

# Understanding the Complexity of Alcohol-Related Intimate Partner Violence in the Lives of Hispanic Men Who Have Sex with Men: Methodological Issues and Considerations

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**Abstract** The purpose of this paper is to highlight methodological issues and considerations which will be of use to researchers interested in further understanding the complexity of intimate partner violence in the lives of Hispanic men who have sex with men. We present a brief review of the research on intimate partner violence which highlights intersections of health and behavior risk factors (i.e., alcohol-related-intimate-partner-violence and HIV/AIDS risk) pertaining to gender, ethnicity, and sexuality in this population of males. We then present the reader with a synthesis and critique of several methodological concerns relevant to furthering research in this area including: locating participants, considerations of the impact of local cultural contexts, and impact of researcher positionality. Research recommendations for addressing intimate partner violence as a complex public health concern embedded in “hidden populations” conclude the paper.

**Keywords** Intimate partner violence · Alcohol · HIV/AIDS · Gender · Qualitative research · Hispanic · Latino

In this paper we present a review of the research on intimate partner violence (IPV)

critique of several methodological concerns relevant to furthering research in this area including: issues related to locating participants, considerations of the impact of local cultural contexts, and the impact of researcher positionality. This paper offers an agenda for pushing forward a line of inquiry into IPV for Hispanic MSM. While no empirical data are presented here, by identifying both an epistemological approach and methodological issues and concerns relevant to IPV and interpersonal violence researchers, we hope to address the critical issues likely to be faced when conducting research on this high-risk population. We begin with a review of the literature on ARIPV for groups of marginalized men, namely, Hispanic men who are involved in same-sex intimate relationships.<sup>2</sup>

Researchers interested in IPV have consistently reported differences across racial and ethnic groups with respect to rates of violence, risk factors for violence (e.g., alcohol use<sup>3</sup> and HIV risk behaviors), consequences of violence and patterns of victimization and violence perpetration [4, 7, 9, 16, 48, 51]. Hispanics<sup>4</sup> and MSM appear to be at increased risk for suffering health problems associated with violence, alcohol use and HIV/AIDS [2, 6, 8, 13, 15–17, 19, 25, 36, 38, 45, 51]. Researchers from across disciplines are increasingly disentangling the overlapping issues of violence, alcohol use and risky sexual behavior among Hispanic populations. These



**Table 1** Recent research pertinent to IPV and Hispanic MSM: A resource table

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/ Analysis
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Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/ Analysis	Findings	Limitations	Critical unresolved issues
Greenwood et al. [21]	Measures the prevalence and characteristics of							

Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/Analysis	Findings	Limitations	Critical unresolved issues
Nieves-Rosa [34]	Exploratory study on the domestic violence and sexual coercion and its implication for HIV risk behavior	Hispanic, MSM sexual behavior; HIV, domestic abuse	Latin American (Columbian, Dominican, Mexican, and Puerto Rican) MSM living in New York Metropolitan area who had committed relationships	273	Quantitative: questionnaires and interviews; cross sectional (Sexual Practices Assessment Schedule; self esteem and self worth scales; type and frequency of substance use; childhood sexual abuse; acculturation scales); Univariate and bivariate descriptive analyses and logistic regression performed	51% reported experiencing domestic violence at least once in their relationships; 35% reported physical abuse; 12% were forced into receptive anal sex without condoms by their partners; being a victim of physical and sexual abuse was positively correlated with practicing receptive anal sex without condoms; MSM with histories of IPV more likely to abuse substances	Non-random sample; self-report based data; single item question used to assess physical, psychological, and sexual abuse	The dynamics and context of power, abuse, substance use and control within male couples needs to be better understood

Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/ Analysis	Findings	Limitations	Critical unresolved issues
Relf et al. [41]	The theoretical relationships between gay identity, substance use, and HIV risk behaviors (among others) are tested	Battering, gay identity, structural equation modeling, cue-action-triggers	Self-identified gay men as part of the Urban Men's Health Study (San Francisco, New York, Chicago)—21% were men of color	2,124	Predictive correlational design; structural equation modeling	Battering victimization was identified to significantly influence high risk sexual behavior; battering victimization was identified as a key mediating variable between gay identity and HIV risk behavior; MSM of color were more likely to identify as non-gay and participate less in gay culture; substance abuse was a significant mediator between gay identity and HIV risk behavior and led to battering victimization.	No specific analysis of Hispanic MSM and related variables of interest; underestimates the size and extent of the ethnic minority population of MSM, the very wealthy and the very poor	Understanding why alcohol is so closely associated with gay culture is needed—in particular, it is unknown whether the association exists for Latino MSM
Shelton et al. [42]	Investigates the prevalence of self-reported IPV for ethnically diverse and HIV positive men	Forced sex, primary and casual partners, high risk populations	Diverse sample of HIV gay and bisexual men recruited from support groups and referrals	54	Quantitative; computer assisted personal interviews; cross sectional design; t-tests; $\chi^2$	39% physical violence victimization by primary partner; 17% by casual partner; 32% and 15% lifetime forced sex with primary and causal partners; Forced sex with primary partner higher for Hispanics (67%) compared to whites (8%)	Self report, small convenience sample, no specification of results for Hispanics; self report	Causal factors related to forced sex and violence need to be assessed; temporal sequence of exposure to violence, diagnosis of HIV infection, and disclosure of sexual orientation needs to be ascertained

Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/ Analysis	Findings	Limitations	Critical unresolved issues
Stall et al. [44]	Measures the prevalence and independent associations of heavy alcohol use among MSM	Alcohol-related problems; problem drinking; drug use; connection to gay culture	Self identified gay men as part of the Urban Men's Health Study participants (San Francisco, New York, Chicago)	2,172	Quantitative: probability telephone sample; standard measures of alcohol use and problems associated with alcohol and recreational drug use; multivariate and hierarchical logistic regression	18% of Hispanic MSM reported 3 or more alcohol-related problems; 85% used alcohol, 52% used recreational drugs; 12% had 3 or more alcohol-related problems; 8% reported heavy frequent alcohol use	Self-report data; no confirmation data were collected; no standardized questions on IPV used; cross-sectional design	An understanding of alcohol use and alcohol related problems such as IPV among MSM requires an understanding of MSM social contexts and cultures
Toro-Alfonso [47]	Examines the prevalence of IPV and substance use behavior	The need to please; lesbian and gay male abuse; isolation	Gay males (n=88) and lesbians (n=53) recruited from the gay and lesbian community in Puerto Rico	151	Quantitative: translated adapted version of			



Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/Instruments/Analysis	Findings	Limitations	Critical unresolved issues
Toro-Alfonso and Rodriguez-Madera [48]	Investigates IPV prevalence among same-sex Hispanic couples, additive behavior; exposure to violence and reasons for unprotected anal sex	Gay male couples, intergenerational violence, conflict resolution skills; homophobia	Puerto Rican self identified gay males recruited from gay organizations offering services to gay men	199	Quantitative; descriptive, self-administered questionnaire that assessed history of intergenerational abuse, perceived abusive behaviors; perceived domestic violence behaviors, conflict resolution skills; univariate analysis	Victimization: 48% emotional, 28% physical, 25% sexual; Perpetration: 40% emotional, 24% physical, 14% sexual; 24% of the sample defined their relationship as violent; 54% witnessed or experienced violence in their childhood households; 46% reported compulsive use or addiction to alcohol	Convenience sample of Puerto Rico gay males, did not examine severity of abuse; did not control for demographic factors (e.g., social class)	Need to better understand why those who experienced violence did not consider themselves in a violent relationship; expanding upon “personal control” in avoidance of violence perpetration needed
Toro-Alfonso and Rodriguez-Madera [49]	Examines the experiences of Puerto Rican gay men with domestic violence and sexual coercion in HIV risk contexts	Sexual coercion, HIV prevention, domestic violence, homophobia, sexism; power	Puerto Rican gay males living in Puerto Rico and New York City recruited from gay and lesbian community organizations	302	Quantitative; adapted version of Nieves-Rosa's (1996) Gay and Lesbian Violence Survey; bivariate correlations; logistic regression	48% reported emotional violence, 26% physical, 27% sexual violence; positive correlation between anal penetration without a condom, the need to please partner and being HIV positive; 52% reported witnessing violence in their families of origin; 66% reported compulsive use of or addiction to alcohol, drugs, food, or sex	Convenience sample; self report	The concept of power, power relations, and power inequality are in need of further study for Hispanic MSM

Table 1 continued

Author, year	Hypothesis/Purpose	Critical concepts	Population	N	Methods/instruments/Analysis	Findings	Limitations	Critical unresolved issues
Zierler et al. [55]	Estimates the rate of HIV adults abused since HIV diagnosis to determine the role of HIV status on violence victimization	Stigma; HIV-based violence victimization	Nationally representative sample of HIV adults who have made at least one health service visit	2,864	Quantitative; cross sectional design; computer assisted interview; abuse determined by two questions; multivariate logistic regression; univariate analysis	Of men who reported sex with men as mode of HIV transmission, 11.5% reported physical abuse since HIV diagnosis; 4.5% of men linked HIV status as cause of abuse; risk for victimization among Hispanics higher compared to men of other race/ethnic groups; drug dependence strongly associated with IPV	Lacks information on disclosure patterns;informas[[a4]-330.2 (for)]T-1.1.6999 0t.s18.6[L.spa	

half (48.1%) of transmissions attributed to male-to-male sexual contact (see [11] for more detail).

### Setting a Research Agenda: Interconnections Among a Hidden Population

We have drawn very general connections between the inter-related nature of IPV, alcohol use, Hispanic ethnicity, HIV and sexuality using studies which have largely examined these aspects as individual components of etiology. It remains an empirical question as to how the interaction between homosexuality, gay identity and Hispanic status impacts risk. To date more research is needed on: (1) the extent of IPV among Hispanics in same-sex relationships; (2) if and how alcohol use coincides with IPV for these high risk segments of the population; (3) if alcohol use plays a role in high-risk sexual behavior for Hispanic MSM; and (4) if IPV increases

In order to advance such a research agenda, we contend that several key methodological considerations need to be brought to bear. Below, we use the existing literature on hidden populations to address what we categorize as issues related to locating participants, considerations of the impact of local cultural contexts, and the impact of researcher positionality. Our presentation of these issues and concerns is influenced by the experience of the primary author during the early stages of an ethnographic inquiry into the experiences of IPV among Hispanics and men who have sex with men. In reflecting on the range of barriers and obstacles to the primary author's data collection efforts, we found several previously unconnected literatures useful for illuminating and disentangling these challenges. We suggest that these insights will be useful for other researchers interested in studying sensitive, risky, stigmatized and/or illegal behaviors, particularly within marginalized groups. We focus on synthesizing this literature while also pointing out where more work is needed.

### Locating Participants: Hispanic MSM as Hidden Population

Researchers interested in collecting data on high-risk behaviors have often noted the



are indeed a “hard-to-reach” or “hidden population,” we now turn our attention to the influence of local culture on efforts to identify and access this population. At issue here is the degree to which “hidden populations” are accessible across place.

### Importance of Local Culture: Place Effect

In general, little attention is paid to the importance of regional differences in “gay culture” as either facilitating or impeding recruitment or findings (i.e., the extent to which “gay culture” is accepting of gay men and women of color, for example, may constitute such regional differences). Silvestre et al. [43] may be the exception with their explicit comparison of the effectiveness of recruiting techniques across geographical locations. Although not their central finding, their research did establish the importance of differences by “place” in regard to which strategies worked best for recruiting minority males. Specifically, these researchers reported “[I]n larger cities, minority MSM clubs and organizations were successful venues for accessing these men. In smaller cities, informal groups, such as friendship groups and networks were used” (p. 1024).

Furthermore, Silvestre et al. [43] found barriers to recruitment varied by city and that “significant differences... were associated with socioeconomic status and acculturation into the larger LGBT community” (ibid: p. 1023). Taken together, these findings underscore the importance of the larger cultural context for not only research efforts, but also for understanding the context within which MSM negotiate their own behavior. If indeed there are such differences by place as these researchers suggest, these differences may also lead to variations in cultural norms across place. We suggest that the larger cultural context of particular regional areas is important for understanding the ways in which particular behaviors (including IPV, substance use/abuse, and other risky health behaviors) are constituted as more or less normative. In addition, these larger cultural contexts are understood to possess or lack resources for health-risk prevention or intervention [5, 22, 46].

One result of prevention and intervention resource variation is that in regions where there are visible and/or sizable gay populations, researchers may expect greater ease with recruiting participants from these populations and thus a greater impact (perhaps due to acculturation). This is not to say that all gay individuals will participate in such communities; instead we are drawing attention to the potential importance of this larger community for influencing behavior through normative expectations and community perceptions [29]. Research on illicit drug use, for example, demonstrates the importance of local cultural context vis-à-vis the drug-using community [12]. Certainly where there is no visible or active gay population to speak of, one cannot expect the same degree of “acculturation” to influence individual behavior. Therefore, studies which report differences in risky behaviors resulting from the degree of involvement in the gay community recognize at least implicitly the importance of this community as a cultural context which varies by place [44]. A better understanding of “place” thus allows us to better understand the limitations of recurring studies of MSM in large metropolitan areas known to have concentrated and visible LGBT communities (e.g., San Francisco, New York City,

Washington D.C., and Chicago). Is it reasonable to assume that MSM in less urban areas with less visible LGBT communities are similarly affected by the larger gay culture? We suggest that this remains an empirical question and is only partly answered by the city differences found so far [43]. It is a question which alerts us to the fact that we have not adequately theorized culture in our research on MSM in general and as such we do not yet necessarily know all the questions. For example, while Silvestre et al.'s [43] findings do underscore the importance of a "larger LGBT community," they do not address the fact that this culture is by and large a "white" culture in that ethnic and racial minorities also constitute numerical minorities among self-identified gay individuals. Further, we do not know what the experiences are for men of color who try to negotiate this larger gay cultural context. The importance of culture is further complicated when considering the experiences of MSM from ethnic or racial subgroups such as Hispanics.

Much of the research on heterosexual Hispanics and IPV draws on culture to some degree in explaining differences in incidence and prevalence of IPV [16, 26, 29]; however we know of no research which attempts to theorize about the ways in which intersecting cultural contexts may be useful for understanding these patterns of behavior. As a very basic start, we would alert researchers to the importance of articulating potential regional cultural differences as part of their findings. This contribution to the literature calls into question previously unacknowledged issues regarding the generalizability of research to LGBT populations.

### Researcher Positionality and Reflexivity

Many social scientists engaged in qualitative research, particularly feminist researchers, reject the supposed "objectivity" of "value-free" positivist science.

are invoked to understand how crude aspects of a researcher's identity (e.g., gender, ethnicity/race, class, age and sexuality) may impact fieldwork, particularly gaining access to and establishing rapport with informants [53]. While these are important considerations which undoubtedly impact efforts to study hidden populations, it is also important to consider more sophisticated discussions of the insider/outsider dichotomy. In particular, feminist standpoint epistemology is relevant here [33].

Any consideration of how a researcher is positioned vis-à-vis their research subjects is inherently a consideration of power and privilege [18, 31, 33]. Reflexivity is required on the part of the researcher to question their own role in the social world of which their research is but a part. In this way, we necessarily complicate the otherwise straightforward insider/outsider dichotomy and appreciate these as negotiated and fluctuating. By understanding the often blurred and shifting boundaries between insider and outsider, researchers are pushed to examine how their own multiple identities shape, inform and even form the basis of the research process. And while a multitude of measures exist for "minimizing" this impact when conceptualized as a threat to validity, feminist standpoint epistemology allows us to underscore the tremendous value in centering considerations of researcher positionality. This shift in focus emphasizes the inextricability of identity and the production of knowledge.

Such considerations centrally informed this paper as the first author's experiences as a young, professional, middle-class, gay male of Hispanic ethnicity did not facilitate the recruitment of gay and/or Hispanic males in his own research on ARIPV mentioned earlier. Most discussions of the insider/outsider dichotomy suggest that ascribed statuses are often the basis of "insider" or "outsider" designations such that being "like" a member of any social group one is studying facilitates "insider" status [30]. This ignores the multiple, potentially contradictory, symbolic and situational meanings which permeate any social interaction including those which are part of the research process [18]. So does it matter more that you are gay like those you seek to study or that you are of a higher social class or that your ethnic origins are only more or less represented in your physical appearance? Such reflexivity helps map the terrain of human practices which we seek to understand.

## Conclusions and Goals for Future Research

We have synthesized the literature addressing the overlapping factors attributed to risk for intimate partner violence among Hispanic MSM. This review concludes that Hispanic MSM are more at risk for IPV, HIV, and alcohol abuse than their white counterparts. This elevated risk constitutes a very serious public health concern among Hispanics. We advocate continued research which aims to develop culturally relevant theories regarding the social processes of IPV among marginalized or otherwise invisible groups. The goals of future research must include efforts to identify the overlapping processes and mechanisms that place some populations at greater risk for IPV. Moreover, there is a need for research which can address



needed to develop adequate measures designed to assess, screen, treat, and prevent IPV and health problems stemming from IPV [28, 51].

We have also discussed the broader categories of hidden populations, place effects and researcher positionality. We agree with other researchers [35, 36, 48, 49] who argue that the stigmatization of sexual minorities creates potential barriers to research, particularly among Hispanic men. Our identification of these methodological issues will hopefully assist other researchers in the design and implementation phases of their own research. Perhaps more importantly, these issues advance an IPV research agenda focused on lived experiences and the intersectionalities of race, ethnicity, class, gender, sexuality, and regionality [27, 33]. Framing these factors as connected is necessary to address the disproportional distribution of these health-related social problems. Few researchers would disagree with the desirability of such research; however, there remain considerable challenges in adequately addressing the intersection of race/ethnicity, gender, and sexual orientation as they influence violence. This paper has, at least in part, addressed some of these challenges in the hopes of furthering research on this important area of inquiry.

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