined the relationship between alcohol abuse, childhood sexual abuse, multiple sexual partners and adult sexual victimization with a sample of 107 lesbians within a quantitative study. These women came from diverse racial and ethnic backgrounds, an average of 13.8 years of education, with 84.4% reporting an income of fewer than 25,000.00 dollars and most working part-time (Hequembourg et al., 2013). The study showed a link between risky alcohol use and a cycle of sexual revictimization among sexual minority women that began in childhood and continued in adulthood (Hequembourg et al., 2013). Thus, 40% of the participants had been revictimized by an intimate partner (Hequembourg et al., 2013). Although the study showed that three-quarters of the sample reported risky alcohol abuse leading to sexual victimization; the results of the study did not measure the exact timing of the revictimization with alcohol abuse and IPV within same-sex relationships (Hequembourg et al., 2013).

Davis et al. (2016) focused on the alcohol use among men who have sex with other men, and the different types of perpetrations and victimization associated with this behavior. The quantitative study revealed that of the 189 participants surveyed, higher levels of alcohol consumption were significantly associated with physical abuse,

sexual/HIV victimization, and perpetration by a regular partner. Risky alcohol use attributed to the controlling and monitoring behavior of a victim, as well as physical/sexual/emotional violence against casual partners. The data collected elucidated an association between risky alcohol use and the perpetration of physical or sexual IPV against regular partners. The limitations were that this study did not show the association of a higher risk of IPV within a causal relationship associated with alcohol abuse.

Within Group Variations

Within group variations shows that the lesbian, gay, bisexual, transgender, queer/questioning, plus (LGBTQ+) community is not found as a homogenous group. Gay men and lesbians were not a single, uniform entity with shared experiences. Same-sex IPV in the context of within-group variations contained the following demographics: lower educational background, individuals with physical/mental limitations, deaf or hard of hearing, ethnic/racial groups, bisexual and younger or immature individuals (Barrett & St. Pierre, 2011; Holley, 2017). Barrett and St. Pierre (2011) found within a quantitative study with a sample of 186 lesbian, gay, and bisexual (LGB) individuals that although violence is more likely among sexual minorities, subsets of these groups are also more likely to experience violence than others. The demographics of these sub-sets or within-groups consisted of LGB individuals who were younger than their partners, less educated, had a physical or mental illness, single, financially unstable, visible minority, and lacked immigration status were those most likely to report higher rates of violence that resulted with injury (Barrett & St. Pierre, 2011).

Additionally, Barrett and St. Pierre (2011) found that the type and severity of IPV within these sub-sets ranged from emotional and/or financial (34.9%), physical and/or sexual IPV 38.9% identified as bisexual women, 15.1% identified as bisexual males, 26.4% identified as gay males and 19.6% identified as lesbians. Furthermore, those LGB individuals who have experienced discrimination were more likely to experience some form of IPV (43.9%) than LGB individuals who reported no experiences of discrimination (32.6%). The researchers explained that discrimination or minority stress could manifest same-sex IPV, but the limitations reported showed that there needs to be extensive research of how minority stressors contribute to IPV within same-sex relationships.

Furthermore, Porter and Williams (2011) conducted a quantitative study of 1,027 college students who identified as deaf or hard of hearing, LGB, or as a member of a racially ethnic minority group. They found that these qualities were also associated with increased levels of violence among same-sex couples. Such findings indicated that violence is more prevalent within same-sex couples where cofactors such as disabilities are also present. Same-sex couples, where one or both were either deaf or hard of hearing, reported psychological abuse by the hand of their partner, 61.3%. Additionally, for those individuals who identified as LGB (442), psychological abuse was the most prevalent at 43.1%. The findings showed that deaf or hard of hearing and LGB students were almost three times as likely to experience physical or sexual abuse by their partners with psychological and sexual abuse, the highest among racial-ethnic minorities. The study revealed that unrepresented vulnerable populations are victimized at a higher rate

than nonvulnerable populations, but the limitations of the study proved that there needs to be extensive research concerning vulnerable populations and the psychological, sexual and physical abuse by the hands of their same-sex partners.

Age

In a cross-sectional study using gender and sexual minority older adult participants ($N = 2,349$) ages 50 to 95 years old ($M = 66.9$) within the Caring and Aging with Pride project, Hoy-Ellis (2016) found that older sexual minorities have a significantly higher rate of psychological distress and experiences of discrimination and social acceptance can differ across generations within the LGBTQ+ community. Areas of distress included relationship issues (IPV or loss of a loved one), economic/financial issues, minority stressors (rejection, discrimination, or criminal victimization), internalized heterosexism (societal and personal attitudes and beliefs), and concealment of their minority status (coming out). These areas of psychological distress among these older sexual minorities have found to produce chronic medical conditions such as major depression disorder, cardiovascular disease, and untimely death (Hoy-Ellis, 2016). The cross-sectional sample of participants limited the representation or generalization of a larger population and that the participants' may have differed in the levels of internalized heterosexism, concealment, and psychological distress due to external variables (Hoy-Ellis, 2016). In conclusion, this study found that for all the common factors that older LGB adults may share with their younger counterparts, it is important to look at this older population as a distinct group in order to create a better quality of life and lower the onset of depression and other diseases (Hoy-Ellis, 2016).

IPV among same-sex couples is not restricted to older couples but occurred among youth as well (Dank et al., 2013). A study of youth ($N = 5,647$) across ten schools revealed that individuals reporting as lesbian, gay, or bisexual, all were at higher risk for some form of dating violence. Of these individuals, lesbian youth were among those at the highest risk of victimization (Dank et al., 2013). Among this group, the perpetration of violence was more likely to persist over 2 years, and the risk factors commonly associated with violence, such as alcohol use, were not linked with violence within this age group (Dank et al., 2013). The research suggested that sexual minority youth are at a higher risk than heterosexuals in their age group.

Outing

Outing refers to the act of disclosing someone's sexual orientation or gender identity without their consent (Kertzner et al., 2010). The key aspects of outing someone without their consent is the following: loss of employment, family rejection, social ostracism, discrimination (housing), potential bodily harm both physical and emotional (Kertzner et al., 2010). Having control over when and how they disclose their sexual orientation or gender identity provides individuals with a sense of autonomy and privacy and can contribute to their emotional and psychological well-being.

Freedner et al. (2002) found among 521 gay, lesbian, and bisexual adolescents and college students between the ages of 13 and 22 years old surveyed, prevalence of dating violence that included five specific types of abuse: threats of being outed, physical harm, control, sexual, and emotional. The surveys showed that 45% of gay males had experienced at least one of the five types of abuse (Freedner et al., 2002). The survey

reported that the threat of being outed by an intimate partner showed 7% of gay males (Freedner et al., 2002). Among lesbians the survey reported that 36% had experienced at least one of the five types of abuse with the threat of outing at 3% (Freedner et al., 2002). Although this study was one of the first to acknowledge outings as abuse by an intimate partner, the limitations were based on a cross-sectional self-report survey, therefore, the information did not include when the abuse occurred or by how many partners (Freedner et al., 2002).

Risky Sexual Behaviors

Reuter et al. (2017) studied a sample of 172 ethnically diverse sexual minority youths (ages 16-20) within a longitudinal study. The purpose was to find a correlation between substance abuse, mental health, and sexually risky behaviors due to IPV (Reuter et al., 2017). Youths that reported intimate violence within a same-sex relationship were found to suffer from more mental health issues and were more likely to participate in sexually risky behaviors (Reuter et al., 2017). The study found that due to minority stressors such as discrimination, expectations of rejection, and other isolated social stressors contributed to the higher rate of IPV within this group (Reuter et al., 2017). Moreover, minority stressors were found to affect these youths' cognitive, emotional, and social processes that contributed to a lack of emotional regulation and socialization resulting in risky sexual behaviors and IPV (Reuter et al., 2017).

Consequently, this study did not find the increased risk of substance abuse identified by Chen et al. (2013), however, the resulting increased sexual risk was yet another way that relationship violence threatened gay and lesbian individuals. The study

revealed specific types of sexual risk that occurred in abusive same-sex relationships (Chen et al., 2013). Violent perpetrators were more likely to engage in unprotected oral and unprotected insertive anal sex (Stults, 2014). Though this study did not reveal an association between victimization and risky sexual behavior, risky behavior among abusers had the potential to impact a partner in the relationship (Reuter et al., 2017). However, the study revealed a significant correlation between perpetuation/victimization and marijuana use, at least partly confirming the substance abuse noted by Chen et al. (2013).

Furthermore, Haig (2006) found within a community-based study of men who have sex with men, that the increase of “barebacking” (casual sexual behavior where condoms are intentionally not used) has increased the limitations of HIV prevention strategies (p. 859). Barebacking has become a public health issue and described as a pattern of silence within the gay sexual culture and contexts of gay masculinity (Haig, 2006). Silence or a code of silence regarding condom usage is considered normative with gay males who practice barebacking in that; silence reflects abundant masculine sexuality (Haig, 2006). Unrevealed HIV status is considered a risk that “real men” assume (Haig, 2006, p.863).

The ideology of barebacking among gay males has transformed the nonuse of condoms into a free-market choice where the optimistic view that AIDS/HIV is curable (Haig, 2006). Other factors such as depression, overwhelming sexual urges, drugs, alcohol abuse, and prevention resistance associated with barebacking (Haig, 2006). As a result, Haig (2006) found that within the context of HIV prevention strategies and health

organizations understanding the concept of silence within the gay sexual culture help promote communication and HIV interventions.

Socioeconomic Status Among Sexual Minorities

Newcomb et al. (2013) found within two longitudinal studies of subsets of young men who have sex with men between the ages of 16 to 20 years old, were more likely to experience a higher rate of interpersonal partner violence. Specifically, Black participants were more likely to have experienced such violence, though Latinos and those identifying as Other were more likely to experience this type of violence when compared with White individuals (Newcomb et al., 2013). Specific types of IPV included unwanted unprotected sex, physical abuse, and manipulation that resulted in mental health issues among this age group (Newcomb et al., 2013). Violence was also found to be more likely in serious versus casual relationships when a partner was involved in an outside sexual relationship, and during alcohol use (Newcomb et al., 2013).

Additionally, Reuter et al. (2015) found in their study of a large ethnically diverse sample of LBGT young adults ($N = 782$), Black sexual minority youths were again found to be more likely to encounter relationship violence than were the White participants studied. The findings indicated that specific factors among ethnic minority individuals such as lower economic status, alcohol use, microaggressions, and exposure to interparental violence contributed to the higher levels of relationship violence. The main limitation of this study 2 years was the qualified instability within these same-sex relationships due to the age or maturity levels of the participants.

Marriage/Child Custody

Hardesty et al. (2008) found within their study of 24 lesbian mothers (nine White, three Latina, and 12 African American) who were abused by their same-sex partner, three types of IPV were found: situational violence, intimate terrorism, and mutual violent control. In addition to the three types of IPV, Hardesty et al. (2008) examined the relationships between mother/children, mother/abuser, and abuser/children. The data showed that within the relationship between mother/abuser, 71% of the mothers reported a long history of abuse, 17% had reported that they had worked it out, and 13% left the abuser (Hardesty et al., 2008).

Among the relationship between mother/children, 48% kept silent about the abuse, 17% denied the abuse, while 26% openly talked about the abuse with their children and family (Hardesty et al., 2008). Finally, in the relationship between abuser/children, it was found that 29% were coparented, 21% considered the abuser a playmate, 21% abused by the coparent, while 21% reported abuse by a nonparent (Hardesty et al., 2008). The literature shows that this was one of the first studies to research IPV among lesbian mothers and their children. The study also showed the variations of the relational dynamics between the mothers, abuser, and children that were somewhat explained due to the intersectionality of race, socioeconomic status, and sexuality (Hardesty et al., 2008).

Among the sample of mothers, they were already “out” therefore the abuser did not use this threat; instead, their major fear was having their children taken away due to their abusive relationship and limited legal options (Hardesty et al., 2008). The

limitations of this study, the sample of the mothers, were self-selected. Therefore, may not fully represent lesbian mothers who are in an abusive relationship (Hardesty et al., 2008). The gaps in the research are in the areas of clarifying the barriers to help-seeking, opportunities for legal and biological connections between the children, mother, and the abuser (Hardesty et al., 2008).

Additionally, Hardesty et al. (2011) found in their study of 24 lesbian mothers with children (in stepfamily configurations) who were either in or had left an abusive relationship unique challenges towards help-seeking. Some of these challenges were found within the lack of social services (Hardesty et al., 2011). Situations where the survivor felt that their same-sex relationship and family life was not validated; therefore, leading to mistrust and feeling helpless (Hardesty et al., 2011). Moreover, these lesbian mothers' face such societal attitudes as heterosexism, stigmatization, and legal vulnerability regarding the couple and parental rights (Hardesty et al., 2011).

Furthermore, the data showed three distinct patterns of IPV by which the lesbian mother would consider seeking help (Hardesty et al., 2011). These patterns included the intolerability of the IPV such as the increase of violence, severity of the violence, was the violence negatively impacting the health of the family, and the sense of profound tiredness (emotionally and physically) by the lesbian mother (Hardesty et al., 2011). All but one of the participants found that their relationships were intolerable when three help-seeking variations were found: covert help-seeking, overt help-seeking, and trying to fix the relationship alone (Hardesty et al., 2011). Future research is needed to understand better the unique challenges toward help-seeking by same-sex couples who plan to bring

children into their relationships (Hardesty et al., 2011). These relationships differ due to legal standing, social support, child custody laws, and the idea of what a two-parent nuclear family looks like (Hardesty et al., 2011).

Help-Seeking Behaviors

Walters (2011) found several negative consequences that arise from IPV among lesbian couples. An exploratory study of the lived experiences of the survivors of same-sex IPV revealed that many found it challenging to seek help and felt pressured to remain silent regarding abuse (Walters, 2011). These survivors felt helpless in their circumstances and attributed some of the violence as homophobia internalized by a partner and the normalization of heterosexuality, leading into aggressive behavior by a partner (Walters, 2011).

Additionally, the study showed five recurring themes regarding the attitudes and beliefs of lesbian survivors towards seeking help (Walters, 2011). These recurring themes included the survivor's history of violence, beliefs of violence, the reality of same-sex IPV, silence, and help-seeking around lesbian IPV within the gay community, and the personal beliefs of homophobia and heterosexism concerning to lesbian IPV (Walters, 2011). Besides, the survivors' reported that they felt isolated, silenced, and helpless due to the attitude of "don't ask don't tell" and the lack of acknowledgment of IPV within the lesbian community (Walters, 2011, p. 262). This study found that there were limitations in the areas of inequalities that these survivors face when help-seeking with shelters, law enforcement, and other social services (Walters, 2011).

According to T. N. Brown and Herman (2015), several barriers exist to help-seeking that is unique to gay and lesbian survivors of IPV (T. N. Brown & Herman, 2015). These include (a) existing legal definitions of domestic violence that are exclusionary, (b) fear of outing oneself, and the associated dangers, (c) lack of knowledge of specific gay and lesbian-friendly assistance, (d) homophobia on the part of service providers, and (e) low confidence in law enforcement and courts to effectively and sensitively protect gay and lesbian survivors of IPV (T. N. Brown & Herman, 2015).

Furthermore, Barrett and St. Pierre (2011) found that legal barriers such as existing mistrust of the legal system, anti-gay beliefs among legal officials, and lack of police support discouraged help-seeking by the victim. Same-sex couples are more likely to be involved in relationship violence and yet are less likely to be addressed by professionals of all backgrounds, from health care providers to policymakers (Barrett & St. Pierre, 2011). Gay and lesbian communities were consequently more vulnerable and a higher risk of violence and yet have a lesser chance of having their needs met by society (Barrett & St. Pierre, 2011).

Internalized Homophobia

Szymanski (2009) found that internalized homophobia, also referred to as internalized heterosexism, is a sociocultural phenomenon within the gay and lesbian population this perception of self and others is considered a factor of minority stress. Internalized homophobia is a developmental occurrence that all gay and lesbian individuals experience as the result of heterosexist societal attitudes and beliefs about nonheterosexual individuals (Szymanski, 2009). Within the literature, the definition of

internalized homophobia is relatively the same. For this study, I used the following definition: internalized homophobia is a cultural dynamic where gay and lesbian individuals accept the negative cultural, societal, familial, and religious attitudes and assumptions towards the same-sex lifestyle and sexual attraction in others as well as themselves (Gold et al., 2009; Szymanski, 2009).

Additionally, Gold et al. (2009) found a relationship between psychological distress, experiential avoidance, and internalized homophobia in a sample of 74 gay ethnically diverse men who had experienced sexual assault at the hands of an intimate partner. Internalized homophobia is a culturally significant dynamic for lesbian, gay, bisexual, and transgender individuals, where the acceptance of negative stereotypical attitudes and beliefs about homosexuality of others and homosexual features of oneself (Gold et al., 2009). Internalized homophobia has been associated with such health issues as major depressive disorder, PTSD, somatic symptoms, low self-esteem, and unstable self-concept (Gold et al., 2009). Gay men who had experienced sexual assault were found to have an association with internalized homophobia and PTSD concerning the severity of the attack (Gold et al., 2009). This finding suggested that internalized homophobia may be a critical component within the treatment of gay male sexual assault survivors (Gold et al., 2009). Other variables that need to be considered in future research would be the effects of depression on gay survivors of sexual assault where internalized homophobia is a byproduct rather than the cause.

Discrimination

There are many forms of discrimination embedded within the American culture. Prejudices, racism, and inequality within ethnically diverse groups are just a part of the American political, social, and economic echelons (Nadal et al., 2011). Nadal et al. (2011) found in a sample of 26 ethnically diverse sexual minorities (15 women and 11 men) eight themes of sexual orientation microaggressions. Microaggressions are considered subtle forms of discrimination used towards vulnerable populations that may make them more susceptible to mental health issues.

The eight themes of microaggressions that could target the gay and lesbian populations were as follows: the use of heterosexist terminology and epithets, ratification of heteronormative or gender-normative cultural behaviors; where gay and lesbians are supposed to act heterosexual or when a parent forces their child to wear gender-specific clothing, the belief that all gays and lesbians' experiences are universal; gay men interested in fashion or all lesbian women act butch, exoticization; when gay and lesbians feel dehumanized in a stereotypical manner, disapproval or discomfort of gay and lesbian experience; when disapproval towards a gay couple in public, denial of societal heterosexism; the denying that heterosexism and homophobia exists, the belief that there is some sexual pathology or abnormality; when gay and lesbian individuals were sexual deviants or that all gays have HIV, and denial of individual heterosexism; this was noted when heterosexuals deny their own heterosexist biases (Nadal et al., 2011). Microaggressions are faced daily by gay and lesbian individuals, and as a result, these

experiences need to be studied based on sexual orientation and gender due to the differences of the individual's experience (Nadal et al., 2011).

Stigmatization

According to Overstreet and Quinn (2013), stigma is when an individual feels socially devalued or shamed. Stigmatization occurs when dominance is exercised to stereotype or label the differences of devalued individuals which ultimately leads to feelings of rejection, disapproval, discrimination, and more significant psychological distress (Overstreet & Quinn, 2013). Many types of stigmatization identities can be concealed, such as sexual orientation, IPV, abortion, rape, childhood abuse, and mental illness (Overstreet & Quinn, 2013). Labeling is a big part of stigmatization with survivors of same-sex IPV who may be perceived as helpless, unassertive, hopeless, depressed, or defenseless (Overstreet & Quinn, 2013). Victim-blaming is a piece of the stigmatized identity of the survivor of IPV; therefore, hinders help-seeking behaviors (Overstreet & Quinn, 2013).

Moreover, the likeliness of whether an individual might seek help while in an abusive relationship, the intimate partner violence stigmatization model was developed (Overstreet & Quinn, 2013). This model identifies three primary components that hinder help-seeking behavior: stigma internalization, cultural, and anticipated stigma. Stigma internalization refers to the degree to which an individual believes negative stereotypes regarding survivors of violence in relationships, and who may believe the same to be true of them. (Overstreet & Quinn, 2013). Cultural stigma refers to social beliefs regarding

survivors of abuse. Anticipated stigma refers to the anxiety created as an individual worry about reactions to their victimization (Overstreet & Quinn, 2013). The recognition of these stigmatized identities help to understand the help-seeking behaviors of the survivor of same-sex IPV and the lack of resources these individuals have access to (Overstreet & Quinn, 2013).

Summary and Conclusions

Survivors of IPV in same-sex relationships can suffer from an extensive range of different types of violence, including sexual, physical, psychological, and verbal, among others (Helfrich & Simpson, 2006). While many of these same types of violence may also occur in same-sex relationships, an individual in a same-sex relationship does not have access to the same relief as those in heterosexual relationships (Helfrich & Simpson, 2006). Screening for violence in relationships is common among individuals in heterosexual relationships whereas, individuals in same-sex relationships face unique challenges (Calton et al., 2015). These challenges include homophobia among staff, the dangers associated with outing oneself, and poor experiences with homophobic behavior in the past, among several others (Alessi, 2014).

In addition to these problems with the therapeutic system, individuals within same-sex relationships suffer from problems arising from minority stress (Carter et al., 2014). Such stress arises from the desire to conceal one's identity, perceived stigmas the individual faces while seeking help, internalizing homophobia, and their previous experiences encountering prejudice (Calton et al., 2015). Furthermore, Turell et al. (2012) found that many communities are often unprepared to deal with violence among same-

sex couples. Turell et al. used the community readiness model to assess a community's readiness to respond to violence among same-sex couples. What was revealed in both rural and urban communities, was little awareness of violence occurring among same-sex couples much less the resources to protect the victims.

Such findings suggest that same-sex couples face the additional difficulty of being part of a society in which research lags regarding same-sex IPV and the responsiveness to such violence (Turell et al., 2012). According to Kubicek (2015), research into community readiness and response to violence among gay men revealed that HIV risk and poor mental health were considered the most critical issues among men who had sex with other men. Despite this, evidence-based intervention programs have not been created to address these concerns and other issues surrounding IPV between gay male couples (Kubicek, 2015).

Consequently, there is a lack of research on the topic of minority stress, psychological distress, and societal stressors influence the therapeutic relationship (Alessi, 2014). Additionally, the lack of research on how social support, interpersonal relationships, cognitive processes of self, emotional and coping regulations, can change the perceptions of the therapeutic experience of the same-sex survivor of IPV (Alessi, 2014). Furthermore, it was found that due to a lack of funding, counseling, and tailored services meant to prevent violence within same-sex relationships were unavailable to sexual minority men (Kubicek, 2015).

While research into same-sex intimate partner violence has increased over the prior 4 decades, many questions continue to exist regarding the phenomenon of abusive

relationships (Messinger, 2013). Researchers have identified prevention, interventions, resources for the abused and protective legal avenues, as areas of research that continue to be underrepresented in the literature. Researchers have previously noted the need for services addressing IPV among same-sex relationships and sexual minorities; including safety planning, mental/physical health services referrals, increased education regarding help-seeking and anger management for the perpetrator (Gillum & Difulvio, 2012). These findings indicated the need for further research that fills the existing literature gap as well as the need for conducting outreach to sexual minorities to assist.

In Chapter 3, I provided a reintroduction to my purpose as described in Chapter 1, as well as providing any of the significant sections of that chapter. I followed with the research design and its rationale as applied to the dissertation topic. I restate the RQs as described in Chapter 1, stating the central phenomenon, and defining the central concept of the study. I continued by identifying the research tradition then provide the rationale for the chosen tradition.

Chapter 3: Research Method

Introduction

A review of the existing literature uncovered a need for more extensive qualitative research investigations within same-sex intimate partner violence. The literature exposed specific gaps and limitations that included areas where personal narratives and perceptions of same-sex IPV may have been looked upon by the researcher in a subjective manner. Additionally, the literature showed that some studies had limitations in the areas of how minority stressors and psychological distress added to the IPV, the survivor's non-help-seeking behaviors, and the undefined differences between these societal issues within the gay and lesbian experience. These gaps and limitations created more extensive questioning about same-sex IPV and the social well-being of the survivor and the abuser.

In Chapter 3, I identified the research methodology, the importance for the design of this study, and the vulnerable population chosen. Within this study, I wanted to understand and explore the very personal lived experiences of the survivor of same-sex IPV and to provide a new understanding of what may not be cognitively visible within those lived experiences. Finally, wanting to understand the survivor's perception of their therapeutic experience either after leaving the abuser or while living with the abuser.

Research Design and Rationale

For this underrepresented population, a qualitative method was most appropriate to describe a world where reality is based on societal constructs, is ever-changing, and multifaceted (Sloan & Bowe, 2014). Furthermore, a qualitative approach looks at the world from an instinctual point-of-view where human life is an experiential reality that is depicted through in-depth narratives relating to the lived experience (Sloan & Bowe, 2014). Moreover, applying a qualitative method of inquiry allowed me to have a better understanding of the lived experiences and perceptions of the survivors of same-sex IPV as well as, their barriers to help-seeking, the effects of minority stress, and their therapeutic outcomes. I applied the qualitative design of phenomenology, which allows a researcher to understand the participant's lived experiences from a first-person perspective (Van Manen, 2007).

The practice of phenomenology refers to the method of living that includes the ways humans think, feel, and behave within their reality or worldview; there are no preconceived ideas or hypothesis (Van Manen, 2014). Additionally, phenomenology helps the researcher bring out the ordinary lived experience through inquiry by converging unique attributes of essence, otherness, and identity of the event or phenomenon (Van Manen, 2014). Through participant observation, interviews, action research, and the analysis of personal texts such as journals or diaries (Sutton & Austin, 2015). Although, phenomenology is driven by a wonder or questioning of how the

phenomena presented appears or conveys within the human experience; the researcher is motivated to find the “meaning of the meaning,” or the origin of the pre-reflective experience through the eyes of subjectivity (Van Manen, 2014, p. 27).

Additionally, I decided to link phenomenology with hermeneutics which provided a new understanding of what may not be cognitively visible within the lived experience of the survivor (Smalley et al., 2009). Hermeneutic phenomenology is more complicated as compared to descriptive phenomenology regarding to Heidegger’s philosophy of “being-in-the-world,” and time as a component of the relationship between the lived experience and the world (Sloan & Bowe, 2014, p. 9). In comparison, I followed the work of Van Manen (2014), who developed a hermeneutic approach of phenomenology that uses language to expose the existence or being within a societal context.

Understanding the language through the interview process the researcher enters the “hermeneutic circle” where the narratives are reviewed partially then as a whole document to determine the truth through the interpretation and the discovery of the phenomena (Sloan & Bowe, 2014).

In addition to hermeneutic phenomenology, I incorporated the MST within this study. The purpose of this inclusion was to allow me to have a complete understanding of how societal contexts such as discrimination, homophobia, and stigmatization contribute to the survivor’s maladaptive psychological and psychosocial functioning. MST increased the understanding of the lived experiences of the same-sex survivor of IPV and their worldview by exploring the individual’s perception within the context of their social environment. Furthermore, these two frameworks illuminated the role in which day-to-

day challenges regarding help-seeking behaviors, social prejudice, and the participant's perception of therapeutic outcomes. This research provided new understanding for therapeutic counselors to treat same-sex survivors of IPV within the context of their social environment.

However, when considering hermeneutic phenomenology as my research design and rationale for this vulnerable population, I explored other qualitative research traditions. These included: narratology, ground theory, consensual, ethnography, and participatory action research design. While narratology uses purposeful sampling methods and interviewing techniques as the primary source of data collection, it can be supplemented using documents, observations, audio/visual methods (Hays & Wood, 2011). The researcher organizes the data to try and procure the rich character of the narrative, creating a structural interpretation of the participant's experience resulting in pragmatic validity (Hays & Wood, 2011).

Furthermore, the narrative method was also considered and could have been used to gather meaningful lived experiences through narrative conceptions of the experiences of the survivor of same-sex IPV; however, the narrative approach has its limitations (Hays & Wood, 2011; Moen, 2006). One main limitation was due to the lower number of participants (usually only one or two) interviewed, and this would have narrowed the data collected which may not have been able to be applied to a broader population with the same issue (Moen, 2006).

Moreover, a phenomenological research method allows the researcher to use inquiry to draw the data from the context when the event occurs using a participant pool between six and ten individuals (Jamali, 2018). The researcher can then use bracketing and reduction to explain the embedded perspectives of the phenomenon observed (Jamali, 2018; Van Manen, 2014). According to Van Manen (2015), bracketing is used to identify and self-check any preconceived opinions or beliefs about the lived experience being researched, thus, approaching the study from a nonbiased perspective. This is important because bracketing flows into phenomenological reduction, which is the progression of isolating the lived experience from what is known about it (Van Manen, 2015).

Moreover, grounded theory is considered one of the most influential research methods within the areas of education and the social sciences due to the outcome of a pragmatically grounded hypothesis (Hallberg, 2006; Hays & Wood, 2011). In this research design, the collection of data is substantiated within the participant's perspectives and lived experiences where the definitive goal is theory development (Hays & Wood, 2011). The researcher uses an interpretative and naturalistic standpoint but entails the collection of data within a huge pool of participants 20 to 60 plus (Hallberg, 2006). However, the data analysis consists of identifying large domains, relationships, causal conditions, consequences, and intervening conditions that are coded, further refined, and then a central idea becomes a portrayal of a theory (Hays & Wood, 2011). For this study, the grounded theory was not appropriate due to the small participant sample and the lack of researcher resources regarding the labor-intensive data collection and interpretation that is needed (Hallberg, 2006).

Additionally, consensual qualitative research consists of a paradigmatic combination of constructivist (prior knowledge and experience) and postpositivist (background and knowledge of researcher can influence data) was not a consideration for this research study (Hays & Wood, 2011). Within the consensual research design, the researcher reports in the third person, and the commonalities between the researcher and the participants are valued and influence each other (Hays & Wood, 2011). For instance, the goal of consensual research design is to develop an agreement between the participant's experience of the event and its generalizability (Hays & Wood, 2011). Whereas phenomenology looks for prereflective experience and the individuality of the phenomenon (Van Manen, 2014). The researcher's openness and objectivity concerning data collection and interpretation is the basis of phenomenology, finding the meaning of meaning without the influence of the researcher (Quay, 2015).

Moreover, anthropology/sociology, and ethnography research methodologies study data from cultural and natural settings in a systematic scientific design (Van Manen, 2007). All three methods position the researcher within the cultural activities on a day-to-day basis through immersion with the populous therefore, requiring widespread time within the field (Van Manen, 2007). In addition to identifying cultural patterns, the ethnography research method uses interviewing techniques that focus on the individuals, rituals, processes, events, and after-effects within a specific site/location (Hays & Wood, 2011).

The data collection process provides information such as cultural patterns, subcomponents of groups, and interpretations of sharing groups that are used to provide

personal meaning and cultural narratives (Hays & Wood, 2011). However, for this type of study, field observations was not required, all data collected was on a one-to-one rapport building basis, where trust and safety within the collection environment was the key to obtain honest recollections of the survivor's lived experience. Additionally, like the indicated research traditions, the case study approach would not have been a good fit for this study.

Finally, the participatory action research design was second regarding the application to this study due to its constructivist and feminist paradigmatic assumptions. The goal of the participatory action research design is empowerment and to apply the data collected towards real-life social issues (Hays & Wood, 2011). Even though the outcome of the participatory action research is to create social change, I did not choose this design for this study. I felt that this design did not align with the purpose, to review: the purpose of this study was to explore the experiences of individuals in same-sex relationships who are survivors of IPV and have received therapeutic counseling. The RQs and SQs that underpinned the study were as follows:

RQ1. What are the lived experiences of survivors of same-sex IPV?

SQa: What are the lived experiences survivors of same-sex IPV with counselors?

SQb. What are the lived experiences of survivors of same-sex IPV and the affect of a therapeutic relationship?

Role of the Researcher

Fundamentally, hermeneutic phenomenology looks at lived experience as a way to understand the concept of "lifeworld" through the articulation of human experience

(Wilson et al., 2014). The challenge arises when the lived experience cannot be explicitly articulated or has been distorted by the participant due to allowing the experience into their consciousness (Wilson et al., 2014). To accurately position the role of the researcher within a hermeneutic phenomenological study of IPV among same-sex relationships and the survivor's perception of counselor competency, there is a need to acknowledge that gays and lesbians are considered a sexual minority. Those individuals represented in this study as the survivor of same-sex IPV were considered an underrepresented population within our society.

Furthermore, researching underrepresented populations usually creates unique challenges for the researcher around recruitment due to various societal beliefs as: the shame of being abused, sexual identification (where one or both partners do not identify as gay or lesbian), fear of social stigma, race, culture, ethnicity, and isolation. Knowing that my participants could share some of the identified characteristics, it was up to me to choose in-depth interviews with a focus on the participant's lived experiences in terms of reflective recollections that required interpretive phenomenological analysis (Van Manen, 2014). The interpretive analysis allowed me to produce the lifeworld and insight of the participant that began at the beginning (a historical recollection) or where the meaning of the event originated (Van Manen, 2014). Using IPA as the researcher, I remained process-orientated and open to the participants' understanding of and involvement in the world and how they make sense of it (Smalley et al., 2009). Moreover, IPA allowed me to transform and synthesize the data collected into patterns, themes, categories, and separate thematic statements (Sloan & Bowe, 2014).

In addition to the open-ended interview questions, I used reflexivity to allow my prior knowledge, personal experiences, anecdotes, and background for data collection and analysis (Van Manen, 2015). Reflexivity allows a researcher to reflect on their experiences to construct a reminiscent picture of human behaviors, actions, experiences, and intentions as one might relate to the lifeworld thus, using comparable experiences (Sloan & Bowe, 2014). Consequently, by inviting myself into the data collection process, I acknowledged my own biases as an aspect of this phenomenological study and except the process of self-awareness and reflective thinking (King, 2018). An example of how I used reflexivity was in the case where the participant could not find the language or articulate what they were feeling at that moment. I used a personal anecdote or experience that related to the participant's lack of words.

I did not have any personal or professional relationship outside of the role of researcher and their role as a participant. According to the American Counseling Association (2014), a researcher must take all precautions to abide by the Code of Ethics within the areas of research responsibilities. Such responsibilities consist of establishing rapport within a collaborative working environment where the participant feels safe, and boundaries are present. Additionally, the American Counseling Association provides guidelines regarding the conduct of the researcher as well as the participant such guidelines were as follows, but were not limited to: it was prohibited to have any sexual or romantic relationship with a research participant; there were precautions in place to avoid any injury to the participant; for participant inclusion within the study they were

required to sign an informed consent; terms of confidentiality were explained and understood by the participant.

When it comes to supervisory or instructor relationships between the researcher as well as the participant, the American Counseling Association (2014) stated that there should be appropriate boundaries in a place where the students use an electronic platform for communication. In addition to supervising and educational responsibilities, ethical principles must be enforced to avoid any sexual harassment, confidentiality issues, or other ethical violations. Furthermore, any researcher bias was acknowledged, recorded, and reflected on as to why this bias has occurred and how the bias was resolved.

However, biases such as close-mindedness, unexplained assumptions, and personal prejudices to name a few, were unavoidable and vital to the process as long as these are acknowledged and self-reflected on (Van Manen, 2014). One way to remain open to the meaning of the phenomenon is using intuition which is the process of full immersion within the study and what has been described by the participant resulting in a full understanding of their experience (Van Manen, 2014). Finally, the methods employed within this qualitative study were rigorous and accountable.

Additionally, other ethical issues could arise if I chose to use participants from my private counseling who had suffered from IPV in the past from a same-sex partner. I did not include any of my private practice clients within this study because not only was this a conflict of interest and therefore could have caused harm to my clients. Furthermore, using my client base would have created a power differential and therefore could have

caused harm to their therapeutic process and mental well-being as well as the trust and rapport we built within their therapeutic process.

Methodology

Participant Selection Logic

For this phenomenological study, I used purposive snowball sampling to include gay and lesbian participants who were either in or have been in a same-sex relationship where IPV occurred within the United States and who were 18 years or older. The participants had at least 3 months of individual counseling by a clinical mental health counselor. These individuals could still have been attending sessions with a clinical mental health counselor or a survivor's group during the time of the study. The logic behind using snowball sampling was that within a phenomenological study, the notion of a sample presumes that the study's goal was to find an empirical generalization which was impossible using this methodology (Van Manen, 2014).

Therefore, the rationality behind using snowball sampling because this underrepresented population was difficult to recruit due to minority stressors, isolation, lack of help-seeking behaviors, and internalized homophobia. I recruited at first eight participants, but six actually participated. These six could articulate their lived experiences in English as their first language in order to achieve data saturation. In a phenomenological study, the researcher is not looking to find sameness instead the aim is to look for a singular theme or the instant when the participant realizes some form of insight that is distinctive within the described experience (Van Manen, 2014).

Moreover, to begin the snowball sampling process, I attended the yearly fundraiser located in Tampa, Florida, called The Pride & Passion event. This event is known to have no less than 800 participants, and I have been a sponsor of this event for the past 5 years. I have many acquaintances who have expressed interest in my study for either themselves or someone they know who has had an abusive same-sex relationship and has either gone to counseling or is still in counseling. Another source for participant selection was the yearly Pride parade, held in both Tampa and St. Petersburg, Florida. At this event, I first contacted the parade organizers to get any ideas about handing out flyers (see Appendix A) about my study to the group and any other suggestions or approvals. After this approval was provided, I attended parades and handed out flyers to those that seemed interested. Lastly, I considered using the Walden Participant Pool in which I sent out invitational emails (see Appendix B), internet postings on electronic bulletin boards, and webpages. Additionally, all text and correspondence were included as an attachment to the institutional review board application. All potential participants who responded to the internet posting contacted me directly.

Instrumentation

The instrumentation for this qualitative study was semistructured, in-depth interviews (see Appendix C) to elicit interaction with the participant in a comfortable manner so that they may tell their story in their own words (Smalley et al., 2009). I prepared the interview protocol using open-ended questions to allow the participant to talk at length (Smalley et al., 2009). I designed the initial question to elicit an in-depth description of the event or experience from the participant (Smalley et al., 2009).

Additionally, Smalley et al. (2009) suggested using the following types of in-depth interview questions: descriptive, structural, contrasting, narrative, evaluative, comparative, and circular without the temptation of becoming overly empathetic and manipulative during the questioning.

In addition to in-depth interview techniques, I used audio recordings. The audio recording instrumentation involved the recording of the interviews as well as the use of Zoom audio recording over the internet in case the participant was unable to be in town for their interview, which could also have been used for back-up. The audio recordings provided accurate transcription of the data and the interactions between participant and researcher for any ethical complaints. Moreover, I used field notes to make comments about nonverbal cues, environmental contexts, minority stressors, and other impressions that cannot be conveyed over the audio recording (Sutton & Austin, 2015). The complete explanation of interview responses and interpretation was presented in Chapter 4.

As a researcher in a phenomenological study, my job was to be a research instrument (Van Manen, 2015). An instrument that was used to observe, provide anecdotes, reflexivity, nonjudgment, openness, intuition, take notes, engage with the participants, and create a safe and supportive environment for the participants (Van Manen, 2015). Moreover, as the researcher, I was rigorous in the collection of as much raw data as possible so that I could fully answer the RQs and have a complete understanding of the lifeworld from the perception of the participant (Van Manen, 2015).

Additionally, there was no unanimity regarding the content validity within a qualitative study (Dixon-Woods et al., 2004). There was no predetermined procedure

such as triangulation as in quantitative research. Instead, a phenomenological study looks for the uniqueness of insights and the rigor of interpretation (Van Manen, 2014). It was mentioned that some qualitative researchers perform member checking but have found this to be challenging to a novice researcher (Sutton & Austin, 2015). Therefore, within this study, I followed a protocol within my research design of transparency to maintain clarity and a full explanation of the study (Dixon-Woods et al., 2004). Following a criterion of sampling where the participants were representative of my purpose, I formulated a rigorous procedure for data acquisition and interpretation, and to use instinctive evaluation to acquire my conclusions (Dixon-Woods et al., 2004).

Furthermore, focusing on the phenomenological question of human experience and what was it like to have lived this experience, such as a sexual minority phenomenon helped address the issue of validity (Van Manen, 2014). Consequently, the data analysis was achieved by using experientially vivid descriptions gathered from the opinions, perceptions, and the convictions of the participant avoiding all practical information (Van Manen, 2014). Finally, the study was primarily grounded in knowledgeable phenomenological sources (Van Manen, 2014).

Recruitment, Participation, and Data Collection Recruitment

I used purposive snowball sampling as the criterion for participant recruitment. The criteria for snowball sampling included individuals who identified as gay and lesbian, who are either in or had been in a same-sex relationship where IPV occurred: physical, sexual, coercion, psychological, or other events that would be considered abuse. The sample was required to be 18 years of age or older and must reside within the United

States. There were no time restrictions regarding to the length of time the couple had stayed together, and this sample must write and speak English as their first language. Additionally, the sample was involved in at least 3 months of individual counseling by a clinical mental health counselor. The sample could presently be attending therapy sessions with a clinical mental health counselor or attending survivor's groups at the time of the study.

Participation

Furthermore, each participant for this study was voluntarily which allowed the participant if necessary to drop out of the study at any time. Each participant was provided with a complete explanation of the purpose of this study and what being a participant entail. An informed consent form was provided to those participants who (a) showed interest to be in this study or (b) met the screening criteria for eligibility. The informed consent allowed the potential participant the opportunity to understand the study and to ask questions before agreeing to be a participant in this study.

Additionally, each participant was identified as a number so that their true identity was confidential, and their privacy protected. The interview protocol began with the participant scheduling a call time with me where I began with a general demographics checklist (see Appendix D) to make sure that the participant met the sample criteria. Then the participant scheduled a face-to-face data collection session where we then proceeded with the predetermined questionnaire.

The questionnaire was designed to ask open-ended questions that addressed the participant's lifeworld story of the interpersonal abuse within their same-sex relationship,

their perceptions of the experience(s), and their feelings about their counseling sessions. The participants were notified that the interview was audio recorded for transcription and interpretation for the study. Due to the sensitivity of the interview questions and the potential for some distress, if at any time the participant felt uncomfortable or overwhelmed, the interview would discontinue until the participant felt they were ready to continue. Furthermore, for the protection of the participant and the data collected all information was kept in a fire-proof safe located in my home office where I have possession of the combination.

Data Collection

According to Van Manen (2015), the “lived experience is the starting point and the endpoint of phenomenological research” (p. 36). This means the data collection is not the procedure of coding, decoding, or sequencing instead, it is a philosophical starting point where the researcher wonders about the meaning of a phenomenon and how this phenomenon can be relived as something insightful to be reflected on. As a researcher, I collected the data from a screened sample of gay and lesbian individuals who identified as sexual minorities and who showed an interest in relaying what their lived experience(s) of IPV within a same-sex relationship. I designed a data collection protocol that enabled me to collect as much raw data within a timeframe of 90 min or less. The participants were audio recorded to ensure the accuracy of the information collected.

In addition to the audio recordings and field notes, I used member checking to assure the accuracy of the participant’s information. Member checking is the process of allowing the participant to view a summary of the transcript and to make any revisions or

additions that are needed. Additionally, member checking is a way to enhance the truth and creditability of the data (Krefting, 1991).

Consequently, regarding the sample size within a phenomenological study, there are no concrete guidelines for assessing the right sample size (Marshall et al., 2013). However, methodologists do agree on many factors that could affect the number of interviews that would be needed for meaning units saturation such as the researcher's experience, number, and quality of the interviews per each participant, and the sampling procedure (Marshall et al., 2013). Fundamentally, the general guideline for a phenomenological study sample size included six participants to achieve saturation, but there is no justification for this amount (Marshall et al., 2013).

Debriefing and Disclosure Procedure

The procedure of debriefing a research participant took place after each of the meaning unit collection sessions. The purpose was two-fold: to only address any questions or concerns that the participant had after the interview process and to have the participant sign a disclosure form where they agreed not to discuss the study (see Appendix E; Marans, 1988). I provided each participant with a copy of the signed disclosure agreement as a reminder not to discuss the study with any friends or family that might qualify as a participant. Additionally, the participants at the end of the data collection session were sent a summary of the transcript to member check. Moreover, the debriefing and disclosure procedures fulfilled the ethical obligations of the researcher to fully disclose the nature of the study, answer any questions about the outcomes of the study, and what this study would achieve within a social context of change (see Appendix

F; Marans, 1988). The debriefing and disclosure session took approximately 30 min so that each participant had a chance to listen, question, and learn.

Data Analysis Plan

Within this phenomenological study, the data analysis design was based on the phenomenological efforts of Van Manen (2014) and Heidegger (1962). According to Van Manen (2014), phenomenological research aims to arrive at phenomenal meaning and insights of the human experience; therefore, the phenomenological analysis did not contain systematic coding or cataloging. These insights of the human experience gained through phenomenological inquiry flowed into an inceptual process of deep wondering, attentiveness, and reflection termed to by Heidegger as “inceptual insights” (Van Manen, 2017, p. 819).

Moreover, through the process of epoché (opening up) and reduction (closing down) what Heidegger referred to as “phenomenological reflection,” was used as it is a method of reflection of an event or phenomenon in order to gain a deep-seated understanding or inceptual insight within the present moment of the lived experience (Van Manen, 2017, p. 819). Therefore, a researcher does not abstract, theorize, or conceptualize the reflection since it is nonobjectifiable instead, epoché-reduction uses ceaseless questioning of the lived experience resulting inceptual insights (Van Manen, 2017).

Furthermore, since phenomenological analysis uses epoché and reduction, it is considered a non-methodological method that no matter how the data collection is reflected it cannot be strategized, calculated into schemes, or coded (Van Manen, 2017).

These reflections or insights are not “methodically derived” which symbolically means that there is no key to the door of insights; instead, these insights are uncovered, realized, or turn up by chance (Van Manen, 2017, p. 820). Meaning insights are different from cause and effect and problem-solution insights regarding how these occur within the interview process (Van Manen, 2017). Therefore, meaning insights occur when the researcher is curious about the significance of “originary” (inceptual) of the lived experience (Van Manen, 2017, p. 823).

Taking into consideration that meaning insights come about like a flash of light, considering the primary RQ I had to engage in reflexivity and consider what the primal experience was like, the meaning assigned to the phenomenon, and how the experience comes into self-awareness. The purpose of this was to challenge the phenomenality of the lived experience since as humans, we do not usually think about or reflect on our day-to-day lived experiences until we have lived them (Van Manen, 2017). Having said this as the researcher and the instrument of analysis I read, reread, reflect, write, and rewrite within a state of active passivity without distraction, since meaning insights can come in a fleeting moment (Van Manen, 2017).

Issues of Trustworthiness

Within a qualitative research design, some critics find issues with trustworthiness due to the perceptions of validity and reliability cannot be accomplished in the same way (Shenton, 2004). To gain trustworthiness, a researcher must establish a rigorous process of data analysis that is methodically organized and concise using such detailed measures as interviews, recordings, field notes, and disclosure for the reader to conclude that the

study is credible (Shenton, 2004). To establish trustworthiness, I pursued a criterion that demonstrated credibility, transferability, dependability, and confirmability.

Credibility

Credibility is considered one of the most critical aspects to achieving trustworthiness (Shenton, 2004). Credibility looks at how consistent the results are with reality, regarding how accurately a researcher has interpreted the lived event (Shenton, 2004). To establish credibility, I used the following steps: (a) established specific procedures within my interview protocol within the meaning unit collection sessions based on theorist, Van Manen and Heidegger, (b) established an understanding of gay and lesbian culture and minority stress prior to the meaning units collection sessions, (c) provided a diverse sample that hopefully provided information that was representative to a larger group, (d) verified the perceptions, beliefs, and experiences of the participants (findings across participants), (e) included only those participants willing to tell their narrative honestly, (f) used frequent debriefing sessions with participants and dissertation committee, (g) accepting feedback from colleagues, (h) recorded my impressions of the study through reflective commentary, (I) attended to verification of the meaning units analysis in regard to the contextual meaning, (j) provided a detailed description to convey the lived experience(s) and the significance that surrounded these events, and (k) reviewed comparable studies as resources (Shenton, 2004; Van Manen, 2017).

Transferability

Within a qualitative study, the sample is usually small and therefore, it is challenging for a researcher to apply the data to a broader population or similar situations

(Shenton, 2004). In this case, it was my responsibility to provide in-depth contextual information so that the audience could make their decision if the data could be transferred to other events and conclusions (Shenton, 2004). Typically, a qualitative researcher finds transferability unimportant, due to the lack of knowledge around “receiving contexts” and the “typicality” of the event or situation from where the data collection took place (Shenton, 2004, p. 70). To accomplish transferability within this study I considered the following: (a) described the boundaries of the study to the reader, (b) addressed any constraints in regard to the participants who contributed the narratives, (c) relayed the size of the sample, (d) relayed what data collection methods used, and (e) relayed the number and time of the interview sessions (Shenton, 2004). The purpose was two-fold, to provide the reader with a reference point in which the phenomenon took place and to reflect numerous realities (Shenton, 2004).

Dependability

Additionally, to ensure dependability within a qualitative study, a researcher needs to demonstrate that the research process is documented in detail (Shenton, 2004). Documentation allows the reader to assess if and to what extent the research practices were followed (Shenton, 2004). In addition to relaying the effectiveness and understanding of the research practices, I included the following: (a) described the process, (b) addressed the particulars of the data collection process, and (c) provided a reflective evaluation of the efficacy of the interview protocol (Shenton, 2004).

Confirmability

Lastly, confirmability is accomplished when credibility, transferability, and dependability are defined (Shenton, 2004). Additionally, confirmability is comparable to objectivity within the research process and research instruments that are contingent on human proficiency and experience (Shenton, 2004). In addition, researchers must acknowledge their personal biases and take steps to provide the results that portray the narratives and perceptions of the participants (Shenton, 2004). Moreover, the steps that I took to accomplish confirmability included: (a) recognized my personal biases, (b) provided a reflective commentary within my outcomes, and (c) created an “audit trail” (Shenton, 2004, p. 72). Consequently, the audit trail was represented within a diagram that traced the step-by-step research process.

Ethical Procedures

Ethical concerns within a qualitative study include such areas as the role of the researcher as the data collection instrument and the vulnerability of the participant(s). Due to the intimate relationship between researchers and participants, it is essential to consider three areas of ethical concern: confidentiality, anonymity, and informed consent (Van Manen, 2014). Moreover, issues of confidentiality have a different meaning for researchers as compared to health care providers in that, health care providers see confidentiality as no personal information is revealed whereas, researchers view confidentiality as “to do no harm” to the participants (Sanjari et al., 2014, p. 3). Additionally, a researcher, when dealing with vulnerable populations needs to provide or refer to the participant an advocate or counselor during and after the data collection sessions to avoid possible intrusion

of the participant's autonomy (Sanjari et al., 2014). Finally, the informed consent is used to explain to the participant the process of data collection, the nature of the study, what role the participant played, the identification of the researcher, the university involved, and who benefited from the outcomes of the study (Sanjari et al., 2014; Van Manen, 2014). Furthermore, the International Review Board (IRB) ensures and protects the rights of the participants by reviewing the researcher's protocols and ethical standards. The IRB has reviewed the procedures and protocols of this study and has assigned the approval number 05-22-20-0136364.

Summary

Within Chapter 3, I provided and identified the research methodology and the importance for the methodology of this study and the vulnerable population chosen. Additionally, an explanation of the research design and rationale included the RQs, the phenomenon of the study, and research tradition. Furthermore, I explained my role as a researcher within a hermeneutic phenomenological study of IPV among same-sex relationships and the survivor's perception of counselor competency and the need to acknowledge that gays and lesbians are considered sexual minorities. Under the guidance of theorist Van Manen and Heidegger, I explained the sampling process, interview protocol and instrumentation, procedures for recruitment, data collection, data analysis, and the issues of trustworthiness. In Chapter 4, a complete explanation of interview responses and interpretation was presented, including the setting, demographics, data collection and analysis, evidence of trustworthiness, and the results from all the information collected.

Chapter 4: Results

Introduction

The purpose of this qualitative hermeneutic phenomenological study was to explore the experiences of individuals in same-sex relationships who were survivors of IPV and have received therapeutic counseling. Linking phenomenology with hermeneutics provided a new understanding of what may not be cognitively visible within the lived experience of the survivor (Smalley et al., 2009). Same-sex IPV has been defined as sexual, physical, and/or psychological harm to an individual from a former/current partner or spouse that affects the victim's interpersonal relationships, emotional and social well-being, and mental and physical health (McLeod et al., 2010) found that same-sex survivors of IPV suffered from negative mental health issues. These include such disorders as depression, sexual dysfunction, anxiety, and higher levels of stress (McLeod et al., 2010). Incorporating MST within this study contributed to the understanding of how IPV within same-sex relationships contributes to the survivor's maladaptive psychological and psychosocial functioning. The RQs were as follows:

RQ1. What are the lived experiences of survivors of same-sex IPV?

SQa: What are the lived experiences survivors of same-sex IPV with counselors?

SQb. What are the lived experiences of survivors of same-sex IPV and the affect of a therapeutic relationship?

This chapter discussed the findings of my data collection and analysis of the six participants' lived experiences of intimate partner violence (IPV) and therapeutic outcomes. Some examples of therapeutic outcomes mentioned by the participants

included: since going to couples counseling the abuse had decreased, self-esteem improved, and improvement in their mental stabilization. These outcomes were addressed in detail later in the chapter. I also discussed the consistent themes found among the participants regarding minority stress (MST) and how societal micro- and macro-aggressions affected the participants' decision-making in their daily lives. The key findings of this chapter were discussed and analyzed in Chapter 5. The chapter concluded with a summary.

Setting

The setting was either at my office or virtual teleconference via Zoom call. There were no known conditions that would have influenced me or the participants with the experience at the time of the interview/study that could possibly impact the interpretation of the data analysis.

Demographics

The six participants who were chosen for this study presented themselves as very comfortable and motivated to share their stories, even before rapport was established with the researcher. Their body language was open and relaxed, and most maintained eye contact with the researcher. The participants' tone was even and confident, which suggested that they felt heard, understood, and safe to be authentic in their presentation of their lived experiences. The participants' engagement in the interview process and their enthusiasm for sharing their stories with the researcher suggested that they felt understood.

The participants included four women who identified as lesbians and two gay men who described themselves as White. All but one graduated from college; the sixth received her general equivalency diploma. Socioeconomic status - one gay male participant, Matt, reported an income of +\$61,000, and the second gay male participant, Xanthan, reported an income of \$25,000. Of the lesbian participants, three (Sassy, Stella, and Jen) reported incomes in the +\$61,000 range, and one (Aja) reported income within the \$26,000 to \$40,000 range.

Three of the four lesbians in the study were married to a nonabusive partner without children, the fourth is married to her abuser and had three children from a heterosexual marriage, one gay man in the study was married to his abuser without children, while the other gay male participant was a single dad of a 14-year-old son, was never married. The couples had been married from three to 15 years. The following was a brief description of each participant. Each participant created their own pseudonym to maintain confidentiality.

Participant Descriptions

Stella

Stella is a 53-year-old woman who works as a home health care nurse in the eastern region of the United States. She was born to missionary parents, the youngest of four girls. When she was 3 years old, the family moved to Mexico for her parents to attend language school. At age five, Stella and her older sister were left in an orphanage in Honduras while their parents continued their missionary work. Stella remained in the orphanage until she was a freshman in high school, when she was reunited with her

family and brought back to the United States. She was then placed in a boarding school to complete her high school education. After graduating from high school, Stella attended Fundamental Baptist College, where she studied to become a registered nurse. It was during this time that she had her first lesbian relationship. After graduating from college, Stella moved and began working as a home health care nurse. She has been married to her nonabusive current partner for 15 years. Stella's life has been marked by several challenges, including losing her hearing due to a reaction to a childhood vaccine, being raised in an orphanage, and being separated from her family.

Matt

As chief compliance leader of a major hospital in the Midwest. Matt and his husband are now residing in a very small town. Matt is currently married to his abuser for the past 8 years. There is no talk of divorce. Matt explains that they both believe in the sanctity of marriage and due to their religious background of Latter-Day Saints they do not see divorce as an option. Matt is very successful and is a PhD in compliance programs and procedures. Matt stated that his partner is currently an unemployed student and feels he uses him for financial support.

Jen

Jen, a woman in her late 50s, is a recovering alcoholic with a master's degree in social work. She is the middle child of four girls whose parents were both alcoholics. Jen's mother was deeply traumatized by being molested by her grandfather for years, and according to Jen, she suffered from mental health issues. Jen's grandfather was always around the house, and she felt that her mother simply accepted the abuse as normal. Jen's

father checked out of the family when she was a teenager, and after her mother's death, he remarried, he and Jen have little contact. Jen felt like she had to be the "gatekeeper" of the family, always cleaning up messes and putting her own needs aside. She identified as "very heterosexual" until her late 20s, but she feels that she was dysfunctional in her relationships with women because she was not healthy herself. Jen is currently married to a nonabusive woman and has no children.

Xanthan

Xanthan, a 37-year-old, single dad, is a full-time doctoral student. He has led a life of ups and downs, but his son of 14 years is his priority. Xanthan had his son at a very young age with a female friend in the Central region of the United States. They were good friends who had a moment, and she later got pregnant. Xanthan has no relationship with the biological mother of the child because when the child was born they had an agreement that they would go their separate ways and Xanthan would have custody of the child. Through all his occurrences, he is committed to providing a safe and loving home for his son, and he is working to overcome the challenges he has faced in his own life.

Sassy

Sassy is a 54-year-old woman with a master's degree in education. She is married to a nonabusive woman and has been for the past 15 years. Sassy loves working with children, and she has had a variety of occupations throughout her life, including teacher, coach, counselor, army reservist, mentor, and real estate agent. In her interview, Sassy explained that she was "very heterosexual" until she was 25 years old. She engaged in risky sexual and drug behaviors, but it wasn't until she left her hometown and got

engaged to a man that she realized she was a lesbian. One day, a girl kissed her, and Sassy knew that she was "missing an emotional attachment to a woman."

Aja

Aja is a 45-year-old, woman who has a general equivalency diploma and works as a full-time phone representative from home. She grew up in a conservative Baptist family which she defined as a "pretty simple life." When her parents divorced, she was 15, she got married to a man straight out of high school. They had three children, two girls and a boy, they got a divorce in her mid-20's, husband had custody of children. Custody was arranged at first at 100% with the husband and later was changed to 50% for both parents. Aja started going to gay bars and felt that she since the children were so young that her ex-husband would be the better caregiver. Aja is currently married to her abuser and stated that she regrets divorcing her husband. She says it's easier to stay than to leave.

Other Elements of Demographics

Stella experienced such abuse as financial, infidelity, physical, emotional, and verbal. As Stella explained, "And then she started writing hot checks. So, I would cover the money for her. I would take out payday loans. I'd put money on my credit card. It just - I don't even know. I never added up how much money it was." Stella explained the extent of her physical abuse with one partner: "I had broken bones in my feet. I had a bruised sternum bone. Um, had, uh, broken bone in my hand, but I never got medical attention because I, you know, just let them heal." Another time, Stella experienced emotional and verbal abuse: "She would call my phone. Oh my gosh. She would call my

phone and leave voicemail after voicemail. “F..k you! I hate you! F..k you!” You know? And then the next day is “I’m so sorry. I was just mad,” you know?

Matt explained that the abuse did not start till about 2 years in the relationship where the abuse was financial. In the 3rd year of marriage the physical, emotional, verbal, and sexual abuse began, “punching, kicking, bruising.” As Matt explained the situation, he looked very hurt and concerned. Matt stated, “The first night it happened, it was horrible, and I was very bruised from head to toe. He was incarcerated.”

Jen has experienced emotional, psychological, infidelity, coercion, and financial abus. Jen explained (with a frown) how the emotional abuse affected her self-esteem: “Just talking down to me and telling me I wasn’t good enough and ugly and lazy... And then instead of saying, “Hit the trail,” I’d be, like, acting out of fear not to lose her and...”

In his interview, Xanthan explained that he has been in many violent situations with partners. He has experienced abuse that includes being “mortally wounded” (stabbed), and sent to the hospital, verbally abused, emotionally manipulated, and sexual abuse. Xanthan anxiously explained (his began to speak faster) a situation that led to physical abuse:

And I mean, that just escalated, but the thing that finally got it was I called the police. He ended up getting physical with me. Pushing, shoving, kicking. And prior to this I never fought back... And he ended up breaking through my living room window. Xanthan explained the event when he was sent to the hospital:

And I think that's part of it, too, from the things I've been through. I mean, there was one point I was held probably six inches off the ground against a cinderblock wall by my throat, and that was tuff. That was in my early 20's. I don't recall their name really. It's something I've... It was somebody I was seeing. It was early in the relationship. I ended up in the hospital.

Sassy stated that she had experienced financial, emotional, infidelity, sexual, and verbal abuse within her lesbian relationships. Sassy recalled, "Definitely emotionally abusive..." "Took me for granted. Stay out all night and show up the next morning. Irresponsible, I took care of everything." Sassy stated that there were times that sex was used to manipulate her: "And, I mean, I think the last year and half we had no intimacy at all. It was like being with an ice cube." Sassy recalled how she was financially abused in one relationship, particularly when she paid for her partner's tuition to attend the Police Academy who later, became her stalker.

Took me about 6 months with her to figure out she was an alcoholic. Always pissed and annoyed about her job which was a service advisor, I think for Saturn. And then I said, "Well, what do you want to do?" And she wanted to be a police officer. So, I said, "Go through the Academy." "So, she went to the police academy while we were together).

When asked if she paid for it. Sassy stated, "Oh, of course I did." While in the same relationship, Sassy found herself paying for absolutely everything her partner wanted. Sassy stated she, "Paid for most of the house that we had built in St. Charles County." "Well, then she became obsessed with getting pregnant. And so, we did

insemination for 2 years. That was about \$48,000.” Sassy stated that she was left with all the unpaid expenses when she ended the relationship.

Aja moved in with her first girlfriend who owned her own home. Things were good when it was just the two of them. Then the issues began when the children started to visit. Aja explained:

So after about 10 years, and her alcoholism and abuse and, you know, she started treating the kids badly when they were over ‘cause by this time I had 50% custody. The oldest was about 14. And like, maybe eight and six. They didn’t care for her. They pretty much stayed out of her way. It was mostly verbal abuse. Yeah. Yelling, screaming, cussing at ‘em. Callin’ ‘em stupid. She never laid a hand on ‘em ‘cause I wouldn’t have - I would not have tolerated that.

Aja recalled the times in her relationships where she was controlled and isolated, due to her partner being closeted. “She was very closeted, so it was okay to, you know, talk and flirt online.” “But very closeted. Very paranoid.” “So, we couldn’t go anywhere because she was so afraid that somebody would see her.” Aja stated that her partner became verbally abusive:

We argued a lot. And the closer we got, the more verbally abusive she got because I was, you know, I kinda think of it as I was getting closer to her, maybe kinda sorta getting the wall to budge down a little bit. And, you know, maybe it scared her. But she just reacted with being very mean. Just mostly yelling at me, cussing at me, you know, degrading me.

Aja left this relationship, but then she decided that she really ‘loved’ this person and reconnected with her.

So, I - I, you know, very cautiously and gently got back in touch with J..., and she responded. And so, we started talking more and - and getting together. For. minute, it seemed li, okay, you know, it’s gonna work this time. So, we decided to - to be able to spend time together we had to go out of town. So, we went to, like, a - a small resort type thing... for a weekend. And this was about 6 months after we started talking again. While we were there, things got escalated badly. We got to arguing and fighting and then she got very abusive physically. And she just beat me up pretty bad. I had bruise - bruises all over my face. I had bruises on my rib cage. You know, and she told me - and we had driven her car there, so she left, and she told me I needed to find my own way home.

Unusual Circumstances

Originally there were eight participants. An unusual situation came up, when I found out that the first two participants that I interviewed were the same individual. This was a very complicated situation regarding the participant herself. She contacted me the first time via Walden email, we did an interview that was via Zoom with no issues. Her story of IPV was very misleading because it was more about being sex-trafficked and getting into the porn industry than having same-sex IPV. This led me to consider that she would not be a good candidate. Plus, during the interview, she began to breast feed an infant that was in her room, not that this could be not possible within a same-sex relationship. She then contacted me via a different email to my Walden account and when

we were to have our Zoom call, she did not want to be videotaped. This individual had a very distinct accent and after the interview, she asked when she would receive the \$25.00 gift card. I asked her if I had talked to her before (because I heard the infant in the background) she disconnected the Zoom call. It came down to she was just interested in the \$25.00 gift card that I would present after the interview. I know this because she kept emailing my Walden email, asking me about where the \$25.00 gift card was, even after I did not accept her as a qualified participant. I discussed this with my cochair, and she stated that to be safe I should delete both recordings and continue with recruitment. The Walden University Institutional Review Board and Dr. Elisabeth Suarez, a faculty member and coordinator of the PhD in Counselor Education and Supervision program, as well as Walden University Faculty Development, agreed with my co-chair.

Marriage to Their Abuser

Prior to completing the interviews with all six participants, I expected that the participants would have left their abusers. To my surprise, two of the participants were still married to their abusers. Aja explained that even though she was isolated from friends and family it was easier to just stay within the relationship. Aja explained how there was no trust on her wife's side:

You know, not that I have anything to hide, but just being able to spea - you know, talk to friends about... Yeah, the frustration with this. You know? Yeah, I can't. She reads my phone. I'm not allowed to delete anything. So, I can't even have a text conversation. So...

Matt (looking frustrated) stated that he feels some of the abusive behaviors have lessened, but the financial, manipulation, and lying still occurs. His husband still has not gotten a job or gotten his general equivalency diploma. Due to religious beliefs, divorce was not an option.

Child Custody

Another expectation regarding child custody prior to the interviews was that custody would be an issue due to being gay, not because of the abuse by a partner. Following the MST, I expected that some of the issues would include, discrimination, no legal representation, denied custody because of being homosexual therefore, the heterosexual parent would be for favorable, and possible negative impacts on the children of gay and lesbian parents. Within this study none of these applied. Custody applied to only two participants: Aja and Xanthan. Aja had three children from a previous marriage to a heterosexual man. Xanthan had a special moment with a friend who later gave the baby to him to raise. Aja's ex-husband got 100% custody in the beginning and then it went to 50/50. Xanthan had 100% custody from the start. There were no custody issues that would be related to being gay or lesbian.

Data Collection

This chapter represented the data collected from six participants using in-depth semistructured interviews, each approximately 90 min long. Two of the interviews were obtained via Zoom and were recorded within the Zoom application due to the participants being out of state. Four of the interviews were in person at my private practice office, located in Florida and were recorded with a recording device which were downloaded as

MP4s. During the interviews I wrote field notes by-hand on each participant that were compared to the professional transcription. All data recordings were sent to an approved transcriber and were later emailed to me as PDFs. The data were analyzed using thematic analysis.

I wrote field notes to back up any issues with audio recordings or misunderstandings within the transcriptions. I used field notes to make comments about nonverbal cues, environmental contexts, minority stressors, and other impressions that cannot be conveyed over the audio recording. Using my field notes, the transcription, and recordings created data triangulation adding credibility and validity to the study. Member checking was addressed by offering the participants to go over their transcripts.

Each participant was debriefed after the interview (as stated in chapter 3) to answer any questions or concerns that the participant had after the interview process and to have the participant sign a disclosure form where they agree not to discuss the study (see Appendix E). A copy of the disclosure agreement was given to each participant, either via email or in person. Each participant was offered additional counseling within their region if they were experiencing any emotional distress due to bringing up past traumatic events. All declined additional counseling.

Data Analysis

This chapter exhibited the rich findings obtained from six in-depth interviews. The results of this study provided a greater understanding of the scope of experiences of the participants regarding survivors' experiences of IPV within same-sex relationships and counselor competency. The experiences that I addressed regarding IPV among same-

sex relationships was physical, emotional, sexual, and financial abuses. The experiences that I addressed regarding the survivor's perspective of counselor competencies were the participant's therapeutic outcomes, feeling understood, trusting the process or not trusting the process, and whether the participants were continuing counseling.

I addressed my RQs by rereading the data to organize themes. I used different colored markers to identify words or phrases such as "help-seeking" or "consequences of abuse." As I coded my themes, I wrote side notes of my thoughts, concerns, impressions. I then organized the themes and created a narrative that answered my RQs. Finally, I reflected on my findings regarding the gaps in the literature and the implications for future counselor competencies. I organized my findings with headings to demonstrate themes related to MST as well as other themes that relate to my populations. Again, my RQs were

RQ1. What are the lived experiences of survivors of same-sex IPV?

SQa: What are the lived experiences survivors of same-sex IPV with counselors?

SQb. What are the lived experiences of survivors of same-sex IPV and the affect of a therapeutic relationship?

Evidence of Trustworthiness

Credibility

Establishing credibility within a qualitative study is very important because there is a higher probability for bias. In my Chapter 3, I stated 10 steps that I followed to create a rigorous research design. First, I established specific procedures within my interview protocol (see Appendix C). I focused on the interview to gain knowledge about their

experience. I also created a semistructured interview protocol that allowed me to ask the participants about their personal and relationship background, the types of abuse and help-seeking, and their counseling experience/outcomes.

Secondly, I narrowed the sampling size to only include those individuals who identified as gay or lesbian. I then researched the gay and lesbian culture and how I could include MST to explain how these stressors affect this population. Third, I provided a diverse sample that could represent a larger population. On the fourth and fifth steps, I looked for themes among the participants and I included only those participants who were willing to tell their story. Steps six and seven, I set up debriefing sessions with my committee chair, but I did not include the participants within these sessions. The participants were debriefed after the interview to make sure they had no concerns about the study. I considered all feedback from my committee chair and methodologist and made the appropriate revisions.

Furthermore, in steps eight, nine, 10, and 11, I was transparent with my research methods that included an explanation of my RQs, data collection, and data analysis. I reduced any bias by using multiple data collection methods: recordings, field notes, and interview transcripts. These methods established triangulation of the data collected both methodologically and theoretically. My literature review shows that I used comparable studies as resources to look at my findings and possible alternative explanations. Through the lens of MST.

Transferability

There were no adjustments to the strategies mentioned in Chapter 3. I did the following: (a) I explained the boundaries of the study: 18 years or older, identify as gay or lesbian, and must have had at least 3 months of counseling by a licensed clinical mental health counselor, (b) there were no constraints on the participants who were in the study, (c) the size of the sample was eight with four women and two men, (d) the data collection method used was semistructured interviews, and (e) the participants were interviewed only once with each interview having a 90-min time limit.

Dependability

There were no adjustments to the strategies mentioned in Chapter 3. I completed the following: (a) described the process, (b) addressed the particulars of the data collection process, and (c) provided a reflective evaluation of the efficacy of the interview protocol provided within the introduction and method section.

Confirmability

There were no adjustments to the strategies mentioned in Chapter 3. First, I recognized my personal biases and found that since I have clients within this population, I have no biases or judgments, not that I expected these individuals to be like my clients, I did expect that there would be some similarities. If I found that I questioned something that was said by a participant within the interview, I would ask the participant directly so that I had a confirmed understanding. Second, being reflective within the commentary (as seen in my field notes) of my outcomes by seeking feedback from my committee chair, transparency, and by using a critical lens of having no assumptions of the outcomes. The

audit trail was systematic; I used data memos, wrote about my data collection, and kept a journal of events during the selection of the participants and the interpretation of the findings.

Results

In this section, I describe the themes that surfaced during the analysis.

Theme 1: Consequences of the Abuse

Each participant suffered different consequences from the abuse by their intimate partners. These included subcategories of self-esteem issues, loss of self-respect, and loss of trust, among others. Jen recalled how her self-esteem was destroyed:

Then I ended up meeting a girl, and we ended up going to Durango, Colorado. I lived out there for quite some time. But same thing. She was emotionally abusive. The way she talked down to me and mostly psychologically abusive, you know? Sometimes it'd be easier to just to get smacked. "Cause of those kind of scars.

Jen recalled with an aggressive tone how she gets triggered.

Yeah, kinda just beaten down. And thinking I didn't deserve any better. So, it was funny that after all that after, you like, 15 years I got triggered by "I didn't fix supper" cause I was at work, and then she was sitting at home with her fat ass. It's like, boom, something just came over me.

Stella recalled her physical injuries, her emotional instability, loss of property and loss of self-respect. Questioning her sexual identity and beginning to date men were also impactful changes:

So, after Stacy, I was- that was number two. I was - I stayed single. Well, I dated, but I was single for 4 years. After all that I was like, “Maybe I do like men.” (Laughs). Yeah! So, I started dating men, but, you know, they would wine you and dine you and then as soon as they wanted to have sex, I was like, “Ah, I’m out of here,” (Laughs).

Aja spoke of how she has many regrets when it comes to her children and her abusive relationships. One of the biggest consequences of abuse for Aja is that she has lost her relationship with her children and grandchildren since her last marriage. She said that this is not because of being a lesbian; it is due to the children not approving of her present wife and the abuse inflicted on her:

And since we got married so suddenly, my kids were not pleased with that... ‘cause they weren’t pleased with her. So, they’re not speaking to me. Yeah, my daughter lives in the area, living with her grandma now, but, you know, the boys are out of state. So - and I have two grandbabies now...with my son that’s in the military. So, I haven’t even (looking upset) - I saw one when she was first born, but I haven’t even seen the second one yet...because there’s too many things we have to work around to (eyes start to wonder to the right) - she has no interest in going out there. She doesn’t want me going away that far that long, and so...we just FaceTime a lot.

Shame was big for Aja, after the brutal attack by one of her girlfriends. She stated that she had to hide the truth from her friends and family. She was so embarrassed and blamed herself for allowing this to happen (appears drawn inward). Sassy had endured

many different consequences due to abuse by an intimate partner, including loss of property, loss of self-esteem, mental health issues, and loss of self-respect and trust. Out of all these consequences, Sassy recalled very angrily that the one time that really affected her was when her girlfriend left her to pay all the bills:

Then she moved out of our house and was going to leave me with the mortgage and all the expenses and the credit cards that have been run up for 2 years of inseminating. So, I had to file bankruptcy which forced her into bankruptcy. But I didn't have a choice, and I wasn't going to take the whole - I wasn't going to have her take me down with it. (angry tone)

Xanthan explained that he had experienced many different consequences of abuse by an intimate partner, including mental health issues, loss of property, temporary loss of custody of his son, and hospitalization. What really resonated with him were the triggers that he lived with caused by the physical abuse:

Don't touch me on my chest. Don't come at my throat. You know, and sometimes I would just take his hand and move it down or move it to where it was a safer space... That doesn't mean you can't try la - you know, don't keep on over and over and over within split seconds, but I know me. I need to get my body and my mind's memories to sync up (rubbing hands together).

Fidgeting, Xanthan recalled how his self-esteem was affected by the emotional, verbal, and sexual abuse. He said, "But I still wonder, am I good enough?" Matt, moving closer to the microphone, said that he had found that most of his triggers from the consequences of the abuse by his husband have faded. Matt recalled, "Yeah. It's very difficult, I mean

it was before, but even more so now whenever I see someone being abused like on television. I just leave the room a lot of the time.”

Loss of self-esteem, self-respect, and trust were subcategories of the Consequences of the Abuse theme. Five out of the six participants reported loss of self-esteem after the abuse, and four out of the six participants felt that they lost their self-respect. All six participants after the abuse expressed that they lost the capacity for trust. Table 1 illustrates the consequences of abuse described by the participants

Table 1*Consequences of Abuse Reported by Participants*

Participant	No. of years married to their abuser	Consequences of the abuse	No. of children (circumstances)	Alcohol and substance abuse by abuser
Jen		Lost property she didn't deserve better. Left relationship due to abuse. Stayed alone for a while. And homes Self-respect - acted out of fear. Self-esteem - Felt loss of trust of others.	0	Yes
Stella		Broken foot and wrist, panic attacks/anxiety, went on medication. Self-esteem issues Loss a full home of furniture, self-respect, and trust. Left relationships due to the abuse.	1 (partner got pregnant while cheating; does not know what happened to the baby).	Yes
Aja	10	Feels guilty for putting her children within her relationship and verbal abuse. Self-esteem issues Regrets that she just didn't stay married to her husband. Regrets that she does not have a relationship with her children and grandchildren. Felt embarrassed and ashamed that she went back to Jenn, just to break up.	3 (from a former marriage)	Yes

Participant	No. of years married to their abuser	Consequences of the abuse	No. of children (circumstances)	Alcohol and substance abuse by abuser
Sassy		Almost was arrested due to her partner's brother selling drugs. Panic Attacks & High anxiety Self-doubt - afraid of losing people.(Self-Esteem issues).	0 (insemination for 2 years did not work)	Yes
Xanthan		Loss of self-respect and trust. Loss of personal property and homes Got involved in a love-triangle (was the last one to know) Left all 4 relationships due to the abuse. Mental health issues - psychosis, became agoraphobic, flashbacks (negative internal dialogue). Self-esteem issues Loss of trust, property/homelessness. Physical health—was put into the hospital due to abuse. Left relationships due to the abuse.	1 (14-year-old boy)	No
Matt	8	Cannot watch TV/movies that show people being abused. Feels he has trust issues.	0	Yes

Theme 2: Alcohol and Substance Abuse by Abuser

Within this theme, five out of the six had intimate partners who abused alcohol or drugs within the relationship that escalated the abuse. Jen stated that she had the tendency to pick drinkers, “Or addictive personalities.” (Right. Well, and Lee and I actually - she was in recovery at a meeting. She had just started and I - I had seen her at church, but I didn’t know that. And then... I broke the rule. You’re never supposed to be...dating somebody that hasn’t been in recovery at least a year. Then everything - oh... So, I guess it wasn’t that healthy. Exactly. And then she said - and then I thought, “I better marry her before someone else gets her. “it’s like. Duh.)

Stella explained how within one of her intimate relationships her partner began to use ecstasy and alcohol which led into a gambling addiction. (So, the relationship continued and then she - we moved in together and we got a place together, but it was three bedrooms. So, each had our own bedroom, and we were kind of in a relationship and kind of doing our own thing. She was. I wasn’t seeing anybody else. But then she started using ecstasy. Um, then started drinking. And at first it was socially because she started gambling and as long as you were at a table gambling, they were bringing drinks... So, I - and then I had moved. I bought my own house in the country and, uh, that’s when she - the drinking got worse and worse. I think she got a DWI or a DUI and would show up at my house at three or four in the morning, honking the horn, pounding on the door. And that’s when she was really getting violent. So-.)

Aja recalled her first relationship that lasted 10 years which ended due to her partner being an alcoholic. “But then early in our relationship - we were together about 10 years. But she started drinking, became a - bad alcoholic.”

Sassy recollected the relationship she had with the girlfriend to whom she was paying for artificial insemination.

Well, then she ended up getting a job in my middle school as the school resource officer. Yes, which was insane. And so once again I became the mother. She’s very selfish, very self-absorbed. Her, her, her, her. Drink, drink, drink. Drunk, drunk, drunk. Pass out. At my godchild’s - at the girl’s - my first godchild -- the girl’s shower... She got mad because Andrea who was her best friend that was pregnant with my godchild, Katie, who just turned 21 -- love her. I’m aunt Sassy. Angie was jealous that they were friends with somebody else and got so drunk she fell through the gift table while we were there. It was, like, really awkward.)

Matt explained a night of partying that went had a disastrous end:

So, the physical abuse, it was very obvious what, well there was, I think there was kind of two things that triggered it, but... We, at first, I don’t think it was that much of a trigger, but it led to the second. We had introduced some threesomes into our relationship which was not necessarily healthy and were actually in Florida... And it didn’t go, nobody was coming home, he started getting angry, we had been drinking... And I am like, “Why are you angry?” And that’s is when the physical abuse occurred.)

Subcategories

Number of Heterosexual Relationships

Number of heterosexual relationships refers to the period when these individuals did not identify as gay or lesbian they had not come out during this time. Among the six participants, all but two (Stella and Matt) did not have a heterosexual relationship. I provide quotations from the participants regarding their experiences. Jen recalled the times of partying before the age of 25, “So, and then - and I was very heterosexual. I don’t know how I didn’t get pregnant. I’d be at parties where we were all drunk and passed out and everybody would’ve slept with everybody else. It’s like, oh my God. It was crazy.” Aja got married right out of high school, “I actually got married to a man out of high school. And because that’s what we were supposed to do.”

Sassy explained that she was “very heterosexual until the age of 25.” She recalled how heterosexuality was imbedded due to the strict Catholic upbringing, “I was, you know, raised to get married, have babies.” Xanthan recalled his “Disney moment.” (Pretty - well sort of. My son’s mother and I - I never really believed in soul mates. I don’t get all philosophical and religious. But when I met her, so much changed. There was just magic. I don’t know how. It was my Disney moment, and it was a night of good friendship, some booze, and some mistakes. I mean, I wouldn’t say mistake. It was an unplanned pregnancy, how about that?)

Number of Repeated Abuses

This theme was consistent among all participants, regardless of whether repeated abuse occurred in the same relationship or different relationships. As shown in the themes

of married to the abuser, consequences of the abuse, and alcohol and substance abuse by the abuser, quotations from participants support the occurrence of multiple abuses. This will also be proven in the theme of types of abuse, as many of these abuses are patterned within the relationship.

Number of Times Help-Seeking

No matter the type or extreme of the abuse, only two participants (Xanthan and Matt) called the police and filed charges against their partner. The four female participants chose to protect their partner, keep to themselves about the abuse, or were afraid to call the police due to possible retaliation from their partner. The following patterns for those who did not call the police were as follows: Jen - she would leave for a few days or for good, Stella - found support from friends who helped her get a restraining order, Aja - found support from a close friend and lived in her basement for a year, Sassy - tried to psychoanalyze herself with self-help books. Many of the quotations are mentioned within other themes.

Type of Abuse

The types of abuse within same-sex domestic violence situations are very similar to those within a heterosexual relationship. There were some distinctive differences, these were the fear of being outed, fear of losing friends and family, threats of loss of employment because of being gay/lesbian, and fear of not being believed or mistreated by authorities.

Jen - Spoke about her fear of losing her friends and family, so she would hold on to the intimate relationship due to her lack of self-esteem and self-respect. Originally,

Jen's father after she outed herself to him "checked out" from the family. As time went on, he became accepting, "Yeah, he is very accepting of Lee, and we all go to the family gatherings together."

Stella - During a violent incident where she got multiple injuries would not call the police out of fear: "Right. And people would ask me "Why don't you call the police?" And I'm like, "I can't do that. "You know?" During the same incident: "I was so scared of her at that point. I've never - I've never had more fear in my life and it's just weird how when - once that fear starts, it gets worse and worse and worse." Stella talked about when she outed herself to her parents, she was 34. "So, when I finally did come out to my parents, that's when they disowned me totally."

Aja - After a violent incident, Aja did not call the police, she instead called a friend who wanted to take to the hospital. Aja blamed herself, "I just felt like I just better leave her alone. You know, I felt like part of this was my fault. I brought it out."

Matt - about the fear of exposure within the small community he presently lives in when expressing his thoughts about getting counseling. "Um, that's definitely what I would look for, someone who has more experience, who has worked with gay couples more than--So, that would be definitely out of Wyoming."

All participants stated that their main concern about the IPV was their safety and how to deescalate the situation. Table 2 provides a breakdown of the heterosexual relationships, repeated abuses, types of abuse, and help-seeking behaviors reported by participants.

Table 2*Heterosexual Relationships, Repeated Abuses, Types of Abuse, and Help-Seeking**Reported by Participants*

Participant	No. of heterosexual relationships	No. of repeated abuses	No. of times help-seeking	Types of abuse	Religious influence	Minority stress (societal)
Jen	Many	Many-all	Therapy/no police	Emotional and psychological, abuse, financial, was cheated on, was put down in public, manipulation/mean.	Catholic	Had sex with many men because that was what society wanted.
Stella	0	Many-all	No police/hospital	Financial, emotional, violent physical attacks, mental illness (2-partners), would threaten suicide.	Baptist	Kept being gay quite to family and employer. Homophobic parents.
Aja	1	Many present	Went to a friend to stay/no police	Alcoholism, verbal abuse, screaming, cussing, controlling-no social life, being degraded/berated, physical, trust issues.	Baptist	Felt she had to get married out of high school and have children.
Sassy	Many	Many-all	No police, no hospital. Self-help books, counseling	Alcoholism and drug abuse, emotional and financial abuse, animal abuse, was cheated on, controlling/rules, spread rumors at job	Catholic	Had sex with many men felt that was how it should be. Societal influence.

Participant	No. of heterosexual relationships	No. of repeated abuses	No. of times help-seeking	Types of abuse	Religious influence	Minority stress (societal)
Xanathan	1	Many-all	Police partner was incarcerated. Counseling and medication. Domestic violence intervention course, in-home therapy.	to degrade her, was stalked, manipulation and neglect. Domestic violence, stabbed, shot, beaten up, emotional/physical/psychological manipulation,	Multiple	Being a single gay father - custody issues
Matt	0	Many-present	No hospital (would've gone though), Called police and partner was incarcerated, couples counseling, individual counseling.	Punching, kicking, hitting, bruising, explosive anger, very demeaning, lying, choking	Mormon	Living in a very small town, would not be able to get counselling in his area. Homophobic town

Healing After Abuse and Counseling

This category explained how the participants sought professional counseling.

Matt explained that he lives in a part of the country where counseling isn't as popular, so he found other ways to work on his relationship with his husband. "I honestly went and found some books on Amazon on relationship building. And having constant communication. You know, I think that's my approach and lets just talk about things. My

husband on the other hand, is definitely to run away from issues. If you don't want to talk about. And it will resolve themselves.

Xanthan explained how he found an in-home therapist while he was suffering from agoraphobia after another abusive relationship. "It's wonderful, I mean, for the people that need it that aren't going to kill you, let's be honest." "Three of my psychiatrists were men, but I had mostly women therapist." Jen was associated with Alcoholic Anonymous over 30 years. She also felt that she could "therapize" herself through self-help book and going to retreats. Her wife still attends individual counseling on and off when she feels she needs to talk. Jen and her wife currently go to couples counseling. They go to a heterosexual female counselor that was referred to by a lesbian friend. Explaining their counselor, "She did marriage and family also. She did the whole kind of gambit. I guess, very holistic therapist I would say."

Aja stated that after her beat down from her past relationship, she went to therapy. "She was a really tough one to shake. So, I actually went to therapy for about 4 months." "Probably what I learned the most - what she helped me with the most was to recognize the red flags and how easily I could - I could slide back into another relationship with that same type of person."

Sassy explained after the second police officer she decided to reach out to a therapist who performed eye-movement desensitization, repossessing (EMDR). "Now I will say the year of EMDR therapy I did after that because I ended up... And I ended up building the house by myself. The lot after 4 years was there. It was my sanctuary." It was the best thing for me."

Stella claimed she faced a lot of healing after each of her abusive relationships. Either by seeing a psychiatrist prescribe her anti-anxiety meds, medical doctors for Graves' disease, police/law enforcement, and various therapists over the years.

Counselor Competency

This category explains if the participant felt understood regarding being gay or lesbian within the therapeutic process. This category also relates to what is needed to improve counselor competencies.

Matt: stated that he and his husband went to couples counseling and then individual counseling with separate counselors. They did this for about 7 months and found that the counselor only wanted to focus on the abuse and not relationship building. Due to where they live there is not a very large gay community,

definitely probably not a forte for the counselors. Yeah, absolutely. I don't think they knew necessarily how to approach us. I mean, I have done, I did some personal therapy 15 years ago, and the therapist, he was a psychologist, and he was also gay so he could relate and take a different approach. But you know it almost became a little uncomfortable talking about some of the issues between us, but there is some things that still probably need to be addressed that some therapy could help. I mean, besides doing it ourselves." I would definitely be looking for someone who has experience with LGBTQ [lesbian, gay, bisexual, transgender, and queer/questioning] couples. I do think that that was a big stressor, and we probably could have gotten through more if feeling more comfortable and open

with the therapist. Um, that's definitely what I would look for, someone who has more experience, who has worked with gay couples more than.

Xanthan stated that he has had many different therapist and psychiatrists over the years. He feels that most of his counseling experiences were positive and stated that when he had to leave them, he would suffer from abandonment issues. He talked about a therapist who he really respected and felt heard him.

But then I got with Dr. Crater - oh my gosh, she got me, too. She was older but she got me. And she came from a completely different perspective. She was not from my area. And Dr. whatever her - the first doctor I had was - she was Asian descent... and was younger. And I liked her, and she had an understanding of LGBT [lesbian, gay, bisexual, and transgender]... needs and whatnot.

Jen explained she and her wife were very happy with the results of their couples counseling. They've been going for over a year

and it took me a long time to realize I had a choice." Cause some couples counseling is rough and let me tell you something. If you're not prepared, it doesn't go well. It doesn't, you know, it's like a position heal thyself. Some weren't so good. But we got lucky." "Cause, you know, here we have a life together. We have a great house, and we have a pool and we worked hard to get it where we wanted the dogs.

Aja remembered her first therapist, a woman, after her worst abusive event. Aja felt that she understood her needs as she explained, "You know, I thought that she was really great. She understood what I had gone through with Jenn and any past

relationships. So, she was very helpful in that area.” When asked if there was anything else, Aja stated the following:

I think that it also really helped me with my present relationship. We - we do have really good communication, and we - we realize that we just have each other for who we are and work out everything else through communication.)

Sassy explained her counseling experiences as frustrating, “I never had really good ones. They were just - I won’t call it even talk or Rogerian therapy. It was just talking about what was going on and...” When asked if she felt the therapists looked at her differently because she was in a lesbian relationship, Sassy said.

Yes, and I guess that’s possible. I don’t know if I really looked at it ‘cause I don’t know that I noticed anything. Maybe they didn’t take the relationships seriously. But there’s a lot of therapists out there that aren’t so good.

Sassy felt that she was not seen as different by her therapists. Sassy has considered going for couples counseling with her now wife. She feels that the EMDR was the best option for her and that if she feels she needs that again she will do it.

Stella recalled her first therapist she went to, claiming,

The first therapist I went when I was with Dawn, she - she was wonderful. Yeah, I could tell her everything and anything and, um... Well, she was a straight woman, but very loving and very understanding. [She was\] very compassionate. Then she saw a gay woman and they were able to talk about everything that has happened in Stella’s’ life.

Table 3 is a breakdown of the Healing After Abuse, Counseling, and Counselor Competency subcategories.

Table 3

Healing, Counseling, and Counselor Competency Reported by Participants

Participant	Healing after abuse	Counseling/therapy	Counselor competency
Jen	Meditation/retreats; stayed single for a long time.	Couples counseling	Felt understood.
Stella	Psychiatrist, medication	1. Christian counselor. 2. Therapist. 3. Therapist.	Felt not understood. Felt understood Felt understood.
Aja	Saw a therapist.	Individual counseling	Felt understood.
Sassy	Psychiatrist, medication, EMDR	Couples counseling (still going)	Felt understood.
Xanthan	Saw a psychiatrist and uses medication.	Has been in therapy since his early 20s.	Feels understood.
Matt	Relationship books on couples	Couples and individual therapy-different therapist	Feels understood.

Note. EMDR = eye-movement desensitization, repossessing.

Interpretation of the Themes According to Van Manen

This study was based on the method for interpreting themes according to Van Manen called hermeneutic phenomenological analysis. There were several steps that were considered prior to the interpretation of the themes. These were bracketing, focusing, seeing with a poetic eye, writing descriptions, thematizing, and interpreting the themes (Van Manen, 2014). In this section, I discuss these steps starting with the importance of bracketing according to Van Manen's method. I then focus on the text with a poetic eye, writing descriptions, thematizing, and interpreting the themes. I conclude

this section by discussing the limitations and challenges of Van Manen's research method.

Bracketing

According to Van Manen (2014), bracketing is a way of self-reflection of your own biases and assumptions. In this case, I had to self-reflect on my own experiences and beliefs about the different types of abuse regarding same-sex IPV. Looking at the common themes described by the participants and how IPV among gays and lesbians is a complex and multifaceted phenomenon, that needs to be addressed and was not a simple issue. If the mental health counselor is not experienced in treating gay and lesbian individuals, they may miss the cues of fears of coming out or being outed, isolation and lack of support, and may have the misconception that same-sex IPV is the same as heterosexual IPV. These misconceptions by the counselor would have devastating consequences for the abusee that include but may not be limited to emotional and psychological trauma due to the lack of understanding by the counselor.

As a trauma therapist, I am constantly aware of being in a position of nonjudgment towards any type of abuse. As the researcher, listening to the lived experiences of my participants, I found that each participant's experience was their own. Meaning, even though there were alike themes among the participants, each participant was affected differently. For example, the theme of "consequences of the abuse," each participant shared their similar experiences, each were affected differently. Some participants isolated themselves, stopped dating, suffered from anxiety and low self-esteem, and self-destructive internal dialogue of not being good enough or not being

accepted. As the researcher, I had no assumptions of how the participants would be affected by their experience. I entered this study with the notion that IPV would fluctuate among the participants therefore, I was open to hearing their stories.

Focusing

As the researcher, I needed to be mindful of the possibility of missing important details in the themes, so I focused carefully on the consequences of IPV and their perceptions of counselor competency. I focused carefully on how each participant explained their therapeutic outcomes and if these outcomes helped either the individual to cope with the abuse (trauma) or the couple to work out their issues. I listened to each participant's story, focusing on how they explained the consequences of abuse, how they sought out counseling services, how they were understood or not understood, and if they were living with the therapeutic outcomes (positive or negative).

Seeing With Poetic Eyes

This step is a process where the researcher uses their imagination to look at the consequences of abuse in a different light. I did this by putting myself into their shoes, trying to place myself within their lived experiences. The purpose was to help me to develop a more empathetic perspective to better understand the impact of abuse on their lives. Also, to get a better understanding of their counseling experience. How does it feel like to not be understood, to be judged for being gay/lesbian, and possible feeling like a "other" within society. This step can be very challenging for the researcher because it is a skill that is not always clear or accurate (Van Manen, 2014).

Writing Descriptions

In this step, I would need to use words that will describe the essence of the lived experiences of abuse. Words that would portray the emotional impact of the consequences of the abuse. According to Van Manen (2014) it is important that the researcher uses words that are vivid and evocative.

Thematizing

Like focusing, thematizing is the way the researcher identifies the themes in the data. Looking at the patterns of how the participants explained the abuse, listening to the consequences mentioned more than once, and the emotionality of the participant.

Interpretation of the Themes According to Minority Stress Theory

According to Van Manen (2014) interpreting the themes means asking questions such as how does the consequences of abuse affect the lives of the participants? These questions were considered when responding to the RQs, as I looked at the short-term and long-term effects of the abuse. In Table 1, I listed common themes among my participants that coincided with my literature review and RQs, these include married to their abuser, consequences of the abuse, the number of children, heterosexual relationships, number of repeated abuses, the number of times help-seeking, types of abuse, alcohol and substance abuse by abuser, religious influence, minority stress, healing after the abuse, counseling, and counselor competency.

Although there were commonalities among the participants, the diversity of their experiences helped the reader to understand the lived experiences of everyone. In my interpretation of these themes, I noticed that many of the participants made decisions

based on what would be considered societal norms that related to minority stress. After reexamining my literature review this confirms that gay and lesbian individuals experienced high levels of minority stress in their daily lives that affect their mental and physical health.

As mentioned in Chapter 3, the purpose of MST inclusion allowed me a complete understanding of how societal contexts such as internalized homophobia, discrimination, and stigmatization contribute to the survivor's maladaptive psychological and psychosocial functioning. MST increased the understanding of the lived experiences of the same-sex survivor of IPV and their worldview by exploring the individual's perception within the context of their social environment.

Internalized Homophobia

As mentioned in Chapter 3, the purpose of MST inclusion was to allow me to have a complete understanding of how societal contexts such as discrimination, internalized homophobia, and stigmatization contribute to the survivor's maladaptive psychological and psychosocial functioning. MST increased the understanding of the lived experiences of the same-sex survivor of IPV and their worldview by exploring the individual's perception within the context of their social environment. I provided quotations of the participants that illustrated multiple perspectives of their lived experiences.

I begin by discussing internalized homophobia, which is defined as either conscious or unconscious thoughts or attitudes towards oneself among individuals who identify as gay or lesbian. Being gay or lesbian is a process of self-discovery, acceptance

of oneself, facing the daily challenges, and learning about love and sexuality.

Unfortunately, internalized homophobia can manifest itself as negative self-talk, denial, shame, or fear that may interfere with a joyful life.

Stella: “Actually beat Graves’s disease, but one of the things that, um, I had to come to terms with, in order to heal, was to come out.”

Sassy:

I was, you know, raised get married, have babies. Not barefoot and pregnant in the kitchen, but my mother did have that mentality. But so I was engaged. Dated a lot, very heterosexual until I was 25, and then I got engaged. And I thought, God, I shouldn’t be depressed like this. I should be happy. And then a girl kissed me, and I figured out what I was - I was missing that emotional attachment with a woman. So, I think I got in relationships with women who adored me and worshipped me and chased me. And then I either took care of them like I did my mother, or I was always trying to fix them, and I was a love addict because I didn’t get enough love from her.

Jen: “But my pattern with woman was dysfunctional.”

Xanthan: “I have flashbacks sometimes. Normally its internal dialogue. It’s negative self-talk.” (Being gay in a horrible relationship). “But I still wonder, “am I good enough?”

Discrimination

Discrimination is defined when a person or a group are treated unfairly due to such reasons as gender, age, race, or sexual orientation.

Stella: when talking about a patient who asked to see a picture of her partner, “So, she’s like, “Oh, can I see a picture?” So, I showed her a picture and then left her and got a phone call from my boss. She said, “Stella, “so - and - so doesn’t want you back again.” I’m like, “Why?” “Because you’re gay. “I’m like, Oh my God.” Stella (when she came out). “So, when I finally did come out to my parents, that’s when they disowned me totally.”

Matt: “Like my mom won’t be friends with us on Facebook because her new neighbors might see that her son is gay.”

Xanthan: Relating to socioeconomic status: “Even when we had nothing. And I can remember growing up poor. I didn’t even know we were poor until somebody pointed it out because we had everything.”

Stigmatization

Stigmatization can cause a person to feel inferior of different. Considered as a “other” within society. Sexual orientation stigma can label gays and lesbians as deviant or immoral.

Stella: (when explaining her father’s reaction to her coming out) “You know, You can turn around right now, and tried to get me to go to conversion therapy.”

Jen:

After 26, I realized I was a lesbian, and that’s when I started... That’s - that’s when I - that’s when I came out. I - my dad checked out, and then he immediately remarried someone else. I was looking for love - I was looking for love in all the wrong places.

Aja: (after a physical attack) “You know, I felt like part of this was my fault. I brought it out.”

Religious Influence

Religious influence is usually imbedded within the individual’s upbringing. These included beliefs, rituals, moral, ceremonies, and social environment or community.

Stella: “So, I grew up in a very fundamental, independent Baptist home. So, very religious. Um, went to a Baptist college, University.”

Stella explains after she came out to her parents, “In fact, for -- shortly after that conversation, I started to get nasty letters from him. You know, “Fire, hell, and brimstone. You’re going to go to hell.” Stella explains the strong hold religion had on her.

Because when I was diagnosed with Grave’s disease, I realized that I had to unbrainwash myself from years and years and years of religion. A lot of studying, a lot of researching, a lot of, you know - I had to dig into the Bible myself to find my own answers, you know? Yes. That definitely had the biggest hold on me. Definitely. Overcame it. There was so much freedom. Like, I’d finally got to the point where I knew what I believed, and I knew who I was and I was perfectly okay with that.

Sassy: “My mother was very strict. High French Catholic. But I think part of that was my family conditioning with the Catholicism.” Committed. Don’t give up. Make marriages work, you know? And I think I saw that with my parents...”

Aja: Aja came from a Baptist home and had one heterosexual relationship. “I actually got married to a man out of high school.” Aja explained, “And because that’s what we were supposed to do.”

Matt: “You know in the Mormon religion you live a straight line. After the abuse, it I think both of us are big believers in marriage and we thought that we would give that a try to see if we can move forward.”

Xanthan: “And I was like, I Like it because you know, prior to that I had been a preacher. I sang in church. I preached Seventh Day Adventist, Baptist, and Episcopalian - or no, Methodist.”

Help-Seeking Outside of Therapy

Within this study, help-seeking outside of therapy is related to finding support by friends, family, etc. other than police.

Stella: (after physical abuse)

And people would ask me, Why don’t you call the police? And I’m like, I can’t do that. You know? So, then I stayed at - I was staying at a friend’s house because I didn’t want to be staying at my home by myself in case she showed up.

Aja: (when asked if she called the police or went to the hospital)

No, I didn’t. I just felt like I just better leave her alone. But I just - I knew, you know, after 10 years it wasn’t gonna get better, and I finally decided I had to get out. So a friend of mine actually let me move into her basement. So that was a - a huge help to help me get out of that situation.

Matt: (vividly recalls the first time he called the police to report the physical abuse by his husband) “The first night it happened, it was horrible, and I was very bruised from head to toe. He was incarcerated.”

Xanthan: “The police arrived, and he went to jail and whatnot. And I did the whole, Maybe I should bail him out,” and what not. I didn’t but...”

As shown in Table 4, the experience of minority stress for participants encompassed internalized homophobia, discrimination, stigmatization, religious influence, child custody, and help-seeking behaviors.

Table 4

Minority Stress Reported by Participants

Participant	Internalized homophobia	Discrimination	Stigmatization	Religious influence	Child custody	Help-seeking
Stella	X	X	X	X		X
Sassy	X			X		
Jen	X		X			
Aja			X	X	X	X
Matt		X		X		X
Xanthan	X	X		X	X	X

Summary

Within Chapter 4, I provided a review of the RQs and the purpose of this study which was to explore the experiences of survivors of IPV in same-sex relationships who are and have received therapeutic counseling for at least 3 months. The findings of the study revealed that these gay and lesbian individuals experienced a wide range of emotional, psychological, physical, sexual, verbal, and financial abuse. They also reported that they felt embarrassed, ashamed, isolated, afraid, and inferior.

Trustworthiness was established by being transparent, reflective, and collaborative. The RQ and SQs were supported by the data. These findings have implications for theory, practice, and education for up in coming mental health counselors who plan on treating the gay and lesbian populations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of individuals in same-sex relationships (gay and lesbian) who were survivors of IPV and have received therapeutic counseling. Despite increasing rates, the help-seeking behaviors of those individuals in interpersonally violent relationships are low (Helfrich & Simpson, 2006), and the therapeutic outcomes are compromised (Basow & Thompson, 2012; Kulkarni et al., 2012). Researchers contended that there was limited understanding by trauma counselors of the problem and severity of same-sex IPV (Puckett & Levitt, 2015; Starzynski & Ullman, 2014). This qualitative study was grounded in Heidegger's hermeneutic theoretical framework. This study focused on one main RQ, supported by two SQs:

RQ1. What are the lived experiences of survivors of same-sex IPV?

SQa: What are the lived experiences survivors of same-sex IPV with counselors?

SQb. What are the lived experiences of survivors of same-sex IPV and the affect of a therapeutic relationship?

I used MST to review the literature, guiding the development of these research and subquestions and the examination of how societal micro- and macro-aggressions impacted the participants' decision-making abilities in their daily lives. Finally, I employed a hermeneutic phenomenology design by reviewing the data collected to produce the findings.

The six individuals in this study shared their intimate partner violence (IPV) and therapy experiences through one-on-one interviews. Through the discussions with the sample and using a hermeneutic phenomenological research design, I found themes from the interview discussions in response to the research and subquestions that included:

- marriage to their abuser
- consequences of the abuse
- number of children, heterosexual relationships
- number of repeated abuses
- number of times help-seeking
- types of abuse, alcohol and substance abuse by the abuser
- religious influence
- minority stress
- healing after the abuse
- counseling
- counselor competency

Chapter 5 interpreted these themes discussed in Chapter 4 and how they addressed the research and subquestions. The limitations reviewed in Chapter 1 are considered against the findings, and new limitations are presented. Recommendations for future practice and research are shared. The implications and results that impact positive social changes were discussed.

Interpretation of the Findings

Consequence of the Abuse

Regarding the overriding RQ, what are the lived experiences of the same-sex survivor of IPV? The first theme was drawn from the “consequence of the abuse” sample was supported by the examined and existing research discussed in Chapter 2. Findings from researchers noted that negative consequences that arise from IPV among survivors of same-sex IPV showed it challenging to seek help, with victims feeling pressured to remain silent regarding abuse (Barrett & St. Pierre, 2011; Walters, 2011). Researchers noted that survivors felt helpless in their circumstances and attributed some of the violence to homophobia internalized by a partner and the normalization of heterosexuality, leading to aggressive behavior by a partner (Barrett & St. Pierre, 2011; Walters, 2011).

The findings from this study regarding the consequences of abuse were similar in that such outcomes of living within an IPV relationship created fear in reaching out for help. Supporting this explained experience were suggested feelings found in the existing research, with studies showing that same-sex partners victimized by IPV were consequently more vulnerable and had a higher risk of violence but were less likely to come forward for fear of further physical consequences from their partner (Calton et al., 2015; Walters et al., 2013). Regarding the MST theory, these findings pointed towards discrimination and potential identity concealment which further exacerbated the stress of IPV victims.

The results of this research shared how the consequences of the abuse imprinted a fear of sharing their experiences with the public due to such aspects as adverse societal reactions to their same-sex lifestyle. Research supported this, with Calton et al. (2015) and Carter et al. (2014) finding that many victims of IPV feel a degree of interpersonal discrimination when reaching out for help. Researchers also noted that the consequences of the abuse were further influenced by societal biases that included minority stress, such as internalized homophobia, discrimination, stigmatization, religious influence, child custody, and help-seeking behaviors (Frost et al., 2012; Hequembourg et al., 2013). These similarly align with concepts of the MST, regarding stressors' contribution towards identity concealment and the interaction with discrimination impacting and contributing to IPV.

Many researchers explored the percentages of reported abuse by an intimate partner (Ard & Makadon, 2011; Barrett & St. Pierre, 2011; Holley, 2017), yet there were very few that focused on same-sex partners experiencing such abuse and reporting it. Most of the research recognized how victims of IPV, whether heterosexual or not, fear reaching out for help due to their understanding of the physical and violent consequences implied by their abusers. Most of the research focusing on these violent consequences encompassed an understanding of all victims, no matter their sexual preference.

Research on same-sex IPV was analyzed in comparison to heterosexual IPV (Ard & Makadon, 2011; Barrett & St. Pierre, 2011). Violence among men and women within same-sex relationships were more likely to experience physical, verbal, emotional, controlling, and sexual violence; however, a very low percentage of these victims

reported such violence or even asked for therapeutic assistance (T. N. Brown & Herman, 2015; Messinger, 2011). The fears and challenges reported by participants are often compounded by substance use, which research has identified as both a coping mechanism and a factor that exacerbates IPV behavior (Dank et al., 2013; Davis et al., 2016).

Alcohol and Substance Abuse

A recurring theme in both the existing literature and found as a constant theme within the data was the fact that the victims of IPV had partners who abused alcohol and drugs. The use of alcohol and substances only escalated the incidents of abuse. This was supported by the existing literature with researchers finding a connection between higher levels of alcohol consumption and physical violence resulting in substance abuse disorders and victimization of intimate partners (Hequembourg et al., 2013; Lewis et al., 2015). Researchers also focusing on alcohol use among men in same-sex relationships found a higher incidence of violence and victimization associated with this behavior (Dank et al., 2013; Davis et al., 2016). Violence was also found to be more likely in serious versus casual relationships when a partner was involved in an outside sexual relationship and during alcohol use (Newcomb et al., 2013).

Types of Abuse

A key theme that emerged from the data was the various types of abuse that shaped the survivors' experiences with IPV. The MST theory also showed a relationship between form and type of violence, with those expressed by participants as facing direct abuse, which affected the navigation of their daily life and job satisfaction. Participants described experiencing physical violence, including being punched, kicked, hit, and

choked. Many also ensured verbal abuses, such as name calling, explosive anger, and controlling behaviors. Other participants claimed they were degraded in public, berated in front of others, cheated on, and neglected.

Current research supported these findings, showing that IPV in same-sex relationships often included threats of being outed, physical harm, control, and emotional and sexual abuse (Freedner et al., 2002; Lewis et al., 2015). Researchers also noted that physical IPV was common over a lifetime, with experiences such as being punched, kicked, or slammed against a wall (Finneran & Stephenson, 2012; Walters et al., 2013). Further, Reuter et al. (2017) suggested that minority stressors such as discrimination, expectations of rejection, and other isolated social stressors contributed to the higher rate of IPV within a group of same-sex men who participated in such risky behaviors as unprotected sex.

Additional themes included marriage, child custody concerns, past heterosexual relationships, and repeated incidents of abuse. These themes were common among participants and contributed to the diversity of their experiences. The related literature was limited in supporting these themes specifically; however, studies were reviewed that considered these factors as minor topics of discussion. For example, Walters et al. (2013) showed how women in same sex relationships experience more physical types of IPV over a lifetime, such as being punched, kicked, hit, or slammed against a wall, as compared to heterosexual women. Finneran and Stephenson (2012) explained that men who have sex with other men were found to suffer forms of violence within relationships

at similar rates to women. Lewis et al. (2015) noted that IPV within same-sex relationships was often associated with a higher risk of alcohol and chemical abuse.

These themes were instrumental in responding to the overriding RQ with explanations of personal and lived experiences of same-sex survivors of IPV. The themes, while overlapping between participants, were focused on abuse patterns, types of abuse, alcohol and substance abuse impact on IPV abuse, and consequence of the abuse; they were also consistent with responses from the sample involving being married to their abuser, the number of children in the home, heterosexual relationships, number of repeated abuses, number of times help-seeking, and types of abuse.

Child Custody Issues

Hardesty et al. (2008) found that same-sex parents in IPV relationships were often silent about their abuse. Further, the researchers claimed that variations of the relational dynamics between the mothers, abusers, and children were somewhat explained by the intersectionality of race, socioeconomic status, and sexuality (Hardesty et al., 2008). These findings align with previous research showing that same-sex parents in IPV relationships feared losing custody of their children due to abuse and limited legal protections. Hardesty et al. found that lesbian mothers in stepfamilies, whether currently in or having left an abusive relationship, faced unique help-seeking challenges. Hardesty et al. found that same-sex mothers in IPV relationships often struggled to access social services due to societal attitudes including heterosexism, stigmatization, and legal barriers, which left them vulnerable in terms of parental rights.

Minority Stress, Discrimination, and Stigmatization

The data analysis revealed themes of minority stress, healing after abuse, counseling, and counselor competency. I examined these themes in relationship to the existing literature as reviewed in Chapter 2 and through the lens of MST. Participants reported that therapy led to reduced abuse, improved self-esteem, and greater emotional stability. A recurring theme among participants was minority stress, which manifested as internalized homophobia, discrimination, stigmatization, religious influence, child custody concerns, and barriers to seeking help. This study applied MST to understand how same-sex IPV survivors perceived their experiences within their social environments. Through this examination, I found that the sample understood that internalized homophobia can manifest as negative self-talk, denial, shame, or fear that may interfere with a joyful life and was an influencing factor associated with their fear of reaching out for help with IPV situations.

Incidents of discrimination perpetuated many negative experiences for participants related to receiving counseling for their IPV. Help-seeking outside of therapy was also noted by the participants of this study as typically a negative experience. Support for this theme was limited in the chapter, with Stiles-Shields and Carroll (2014) noting that women in same-sex couples who were being abused were likely to withdraw from their communities and become socially isolated, perpetuating the inability to find outside help when necessary. Researchers found that stigmatization significantly impacted victims' willingness to seek help. Overstreet and Quinn (2013) claimed that the likeliness of whether an individual might seek help while in an abusive relationship was

low due to a dual stigmatization of being in a same-sex relationship and being an IPV. Internalized stigma reinforced negative self-belief and stereotypes among victims (Overstreet & Quinn, 2013).

Minority Stress and Healing After Abuse

I applied MST to examine issues such as discrimination, lack of legal representation, and child custody challenges for same-sex parents. Participants feared that courts would favor the heterosexual parent, potentially negatively impacting their children. However, participants more commonly reported experiences of internalized homophobia, discrimination, stigmatization, and negative religious influence, which discouraged them from seeking help homophilia, discrimination with society, and therefore reaching for help was often discounted; stigmatization and religious influence (negative) were more common. While child custody was presented as a topic associated with minority stress or healing after abuse, only two participants responded. However, this phenomenon was discussed by Hardesty et al. (2008, 2011) in two publications reviewed in Chapter 2.

Hardesty et al. (2008) found that many mothers in same-sex relationships remained silent about IPV. The literature showed that Hardesty et al. (2008) was one of the first studies to research IPV among lesbian mothers and their children. The study also showed the variations of the relational dynamics between mothers, abuser, and children that were somewhat explained due to the intersectionality of race, socioeconomic status, and sexuality. (Hardesty et al., 2008).

Counselor Competency

Counselor competency emerged as a key theme, addressing participants' perceptions of their counselors' abilities and how the therapeutic relationship influenced their healing process. This theme explained the survivor's perspectives of counselor competency, the survivor's therapeutic outcomes, and the perceptions of the counselor's competencies regarding the IPV patient's outcomes. It included personal accounts of the therapeutic relationship that impacted these outcomes.

Participants felt understood in counseling, which helped them heal or begin their recovery. The findings also made me aware that IPV also faced unrealistic challenges, which placed them at further risk in their violent relationships. As the participants explained, finding a counselor with no preconceived ideas related to same-sex relationships and IPV in same-sex partnerships were often complex. Participants noted that counselors often framed their IPV experiences solely in the context of their same-sex relationships, rather than addressing the abuse itself.

The findings also relayed answers to the subquestions regarding the samples' perspectives on their counselor's competency and how the relationship between the counselor and the individual influenced the outcomes of therapy. This study's participants recognized their preconceived ideas based on their past counseling experiences; however, it was noted that some counselors also brought in their biases and preconceived ideas when providing therapy. Participants felt that some therapists were less effective in addressing IPV due to biases against same-sex relationships. Researchers agreed with these perceptions, stating that counselors sometimes refuse to treat survivors of IPV

within same-sex relationships many times; the reason for refusal occurs due to perceived homophobia and heterosexist bias (Carter et al., 2014) and how counseling communications were perceived as inherently biased (Heidegger, 1962).

Counseling services emerged as a key topic in discussions of IPV experiences. All participants had sought some form of help, ranging from police intervention to hospital-based counseling. Participants reported diverse counseling experiences, including couples therapy, Christian counseling, and individual therapy. All participants expressed concerns about managing violent situations, but only a few found their counselors helpful in addressing this issue.

The literature reviewed and discussed in Chapter 2 on counseling services directly related to IPV for same-sex partners who were abused was lacking. Much of the reviewed research providing information on IPV focused on what violence within a relationship constituted. It was general in its explanation of reaching out for help but not providing concrete means for overcoming or removing from the abusive IPV environment (Eaton et al., 2016; Jin & Franklin, 2016). Further, existing studies were recognized to discuss risk factors of the vulnerable population involving gay and lesbian individuals.

Research exhibited how IPV within same-sex relationships was specific to minority sexual orientation (gender identity) and included tactics of threats of outings or medical conditions (Calton et al., 2015). Survivors, meanwhile, often feel a degree of interpersonal discrimination within the therapeutic system (Calton et al., 2015). Some counselors refused to treat IPV survivors in same-sex relationships due to homophobia and heterosexist bias (Carter et al., 2014).

Limitations of the Study

The limitations discussed in Chapter 1 were revisited to assess their consistency with the study's findings. The first limitation, articulation issues related to participants' age, race, language barriers, embarrassment, or other unknown factors, did not significantly impact the study's outcomes. This specific limitation was only mentioned in an overall discussion of discriminating factors. The second limitation noted in Chapter 1 was my preconceived assumptions, which I felt were negated by the journaling process, which provided sound information showing no preconceived assumptions limiting these results or skewing my interpretation of the data. The fourth limitation, which suggested that a small sample size would make data collection time-consuming, was proven incorrect.

However, such limitations included in Chapter 1, which involved the lack of validity and reliability, consequently restricting the findings, were supported by this study's findings. While the study established trustworthiness, demonstrating credibility, transferability, dependability, and confirmability, validity concerns remained. For example, it was not possible to verify whether participants' accounts were entirely accurate or if they unintentionally exaggerated their experiences. Additionally, the sample size was still considered a limitation as the outcomes of this study were not necessarily representative of the population. With only six participants, the reliability of the findings was limited to only these six individuals.

Recommendations

It was not possible to verify whether participants' accounts were entirely accurate or if they unintentionally exaggerated their experiences. However, its context provided a basis for recommendations for future research. Such a recommendation thus included studies that have larger sample sizes. To do this, a quantitative or mixed-method research approach was suggested. Future researchers could use a mixed-methods approach, starting with a large sample answering closed-ended questions, followed by in-depth qualitative interviews with a smaller subset. Using a mixed method would allow a researcher to gain a more comprehensive understanding of this phenomenon through data collected by quantitative (numerical) and qualitative (textual) methods.

Another recommendation for research included expanding on the findings of this study. A larger sample should be drawn from multiple locations to expand this study. A comparative study across different U.S. regions could examine variations in IPV counseling outcomes. This could provide an in-depth understanding of how well IPV counseling provides positive versus adverse outcomes for its victims. Reviewing how violence within a relationship impacts a victim's ability to maintain interpersonal relationships can potentially provide information on whether counseling has a positive or negative impact on their emotional, social, mental, and physical functioning (McLeod et al., 2010).

Existing research highlighted that among gay men, IPV was a significant public health concern, ranking just behind AIDS and substance abuse (C. Brown, 2008; Head & Milton, 2014). Based on these studies, further research could be done on how the

comparison between public health problems was countered by counseling and which of these public health problems are best impacted by such counseling measures. A cross-sectional or longitudinal study could examine how specific variables correlate with therapy outcomes by analyzing data from a larger sample at a single point in time. While Hoy-Ellis (2016) performed a cross-sectional study using gender and sexual minorities in older adults, showing how this population had a significantly higher rate of psychological distress, the same cross-sectional study could be performed on all age groups, comparing results.

Implications

This study's findings have broader implications, including positive social change. The findings substantiate the need to improve counselor competency in working with same-sex IPV survivors. The results of this study suggest that individuals who experience same-sex IPV have numerous challenges when trying to acquire help, such as through counseling services. The study found that biases within the counseling profession were a common barrier for same-sex IPV survivors seeking help.

The key methodological strengths in this study included my choice of a qualitative approach. A qualitative approach was well-suited for this study, as it focused on an underrepresented population. This method allowed for an in-depth exploration of the ways societal constructs shape reality, which is constantly evolving and multifaceted (Sloan & Bowe, 2014). A qualitative approach allowed me to view the world from an instinctual point of view. Human life is an experiential reality depicted through in-depth narratives relating to lived experiences shared by IPV victims living in same-sex

relationships (Sloan & Bowe, 2014). Using a qualitative approach enabled me to explore the barriers same-sex IPV survivors face when seeking help and how minority stress affected their therapeutic experiences.

Conclusion

The purpose of this qualitative hermeneutic phenomenological study was to explore the experiences of individuals in same-sex relationships who are survivors of IPV and have received therapeutic counseling. The responses from a sample of six individuals involved in a same-sex relationship where IPV occurred were collected, analyzed, and produced themes that responded to the research and subquestions. These findings shed light on the experiences of same-sex IPV survivors, including themes such as being married to their abuser, the consequences of abuse, the number of children involved, and past heterosexual relationships. Additional themes included repeated instances of abuse, help-seeking behaviors, types of abuse experienced, the abuser's substance use, religious influences, minority stress, healing after abuse, counseling, and counselor competency. "Participants emphasized how minority stress influenced their willingness and ability to seek help for IPV.

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Research Study Invitation

**You are invited to participate in a
Qualitative Phenomenological Study on:
Interpersonal Violence Within Same-Sex
Relationships: The Survivor's
Perspectives of Counselor Competency**

****Eligible Candidates must be 18-year or older, identify as gay or lesbian, have been or still are in a same-sex abusive relationship, and must have sought out mental health counseling for at least 3 months.**

If you are interested, or if you can refer someone that has the above qualifications, please contact:

**Cheryl D' La Rotta, researcher: Walden University, at:
Cheryl.dalrotta@waldenu.edu**

Appendix B: Recruitment Email

Hi, my name is Cheryl D' La Rotta and I am a doctoral student at Walden University.

I am conducting a qualitative research study titled: *Interpersonal Violence Within Same-Sex Relationships: The Survivor's Perspective of Counselor Competency*. This study is a requirement for my doctoral degree in Counseling Education, and Supervision specializing in Forensic Mental Health. Specifically, I am gathering information about the lived experiences of survivors of domestic violence who identify as gay or lesbian, the effects of minority stress, and the personal perspectives of their counseling experience. Part of the data collection would include one interview session lasting no longer than 90 min that would take place at my private office located: 970 Lake Carillion Dr. Suite 345, St. Petersburg, Florida. As an incentive to participant you will be compensated \$25.00 cash.

The inclusion criteria to be in the study include participants who have had or still are in a same-sex relationship who had or is experiencing abuse (physical, emotional, verbal, sexual). All participants must be at least 18 years old or older and speak English. The participants must be located in the Tampa, St. Petersburg, Clearwater area. My goal is to start the interview process in the next three-four weeks. If you need any additional information please feel free to reach out to me via email or phone.

Sincerely

Cheryl D' La Rotta

Walden University CES – Specialization: Forensic Mental Health

Appendix C: Interview Protocol

Interview Questions

1. What was the nature of the abuse within your relationship?
2. What thoughts or feelings came up for you during the abusive event (e.g., flashbacks about past abuse, threat of death)?
3. What types of actions (if any) did you decide to do after this event (e.g., leave, call the police, went to the hospital, isolated)?
4. Describe how your abuser made you stay in the relationship (threats of outing, child custody, financial threats, coercion)?
5. Can you recall what motivated you to seek help from a counselor/clinical mental health counselor?
6. Once you found a counselor, what was your perception about the counselor's competency in regard to counseling same-sex interpersonal violence and trauma this entails?

Semi structured Interview Protocol

Background Information (follow Appendix C: General Demographics Checklist)

Tell me a little about yourself.

- a. Where were you born?
- b. How was your family life?
- c. How far did you go in school? What was your major in college?
- d. What is your economic status? Do you like the job that you are in presently?
- e. Tell me a little bit about your home life now.

Questions Pertaining to the Research Questions.

Tell me about your past and present relationships.

- a. Where you in an abusive relationship in the past?
- b. How long were in this relationship?
- c. What types of abuse did you experience? How long?
- d. During the abuse what were your main concerns?
- e. Did you seek help other than the police?

Tell me about how you feel the abuse affected you (mentally, physically, and emotionally).

- a. Did the abuse cause you to have any mental issues or breakdowns?
- b. What type of help did you seek if any?
- c. Where you physically harmed during the abusive events? If so how?
- d. Did you report the abuse or seek help for the injuries? Emotionally, how do you feel the abuse has affected you? Issues with trust, safety, or intimacy?

Tell me about the ways that you eventually sought out help.

- a. Who did you reach out too?
- b. Did you feel that you were treated with respect and taken seriously?
- c. Did you leave your abuser?

Tell me a little about how your abuser kept you in the relationship.

- a. Coercion, threats (financial, outing, taking the children)?
- b. How long did it take you to finally leave the relationship?
- c. If you are still in the relationship, what changed?

Tell me a little about your counseling experience.

- a. What made you seek out a mental health counselor?
- b. How do you feel your counseling experience went?
- c. Looking back do you think the counselor really understood your issues?
- d. Do you feel that the counselor helped or did not help?

Appendix D: General Demographics Checklist

Race/Ethnicity:

- White – non-Hispanic
- African American
- Hispanic
- Asian
- Other _____

Age Classification:

- 18- 25 26-40 41-60 61+

Annual Income:

- 0-10,000 11,000-25,000 26,000- 40,000 41,000-60,000 61,000+

Educational Status:

- High School College (#) Graduate/ Ph.D.

Marital Status:

- Single Married Separated Divorced Currently living with a partner

Occupation Status:

- Unemployed Student Part-time Full-time Self-Employed Retired

Gender Identity:

- Gay Lesbian

Dependents Living with you:

- None Number of Children ()

Appendix E: Disclosure Agreement

Participant I.D.# _____**Study Title:** Interpersonal Violence Within Same-Sex Relationships: The Survivor's
Perspective of Counselor Competency**I understand:**

- That as a participant of the above study, I am not to disclose any information concerning the study, the data collection sessions, or any opinion about what the study's outcomes may be.
- That during the study I may be asked to schedule several data collection events. I have been informed that after each session that I will be able to address any question or concerns to the researcher.
- That I will be given a copy of this form showing that I have voluntarily signed and agree not to disclose any information about the study.

Participant's signature: _____, **Date:** _____**Researcher's signature:** _____, **Date:** _____

Appendix E: Debriefing Process Form

Study Title: Interpersonal Violence Within Same-Sex Relationships: The Survivor's Perspective of Counselor Competency

I would like to thank you for participating in the present study concerning your lived experiences of interpersonal violence within your same-sex relationship and how this phenomenon has affected your life and well-being. The present study was a hermeneutic phenomenological study that looked for a new understanding of the participant's interpretation of their lived events and the meaning behind these phenomena (See attached for a brief description of the outcomes of the study).

Again, we thank you for your participation in this study. If you have any questions or concerns please feel free to contact me at the email address below. I greatly appreciate your cooperation.

Thank-you,

Cheryl D' La Rotta

Cheryl.dlarotta@waldenu.edu