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LEAN ON ME: INFORMAL SOCIAL NETWORKS AND THE PREVENTION OF INTIMATE PARTNER VIOLENCE
IN SEXUAL MINORITY COMMUNITIES

by

CAROLINE LIPPY

Under the direction of Dr. Julia Perilla

ABSTRACT

Research finds that intimate partner violence (IPV) occurs at comparable rates for heterosexuals and sexual minorities; however, few IPV prevention programs exist for sexual minority communities. Most programs are developed on heterosexuals and ignore the unique contexts and dynamics of IPV for sexual minorities. Community capacity IPV prevention programs aim to increase the skills and resources within informal social networks, and they represent a promising approach to IPV prevention for sexual minority communities. The current study explores the informal networks of sexual minorities in order to build knowledge that can inform the future development of community capacity IPV prevention programs for sexual minorities. The goal of the current study was to provide information on three major aspects of sexual minorities' informal networks: network structure, network function, and the use of networks by sexual minorities experiencing IPV.

The study used a mixed method design. The quantitative component included an online survey completed by 367 sexual minorities. The survey asked with whom sexual minorities discuss their intimate relationships, and it asked the response and helpfulness of each member. These data illustrated the structure and function of informal networks. The study also included interviews with

seven sexual minority women on their experiences of seeking help for IPV from their social networks.

This information addressed the third aspect of informal networks.

The quantitative results revealed that sexual minorities turn to on average only three people to discuss relationship issues. Surprisingly, a substantial number were family, and almost half were heterosexual. The qualitative results illustrated that many informal networks members could benefit from receiving education on sexual minority identities and issues, IPV in sexual minority communities, and communication skills.

The findings illustrated key aspects of informal networks that can be used to inform future community capacity IPV prevention programs for sexual minorities. Specifically, the quantitative data on network structure and function can be used to inform relevant targets for future programs, and the data from the interviews can inform aspects of program curricula.

INDEX WORDS: Sexual minority, Intimate partner violence, Prevention, Informal social networks,

Intersectionality, Social capital, Community capacity, LGBTQ

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CAROLINE LIPPY

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy
in the College of Arts and Sciences
Georgia State University

2011

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Caroline Anna Lippy
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by

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Dedication

I dedicate this dissertation to all of the wonderfully generous and courageous people who shared their stories with me. I hope to use your stories of strength and resilience to help reduce violence in our communities.

I also dedicate this to my partner. You are so many things, not the least of which are kind, patient, insightful, funny, compassionate, beautiful, grounded, silly, and inspiring. You are an endless source of strength for me, and I could not have done this without you. I hope this project represents the first of many amazing things we will accomplish together as we move forward.

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It was very fitting to have my dissertation focus on building the strength of informal social networks because it was only due to the strength of mine that I could complete this project. Central members of my network are the fabulous and brilliant women in the Violence Research and Action lab. Joanna, Josie, Maggie, Alvina, Lillie, and Rebecca—thank you all so much for bouncing off ideas with me, providing technical assistance (regardless of the hour), helping me to see the big picture when I staunchly refused, and for providing endless amounts of emotional support and encouragement. I am so blessed to be part of such an amazing group of women. Thanks also to our lab's fantastic undergraduate research team for all of your help with transcribing.

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Introduction

The current study explored the use of informal social support networks in the prevention of intimate partner violence (IPV) in sexual minority communities. The literature review provides the context of the study by exploring four key areas. The first section examines the issue of IPV in sexual minority communities. This section provides a brief history of research on the issue, and it describes the prevalence rates and unique contexts of IPV in sexual minority communities. Since the goal of the study was to inform the development of prevention programs, the next section of the literature review explores prevention approaches to IPV. In addition to a general overview of current IPV prevention approaches, this section also discusses an approach to IPV prevention that holds particular promise for sexual minorities. The third section of the literature review examines one of the underpinnings of this novel approach to IPV prevention: informal social networks. After outlining the general body of research, the section describes the unique meaning of this research for sexual minorities. Finally, the fourth section identifies and describes the three major theoretical frameworks for the current study. Ultimately, the goal of the literature review is to provide readers with knowledge of the theories and research on IPV prevention in sexual minority communities.

The literature review will refer extensively to many terms and identities that are used in the discussion of sexual minority communities. Many definitions exist for each term, and people use these terms to mean very different things. Therefore, the following definitions are offered only to represent broadly how these terms will be used for the purposes of this study.

- *Sexual minority*: any individual who does not identify as heterosexual. This includes people who identify as lesbian, gay, bisexual, transgender, queer, intersex, questioning (LGBTQIQ) as well as those who do not use labels to identify their sexuality but whose sexual behavior is not exclusively heterosexual
- *LGBTQIQ*: an umbrella term that stands for lesbian, gay, bisexual, transgender, queer, intersex, and questioning
- *Lesbian*: people who identify as women who are physically and/or emotionally attracted to women

- *Gay*: people who identify as a men who are physically and/or emotionally attracted to men
- *Bisexual*: people who identify as men or women who are physically and/or emotionally attracted to both men and women
- *Trans*: an umbrella term used to describe people who break away from one or more of the society's expectations around sex and gender (Koyama, 2000)
- *Queer*: is used two ways. One is as an umbrella term for all sexual minorities. The other is in reference to queer theory, where it becomes a sociopolitical label for individuals who challenge the perceived heteronormativity of traditional gender and sexual identity systems.
- *Genderqueer*: people with non-traditional gender identities/expressions (Huck, 2010)
- *Intersex*: people who develop primary or secondary sex characteristics that do not fit neatly into society's definitions of male or female (Koyama, 2000)
- *Questioning*: individuals who are currently unsure of their sexual orientation or sexual identity.
- *Kink*: sexual practices and relationships that include bondage, discipline, sadomasochism (BDSM), fetishism, or other sexual practices often deemed “outside the box” of “normal” sexuality and relationships (Bettinger, 2002)
- *Polyamory*: “the desire for or the practice of maintaining multiple significant, intimate relationships simultaneously’ (Taormino, 2008, p. 71)

Finally, the current study uses the term Latin@ in place of the gendered “Latino” when referring to groups of people or communities in order to be gender inclusive (Casa de Esperanza, 2011).

Literature review

Intimate Partner Violence in Sexual Minority Communities

History

Research and practice addressing IPV in sexual minority communities grew out of the work conducted on IPV in heterosexual communities. The Battered Women's Movement in the 1970s marked the start of large and organized efforts to address IPV. Through this movement, knowledge about the pervasiveness of IPV began to spread, and this helped to increase the research, services, and policies on IPV (Schechter, 1982). Research on heterosexual IPV reveals alarmingly high rates. Studies only examining physical violence show roughly 10% (Straus & Gelles, 1990; Straus, Gelles, & Steinmetz, 1980) to almost 30% (Bachman & Saltzman, 1995; Plitchta & Falik, 2001) of women experience physical violence in their lifetime. Studies examining the presence of verbal abuse reveal even higher rates, with one study showing that approximately 75% of women have experienced verbal abuse in their lifetime (Straus & Gelles, 1990). This research illustrates the need to address IPV by showing the vast number of people affected by it.

While more and more people began to recognize the need to address IPV in heterosexual communities, the same attention was not formally paid to sexual minorities until many years later. The first published work on IPV in sexual minority communities was a book edited by Kerry Lobel (1986) on lesbian battering. The book developed from conversations between service providers at women's shelters and lesbians within the battered women's movement about the increasing occurrence of lesbian IPV that they were witnessing. The first book on gay male battering, *Men Who Beat the Men Who Love Them*, (Island & Letellier, 1991) did not appear until several years after Lobel's seminal work. Research on IPV in sexual minority communities slowly increased after the appearance of these two works, and much of it focused on determining prevalence rates and thus establishing legitimacy for this area of research (Ristock, 2002). In more recent years, research on IPV in sexual minority communities has expanded in focus, and research now addresses many different elements and factors related to IPV

in sexual minority communities. The following sections will outline some of this research and will highlight its relevance to the current study.

Prevalence

Whereas research on the prevalence of IPV in sexual minority communities represented a major focus in the field, the rates found across studies vary widely. In order to understand these wide-ranging rates, major methodological issues with prevalence research must be explored. Some of the larger issues include problems with definitions, sampling, and measurement tools. The definitions of IPV used by researchers differ, and this naturally affects the rates of IPV they find. While the American Psychological Association (1996) uses a definition of IPV that includes physical, sexual and emotional maltreatment, researchers often use varying combinations of these forms of violence, and many use strictly physical definitions of IPV (DeKeseredy & Schwartz, 2001). As expected, research that utilizes a broader definition of IPV that incorporates more forms of violence usually finds higher prevalence of IPV (Perilla, Lippy, Rosales, & Serrata, 2011). Another definitional issue involves who qualifies as a sexual minority. The definition used by researchers differs greatly (Wheeler, 2003). Some consider a sexual minority as someone who openly identifies as gay or lesbian, other researchers consider people who engage in same-sex sexual behavior as sexual minorities, while others see people with same-sex attractions as sexual minorities (Gates & Ost, 2004). Differences across these definitions affect the rates of IPV that researchers find, and it also affects the individuals who are included in the studies.

Sampling is another issue to consider in prevalence research. Studies on IPV in sexual minority relationships largely feature non-probability sampling procedures (McClennen, 2005; Regan, Bartholomew, Oram, & Landolt, 2002). Examples of previous sampling techniques include data collection at women's concerts (Lockhart, White, Causby, & Isaac, 1994) and snowball samples through LGBT organizations and services (Cruz & Firestone, 1998; Lie, Schilit, Bush, & Montagne, 1991; Waldner-Haugrud & Gratch, 1997; Waldner-Haugrud, Gratch, & Magruder, 1997). There exist many biases in

these sampling procedures, including racial, class, and gender biases. Specifically, many researchers describe the over-sampling of lesbian, white, and middle-class sexual minorities in research (Kanuha, 2005). This affects the generalizability of findings, and it diminishes an understanding of the prevalence of IPV in marginalized groups within sexual minority communities.

Measurement tools also affect the prevalence rates of IPV in sexual minority communities by differing on what exactly they capture. The most widely used IPV scale is the Conflict Tactics Scale (Straus, 1979). It asks participants to endorse the frequency with which they have experienced and perpetrated a number of violent acts. Many criticize the CTS for simply quantifying individual acts of violence without capturing the context of the violence (Das Dasgupta, 2002; DeKeseredy & Schwartz, 2001). By overlooking contexts like the motive, intent, and outcome of the violence, it becomes difficult to understand the meaning of it. For example, it is almost impossible using the CTS to distinguish violence that is used to control a partner from violence used in self defense. Keeping all of the above issues in mind is important in understanding some of the discrepant rates of IPV found across sexual minority communities.

Prevalence rates of IPV in sexual minority communities are mostly explored by sexual minority subgroup, and the subgroup that receives the most attention is lesbians. Despite a larger number of studies exploring rates of IPV in lesbian communities, studies still find broad ranges for this community. Studies find that physical abuse in lesbian relationships range from 7% (Bryant & Demian, 1994) to 60% (Bologna, Waterman, & Dawson, 1987). For emotional abuse the range is from 65% (Lie, et al., 1991) to 90% (Lockhart, et al., 1994), and studies find that sexual abuse ranges from 5% (Loulan, 1987) to 57% (Lie, et al., 1991).

For gay men –the sexual minority subgroup with the next largest number of studies– research also illustrates a wide-range of IPV rates. Rates of physical abuse range from 11-20%, a mathematical projection by Island and Lettelier (1991), to 44% (Bologna, et al., 1987). Sexual abuse rates range from 5% (Greenwood, et al., 2002) to 55% (Waldner-Haugrud & Gratch, 1997). Finally, studies looking at

psychological/emotional abuse are limited; however, one study found that 34% of men who have sex with men (MSM) experienced psychological/symbolic abuse in the previous five years (Greenwood, et al., 2002).

Studies on gay and lesbian communities dominate the field's exploration of IPV prevalence among sexual minorities. There exists a very small amount of research on other sexual minority subgroups, including the trans community and bisexuals. Risser, Shelton, McCurdy, Atkinson, Padgett, Useche et al., (2005) found that 50% of male-to-female transgender individuals reported experiencing IPV. Unfortunately, the limitations of the study include a lack of knowledge about the type of abuse, the transition stage of the transgender participants, and any information about the female-to-male transgender community. The Gender, Violence and Resource Access Survey (Courvant & Cook-Daniels, 1998) cited by Istar Lev and Lev (1999) found the same percentage of IPV for transgender and intersex populations. Similar limitations exist with these data as well. As for bisexuals, there are no current data on the rates of IPV because bisexuals are often subsumed into research on heterosexuals or gays and lesbians (Istar Lev & Lev, 1999; Sulis, 1999).

Despite wide ranging estimates and knowledge gaps, researchers by and large support the idea that rates of IPV in sexual minority relationships remain roughly equivalent to rates in heterosexual relationships (Elliott, 1996; Island & Letellier, 1991; McClennen, 2005; Murray & Mobley, 2009; Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003; Turell, 2000). However, as outlined above and relevant to the current study, it becomes important to understand the limitation of these estimates given the differing definitions of IPV and sexual minorities, differing sampling tactics, and measurement tools utilized by researchers.

Unique Contexts

There are many unique contexts of IPV in sexual minority communities that distinguish it from IPV among heterosexuals. While isolation is a common tactic of IPV used in both heterosexual and

sexual minority relationships (Duluth Domestic Abuse Intervention Project, 1984), there are several contexts of sexual minority relationships that make isolation more likely and devastating in sexual minority relationships. One context that affects isolation on a community level is homophobia. Homophobia contributes to less visibility of sexual minority communities in general and especially among many sexual minorities of color (Kanuha, 2005; Waldron, 1996). The decreased visibility of sexual minority communities can make it easier for members within the community to isolate their partners because it reduces the visibility of individuals with already limited visibility (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006). Isolation for sexual minorities is also unique given the relatively smaller size of sexual minority communities. Smaller communities mean fewer friends or resources in the community (Schneider & Witherspoon, 2000). It can also mean that people in abusive relationships often share many, if not most, of their friends with their partner (Bornstein, et al., 2006; Duke & Davidson, 2009).

A second context for sexual minorities that affects the use of isolation in IPV is the greater isolation that many sexual minorities experience from their family. Many sexual minorities have strained relationships with their biological families (de Vries & Hoctel, 2007; Lindhorst, Mehrotra, & Mincer, 2010), and this means potentially fewer sources of support for sexual minorities who are experiencing IPV. A third and related context is the degree to which someone is “out” or has disclosed their sexual orientation. Individuals who have not disclosed their sexual orientation may experience more isolation because they can turn to fewer individuals about their relationship (Waldron, 1996). It also may preclude them from seeking formal services as they would likely have to “out” themselves to service providers before receiving help (Elliott, 1996). Isolation clearly is an important context for sexual minorities who experience IPV; isolation can impact the types of violence they experience as well as the types of resources and supports that are available.

Outside of isolation, another unique context for IPV in sexual minority relationships is their limited access to and comfort in using formal IPV resources. Most IPV services were developed and

intended for heterosexuals. While it remains possible for some sexual minorities to utilize heterosexual IPV services, research consistently shows that the vast majority are not comfortable in doing so (Bornstein, et al., 2006; Kanuha, 2005). Discomfort in using traditional IPV services applies not only to specific programs like support groups, shelters, and batterer's intervention programs, but it also applies to even broader services like law enforcement and the court systems. Many sexual minorities do not feel comfortable utilizing the criminal justice system, often for fear of experiencing homophobia and insensitive responses (Cabral & Coffey, 1999; Donovan & Hester, 2008; Lindhorst, et al., 2010; Waldron, 1996). Alternative services for sexual minorities are few and far between (Renzetti, 1996). This limited availability of appropriate services for sexual minorities has an enormous impact on their experience of IPV. It creates more barriers to receive help, which threatens sexual minorities' safety and makes them more vulnerable to experience and remain in violent relationships.

The fact that most IPV services are not intended for sexual minorities also relates to another important context for sexual minorities: the community's awareness of IPV. Since IPV services focus on heterosexuals, it should be no surprise that research shows that sexual minorities often view IPV as a heterosexual issue. Awareness of IPV in sexual minority relations continues to be a large issue for sexual minority communities (Bornstein, et al., 2006; Lindhorst, et al., 2010). Some researchers describe how this lack of awareness stems from not wanting to provide the broader heterosexual community with more ammunition with which to demonize sexual minority relationships (Russo, 1999). Others cite the community's efforts to paint its relationships as idyllic, power-sharing dyads (Merrill, 1996). More still see the way that IPV rhetoric, research, and services further this image of IPV as a heterosexual issue, leaving sexual minorities to continue believing that IPV does not occur in their relationships (Ristock, 2002). Ultimately, the limited awareness of IPV creates more barriers for sexual minorities who experience IPV because they may not feel that others will recognize their experience as violence. It also might further the shame of the experience and make the person feel even more isolated, feeling as though they are the only one to have experienced this type of abuse.

A final important context of IPV is community expectations and myths about relationships. There exist many myths generated by and about the community that can impact the experience of IPV. One myth regards the “nesting” nature of lesbians, or “U-Haul lesbians.” This myth stereotypes many lesbian relationships as moving too quickly and as very intense. The expectation that lesbians “nest” and keep to themselves makes it difficult for community members to identify a couple that is “nesting” from one that is being purposefully isolated by one partner to control the other (Bornstein, et al., 2006). For gay men there exists the expectation of sexual promiscuity (Califia, 2002), which can lead to the downplaying of sexual violence; gay men who report sexual violence must confront the cultural stereotype that gay men always want sex. Another stereotype that affects gay men is the cultural acceptability of masculine aggression (Duke & Davidson, 2009). The belief that men are naturally aggressive can make it more difficult to see the seriousness of gay male IPV.

The unique contexts of isolation, limited resources, limited community awareness of IPV, and community myths and expectations become important factors in addressing IPV in sexual minority communities. As the next section will illustrate, many existing primary prevention approaches to IPV do not take many, if any, of these contexts into account. By failing to do so, the programs overlook essential elements of violence in this community and thus decrease their applicability and potential effectiveness. The current study aimed to inform the development of prevention programs for sexual minorities that would take these contexts into account.

IPV Prevention Programs

Empirically Studied IPV Prevention Programs

Since the goal of the current study was to inform the development of IPV prevention programs for sexual minorities, it is important to understand some of the existing approaches to IPV prevention. While a vast number of prevention programs have been created by different groups, agencies, and individuals, only a small number have been empirically evaluated. A recent methodological review of IPV

prevention programs (Murray & Graybeal, 2007) found only nine published studies that conducted an evaluation of an IPV prevention program. Of those nine, six of the programs targeted youths in middle and/or high schools. This fits the broader trend of both empirically and non-empirically studied IPV prevention programs where the majority are dating violence programs administered to youths in school (Mancini, Nelson, Bowen, & Martin, 2006; O'Leary, Woodin, & Fritz, 2006). The central components of dating violence prevention programs are challenging gender role and sexist stereotypes, creating greater equity in relationships, and raising awareness about violence in relationships. Additionally, many others try to build healthy relationship skills including healthy communication and conflict resolution skills (O'Leary, et al., 2006).

These empirically studied adolescent dating violence prevention programs have limited applicability for sexual minorities. While the healthy relationship skill building can potentially benefit all youth, none of the programs addresses issues unique to sexual minorities (Donovan & Hester, 2008), which means less applicability to sexual minorities. Moreover, the discussions of gender found in most programs use heterosexual language, and this may further alienate the material from sexual minorities (Donovan & Hester, 2008).

While far fewer in number, there are IPV prevention programs for adults that have been empirically studied, and the majority are public awareness campaigns (Mancini, et al., 2006; Wolfe & Jaffe, 1999). The campaigns primarily focus on raising awareness of IPV, describing warning signs, and then connecting individuals to local IPV resources (Wolfe & Jaffe, 1999). These messages appear in billboards, television, radio, magazines advertisements, and even a radio serial that addressed IPV (Wray, et al., 2004).

Public awareness campaigns that utilize general media formats like billboards and television may not be appropriate for marginalized communities like sexual minorities. First, the intent of many campaigns to connect individuals experiencing IPV to local resources will be challenging for sexual minorities given the dearth of services available to the community. Without being able to refer

individuals to resources, campaigns intended to raise awareness of IPV may not be ethically sound.

Second, raising mainstream awareness of IPV in sexual minority communities may further stigmatize the communities. Marginalized communities like sexual minorities are often hesitant to highlight problems within their communities for fear of experiencing further discrimination (Bornstein, et al., 2006). Finally, there exists limited data to suggest significant benefit of media campaigns for even heterosexual communities (Campbell & Manganello, 2006; O'Leary, et al., 2006). Therefore, media campaigns may not be appropriate nor effective means by which to prevent IPV for sexual minorities.

Community Capacity IPV Prevention Programs

Whereas the above section outlines IPV prevention programs that have been empirically studied and published, there are many others that have received less methodological scrutiny but that may be more applicable to sexual minorities. The community capacity approach to IPV prevention has emerged recently and holds promise for sexual minorities. Community capacity approaches focus on building communities' competence to solve their own problems. The approaches centralize the role of informal social networks and social capital. Informal social networks refer to "natural networks of relationships with work colleagues, friends, neighbors, and other voluntary relationships" (Mancini, et al., 2006, p. 213). Social capital will be described in more detail in the theory section; however, it refers to the available resources, norms and trust found in networks and communities (Sabol, Coulton, & Korbin, 2004). Community capacity approaches attempt to build the competencies of communities to address issues by increasing the social capital in informal social networks (Mancini, et al., 2006).

Programs that utilize a community capacity approach function on multiple ecological levels, including individual and community levels. Community capacity approaches include individual level efforts like increasing the skills and knowledge of informal network members. They also target community-level change by addressing norms and perceptions within the community. One of the major aims of this approach is to mobilize communities. By doing so, community capacity approaches can lead

to a sense of individual and collective empowerment. This empowerment can increase the capacity of communities to address future issues beyond IPV as well.

Community capacity approaches present several advantages for developing IPV prevention programs for sexual minorities. The first is that the approaches emphasize informal social networks, which research demonstrates are often the first and only resources utilized by sexual minorities who experience IPV (Lindhorst, et al., 2010; McClennen, 2005). Many other prevention strategies emphasize formal networks and institutions, including the criminal justice system and IPV services like shelters and batterer's intervention programs (Mancini, et al., 2006). As outlined earlier in the literature review, sexual minorities often do not feel comfortable using many formal resources; therefore, community capacity approaches focus on the support systems utilized most by sexual minorities.

A second advantage to community capacity approaches is their focus on building existing community strengths and assets, an important element for marginalized communities. By not focusing on deficits and problems, a community capacity approach can avoid further stigmatizing sexual minority communities. Thirdly, the focus on building network connections helps to address one of the primary contexts for IPV in sexual minority communities: isolation. Strengthening connections between members of sexual minority communities can help to prevent the many different forms of isolation that often occur in violent sexual minority relationships (Shepard, 2008). Lastly, community capacity approaches target community norms, which are particularly relevant for sexual minorities. As described earlier, many existing community norms about IPV and about sexual minority relationships are problematic and create barriers to address IPV in this community. Community capacity programs suggest targeting those norms to reduce their deleterious impact on sexual minorities who experience IPV. By directly addressing community norms, community capacity approaches use an additional avenue through which to prevent IPV.

While no current literature exists that empirically examines the efficacy of the programs, a handful of community capacity IPV prevention programs have been implemented in sexual minority

communities. One example was Friends Are Reaching Out (F.A.R. Out), a program developed by the NorthWest Network, an organization addressing IPV in sexual minority communities in Seattle, Washington. F.A.R. Out worked to strengthen friendship networks within queer communities of color by encouraging friends to talk about IPV and to establish a commitment to stay connected (Koyama, 2006). Another example is Asian Women's Shelter's Peer Resource Model, which supports queer individuals to respond to abuse they see within their circles of friends (Lindhorst, et al., 2010). Again, the goal is to strengthen friendship networks to decrease opportunities for isolation and to challenge norms that suggest IPV does not occur in sexual minority communities.

What is needed in the field is research on not only the efficacy of these programs, but also the premise on which they are developed. Based on Mancini (2006), informal networks are important targets to prevent IPV. The programs used in sexual minority communities exclusively target friend networks, but there exists little research (as the next section will show) on the relevant informal networks of sexual minorities. Research examining the structure and quality of informal networks of sexual minorities will be an important first step in developing a community capacity primary prevention program for sexual minorities. The current study aimed to fill this gap in the literature by examining these aspects of sexual minorities' informal networks.

Informal Social Networks

Relevance to IPV Primary Prevention Programs

As outlined above, informal social networks potentially serve as ripe targets for IPV primary prevention programs. Research indicates that informal networks are important conduits for information and norms about relationships and violence. DeKeseredy (1988) found that men who had friends who were sexually aggressive were significantly more likely to sexually aggress against their partner. Norms that condone violence can also increase the experience of violence. Westbrook (2009) found that problematic norms and incorrect information about IPV circulated throughout survivors' social

networks, and these made it difficult for survivors to seek services and to remove themselves from violent relationships. Finally, as previously described, many norms circulate within sexual minority communities regarding the absence of IPV in sexual minority relationships. These norms impact the community's ability to recognize and prevent IPV. Clearly norms passed within informal networks can affect the prevalence, awareness, and acceptability of violence.

Informal networks are also important targets for prevention because research illustrates that support from informal networks may be a protective factor against IPV. Women who receive more support from their informal social networks have been found to be at less risk for experiencing IPV (Lanier & Maume, 2009). Additionally, studies find that women who report higher levels of social support from network members have been found to experience fewer negative mental and physical effects of IPV (Beeble, Bybee, Sullivan, & Adams, 2009; Canady & Babcock, 2009; Coker, et al., 2002). As described earlier, informal networks are often the first places survivors turn to support (Goodkind, Gillum, Bybee, & Sullivan, 2003), and this is especially true for sexual minorities (Bornstein, et al., 2006; Turell, 2000). While providing resources for survivors may seem like at best secondary or tertiary forms of prevention, support within informal networks can occur before relationships become violent when initial problems or issues begin to emerge.

Informal social networks play important roles in the experience and potential prevention of IPV; however, this does not automatically make them effective or helpful. Much research indicates that the resources provided by informal networks can be negative (Goodkind, et al., 2003; Trotter & Allen, 2009; Turell & Herrmann, 2008). Negative feedback from informal networks can take the form of encouraging the perpetration of IPV (DeKeseredy, 1988), expecting survivors to stay in violent relationships (Bui & Morash, 2007), minimizing the violence (Bornstein, et al., 2006; Duke & Davidson, 2009; Morrison, Luchok, Richter, & Parra-Medina, 2006), and blaming the "victim" (Morrison, et al., 2006; West & Wandrei, 2002). A negative response from informal social networks can be devastating to individuals experiencing IPV (Turell & Herrmann, 2008). Since informal social networks are central contexts to the

experience and prevention of IPV, it should come as no surprise that researchers have described a need to increase the usefulness of informal social networks for individuals experiencing IPV. Many different strategies have been suggested, including increasing network members' knowledge of IPV dynamics, progression, causes, and warning signs; and increasing knowledge of how to help someone that is experiencing IPV (Bornstein, et al., 2006; Goodkind, et al., 2003; Morrison, et al., 2006; Turell & Herrmann, 2008; West & Wandrei, 2002; Westbrook, 2009).

Group differences in Network Construction and Quality

In order to strengthen existing informal social networks available to individuals experiencing IPV, it is important to understand the construction and quality of the networks. One research study found that the informal social networks of heterosexual female survivors of IPV featured significantly fewer friends than the networks of women who had not experienced IPV (Coohey, 2007). Research also indicates that size and function of informal social networks also differ on the basis of multiple dimensions of identity. A study looking at correlates and quality of helping behaviors of a predominantly white sample showed a far greater provision of emotional support than tangible support (Beeble, Post, Bybee, & Sullivan, 2008). However, a study looking at the experience of IPV for African American survivors found that they had greater access to tangible support, but they received limited emotional support from family and friends (Morrison, et al., 2006). Research also finds differences in the role of other informal network members, including religious communities. One study found that Trinidadian women experiencing IPV rated the support they received from their church as being largely positive (Hadeed, 2006). However, a study on Vietnamese-American women found that while women received comfort from their churches and temples, the religious communities also created considerable barriers for them to leave an abusive partner (Bui & Morash, 2007). To expand the usefulness of informal social networks for individuals experiencing IPV, it is important to understand the construction and quality of the network for the specific communities being targeted.

Unfortunately, research on the construction and quality of sexual minorities' informal social networks is limited; few studies have been conducted, and the generalizability of the findings is limited. Looking at help-seeking behaviors of sexual minorities experiencing IPV, studies show that friends are the most commonly sought resource for lesbians (Bornstein, et al., 2006; Renzetti, 1992) and gay men (McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000). Few of the above studies, however, explicitly examine the role of other informal network members. An exception is the study by McClennen et al., which did examine other informal network members and found that many gay men sought help from other sources beyond friends, including their family, neighbors, and religious advisers. Knowledge about the use and quality of informal network members beyond friends for other sexual minority subgroups was important information to gather.

Another limitation of the above studies is their sampling; all of the studies featured predominantly white and middle-class samples. As the studies on heterosexual IPV illustrate, there are important differences in the use and quality of informal social networks between (and within) racial and ethnic minority groups. Therefore, it was critical to examine explicitly the informal networks of sexual minorities of color. Finally, given the unique contexts of IPV for sexual minorities, it was also important to study in greater detail the experience of seeking help from their informal social networks. Specifically, relevant contexts include being a member of a smaller and marginalized community, partners in violent relationships sharing more friends, and potentially compromised relationships to families and religious communities (Lindhorst, et al., 2010). A study that featured more inclusive sampling and examined in greater detail the experience of utilizing informal social networks could provide much needed information with which to develop community capacity IPV prevention programs for sexual minorities. The current study aimed to address this gap in the literature by using quota-based sampling methods described in more detail in the Methods section.

Theoretical Orientation

Prevention Approach

The current study utilized an approach to prevention guided by the principles of wellness enhancement, where the goal is to promote and maintain wellness (Cowen, 1996, 2000). Wellness enhancement approaches can include many elements, including increasing knowledge, skill building, and facilitating empowerment. This approach remains in stark contrast to risk driven models, which focus on identifying and decreasing risks to prevent problems. Applying a wellness enhancement approach to a prevention strategy was guided by Elias' (1987) macro-level formulation for prevention programs. Elias' formulation states that increasing social support resources, opportunities for connectedness, and addressing socialization practices can decrease the likelihood of a social problem by reducing the impact of stressors and risk factors. The current study used these three wellness factors to guide its examination of the role of informal networks in preventing IPV. Specifically, the study aimed to understand how to increase social support resources by exploring the knowledge, skills, and helpfulness of informal network members. Additionally, the study examined opportunities for connectedness by describing the size of networks as well as potential barriers for increasing network size. Lastly, the study focused on socialization practices by exploring the norms and perceptions of sexual minority relationships both within and outside of sexual minority communities, studying how this socialization process affects the experience of sexual minorities in violent relationships.

Social Capital Framework

The construct of social capital expands on Elias' prevention formula (1987) by providing a framework that can situate the prevention efforts into the context of IPV in sexual minority communities. Social capital is based on the premise that individuals, families, and communities are directly influenced by their social relationships and networks. While many different definitions of social capital exist, the current study will utilize a definition proposed by Putnam which states that social

capital is the “connections among individuals- social networks and the norms of reciprocity and trustworthiness that arise from them” (Putnam, 2000, p. 19). Social capital can function on individual and collective levels (Borgatti, Jones, & Everett, 1998). It can be understood on an individual level by looking at the resources and opportunities afforded to individuals by their network connections. Individual level social capital tends to focus on the construction of individuals’ social networks. Social capital also functions on a collective level. Whole communities can differ in terms of their social capital, with some communities being less connected or harboring fewer resources than other communities (Putnam, 2000). Networks impact both individuals and communities through the distribution of information, shared norms, and expectations of reciprocity (Mancini, et al., 2006).

The construct of social capital provides a useful framework for addressing IPV prevention in sexual minority communities. First, approaching IPV prevention from a social capital perspective involves focusing on sexual minorities’ networks and connections; this means developing programs based on their current contexts, which can enhance the relevance of programs. Second, social capital is a useful framework because it can avoid further stigmatizing already marginalized communities. A social capital framework can be strength-based by acknowledging existing resources within communities and proposing ways to expand them and increase communities’ capacities to prevent IPV. This addresses the limitation of existing primary prevention programs for adults; instead of focusing on the community’s deficits, a social capital approach can focus on the community’s assets.

Finally, a social capital framework outlines potential targets for IPV prevention programs. While the construct of social capital often emphasizes the benefit of sharing resources within and across networks, it also recognizes that not all resources in the context of IPV are positive (Bui & Morash, 2007). Some network members will provide misinformation or espouse cultural or community stereotypes that make experiences of IPV worse (Westbrook, 2009). Therefore, a social capital framework outlines the need for programs to address the information and norms that are shared across networks. The theory suggests that researchers can increase the quality of sexual minorities’ social

capital by increasing accurate information about IPV and creating community norms that discourage the use of violence in relationships. Increasing social capital is thus an important strategy for preventing IPV.

Intersectional Framework

Because the current study represents exploratory research in marginalized communities, it was important to conduct the study using a framework that would allow a nuanced, representative understanding of sexual minorities' experiences. This was especially critical given that the goal of the study was to inform the development of IPV prevention programs. Collecting data that accurately reflect the complexity of communities will help to increase the relevance and effectiveness of the programs based on that data. The current study used an intersectional framework to guide this process.

Intersectionality is based on the notion that our lives are affected by our location in multiple and intersecting systems of power and oppression (Bograd, 2005; Crenshaw, 1994). It acknowledges the existence of social hierarchies based on dimensions of identity like race, class, ethnicity, gender, sexuality, nationality, and physical ability, and it pushes us to recognize that all of these dimensions simultaneously affect individuals and influence their lived experiences (Collins, 1998; Dill & Zambrana, 2009). Furthermore, intersectionality attempts to reverse many of the homogenizing tendencies of research and theories by complicating individual and group identities, moving away from monolithic categories and overly-simplified identities (Dill & Zambrana, 2009). The framework encourages greater acknowledgement of within group differences and fluidity within identity labels.

Intersectionality provides an important framework from which to understand IPV in sexual minority communities. In contrast with the dominant gendered paradigm in the field of IPV, intersectionality argues that the experience of IPV is shaped by the intersection of multiple identities, not just by one's gender (Bograd, 2005). By de-centering gender as the cause of IPV, intersectionality creates space in which to discuss violence in same-gender relationships.

Additionally, an intersectional framework emphasizes a focus on within group differences, which means several different things for examining IPV in sexual minority communities. First, it means recognizing ways that sexual minorities' experiences of IPV differ qualitatively from those of heterosexuals. Second, focusing on within group differences means examining subgroup differences within sexual minority communities. Third, it means expanding categories like man and woman to be able to recognize individuals within sexual minority communities whose gender and sexual expressions do not fit these overly simplified categorizations. By moving away from homogenized identities and emphasizing within group differences, an intersectional approach helps to understand in greater detail and complexity the lived experiences of sexual minorities who experience IPV.

By studying individuals holistically and by simultaneously considering their multiple dimensions of identity, an intersectional framework provided the most contextualized understanding of sexual minorities' experiences of IPV. With this more nuanced representation of experience, the current study aimed to gather information that will lead to the development of effective IPV prevention programs for sexual minority communities.

Current Study

Overview

As the literature review illustrated, a community capacity approach to IPV prevention may be effective and appropriate for sexual minority communities. The current study used a mixed method design to build knowledge that can inform the development of such programs. The goal, however, was not to develop a program using the data from the current study. Few previous studies have explored the informal networks of sexual minorities, and the current study represents the first to explore these networks as potential avenues for IPV prevention. As a result, many future studies will need to be conducted before empirically-based community capacity prevention programs for sexual minorities can be developed. However, the goal of the current study was to advance the understanding of sexual

minorities' informal networks and thus build the body of literature with which to eventually develop IPV prevention programs for sexual minorities.

Specifically, the current study explored three major aspects of informal networks. The quantitative component of the study addressed two aspects: the structure and function of sexual minorities' informal social networks. The quantitative data revealed the informal network members to whom sexual minorities turned for support, and it also illustrated the network members that may need additional assistance in being positive supports for sexual minorities. A greater understanding of the structure and function of networks could inform the relevant targets for future IPV prevention programs.

The qualitative component of the study examined the third aspect of informal networks: the use of networks by sexual minorities experiencing IPV. The data was collected using individual interviews with sexual minorities who had experienced IPV. The interviews explored the type of support desired by sexual minorities experiencing IPV and the types of support they received. Additionally, using an intersectional approach, the interviews explored in detail how sexual minorities' experience of seeking support for IPV was influenced by their multiple dimensions of identity. The data from the interviews could inform the later development of curricula for IPV prevention programs for sexual minorities. Ultimately, by combining the quantitative and qualitative components, the current study gathered information on informal networks that can help in the future development of community capacity IPV prevention programs for sexual minorities.

Research Questions

The current study addressed three major research questions: what is the structure of sexual minorities' informal networks, how do they function, and what is the experience of sexual minorities in using these networks for support for IPV. Given the limited existing research in this area, the current study was exploratory in nature and thus addressed these research questions as three broad topics.

Structure of Informal Social Networks.

Little comprehensive research has been conducted on the construction of sexual minorities' informal social networks. However, the research on the networks of heterosexual female survivors of IPV reveals differences for women across many dimensions of identity. Therefore, the current study performed exploratory analyses of the structure of sexual minorities' informal networks, examining the size and makeup of networks. Specifically, the study looked at the number of people in a network as well as the relationship and sexual orientation of those network members. Group differences in the structure of networks were explored on the basis of the following dimensions: sexual orientation, gender, race/ethnicity, and age.

Network Function.

While limited in number, the research on sexual minorities experiencing IPV reveals that the responses from their informal social network can be both positive and negative. Research on heterosexual female survivors of IPV illustrates systematic differences in network response on the basis of multiple dimensions of identity. Based on the literature of heterosexual female survivors and given the limited research on sexual minorities, this study performed exploratory analyses on the type and the quality of responses provided by informal network members. Specifically, the study examined the positivity and negativity of responses and reported helpfulness of networks members. Group differences were explored on the basis of the following dimensions: sexual orientation, gender, race/ethnicity, and age.

Experience of Seeking Support.

The qualitative component of the study used a phenomenological approach to understand the experience of sexual minorities who sought help for IPV from their informal social network. Specifically, the interviews examined the needs of sexual minorities in violent relationships as well as the ability of

informal network members to meet those needs. Additionally, the interviews explored how the confluence of multiple dimensions of identity affected how sexual minorities sought and received support from their informal networks.

Quantitative Methods

Procedures

Recruitment

The quantitative data were collected using an online survey created with the software program PsychData (Locke & Keiser-Clark, 2001). The information and link to the survey was distributed through social networks and organizational listservs using a snowball sampling technique. While the use of snowball sampling techniques in previous research has often resulted in biased samples that over-represent white, middle-class sexual minorities, the current study incorporated quota-based strategies to increase the representative of the sample. For the snowball sampling, the researcher and her adviser emailed individuals and organizations within their informal social and academic networks. They asked these individuals and organizations to pass along the survey information to the members of their own social networks and organizations, respectively. These survey participants were then asked to pass along the survey to their friends and acquaintances and so on. Snowball sampling techniques are highly useful when trying to include many marginalized groups (e.g., many members of the sexual minority community) and when asking about sensitive information (e.g., IPV) (Biernacki & Waldorf, 1981; Sadler, Lee, Lim, & Fullerton, 2010).

The study expanded on previous use of snowball sampling strategies by incorporating non-probability quota sampling techniques. These techniques helped to gather a more representative sample and thus increase the generalizability of the findings and also allow for group comparisons. The study used quotas based on the 2000 U.S. Census data. Census 2000 data on sexual minorities reports that in the U.S. 51% of sexual minorities are men, 49% are female, 76% are white, 9% African American, 11% Latino, 2% Asian Pacific Islanders (API), and 1% American Indian (Romero, Baumle, Badgett, & Gates, 2007). The Census counts as sexual minorities individuals who report having an “unmarried partner” of the same gender living in their household. Naturally, limitations exist for this methodology. First, there is no way to identify trans community members or bisexuals that are captured in the data, so

data on these communities are not represented. Second, the data exclude other sexual minority community members, including sexual minorities who are single, who do not live with their partner, who are homeless, who are youth or seniors living with family, and also individuals who do not want to “out” themselves on government forms (Gates & Ost, 2004). Despite these limitations, census data were considered as providing the largest, most representative data on sexual minorities in the U.S. at the time the study was conducted (Romero, et al., 2007).

Given the smaller size of groups like Asian Pacific Islanders and the absence of others like the trans community in the census data, the current study used oversampling strategies to ensure that large enough samples were collected to be able to conduct group analyses. Specifically, the study oversampled sexual minorities of color and the trans community by reaching out to a number of listservs, community organizations, and gatekeepers in these communities, utilizing connections that the researcher and her advisor developed from working in these communities over the years. Additionally, the researcher used functions within the PsychData program to prevent oversampling of white sexual minorities. She monitored the completion of the online survey closely, and once the quota for white sexual minorities had been filled, she created a skip pattern for the race/ethnicity question on the survey which took participants who identified as White to the end of the survey. This prevented any additional white sexual minorities from completing the survey. The application of this skip pattern allowed for greater representation of sexual minorities from racial and ethnic minority groups. In total, the skip pattern was applied to 56 white sexual minorities. The inclusion of these participants would have increased the representation of white sexual minorities and prevented the oversampling of many communities of color.

Consent Procedures

When participants followed the link to the online survey, before beginning the survey, they were presented with informed consent form approved by the GSU Institutional Review Board (IRB). The

consent form outlined the purpose of the study, the rights of all participants, the risks and benefits associated with participation, and the contact information of the principal investigators and officials at the IRB. Participants were instructed to read the consent form, and if they agreed to participate, then they could check the “Continue” box at the bottom of the page. The study protocol approved by the IRB allowed for the waiving of documentation of the consent form; this way, no identifying information was collected in the process of obtaining consent of participants.

Further extending the confidentiality of participants, PsychData, the software program used for the online survey, provides researchers with the option to collect the IP addresses for participants of online surveys. The researcher did not select this option in order to maximize confidentiality of participants. By not selecting this option, and by waiving the documentation of the consent, no identifying information of participants was collected for the online survey participants.

Finally, since the online survey required answers for some survey questions (e.g., sexual orientation, race/ethnicity, etc), the researcher was concerned that this might violate the ethical tenet that participants can skip any questions they do not want to answer. Therefore, she spoke with an IRB official before beginning data collection, and the official confirmed that since participants can stop taking the survey at any time, this implicitly means that any and all survey questions can be skipped.

Data Collection and Entry

The only exclusion criteria for participation in the online survey was that participants had to be 18 years of age or older and not identify as heterosexual. Participants in the online survey did not receive compensation. The PsychData program collects and stores all data online; however, it has a feature that allows researchers to download all data from the online survey into an SPSS database. Downloading the data directly into a database reduces data entry error. Given the exploratory nature of the study and the limited existing data on social networks of sexual minorities, there was too little information regarding potential effect sizes to conduct power analyses. Instead, the study collected data

from a large enough number of participants to allow for comparisons between different sexual orientation, gender, and racial/ethnic groups.

Participants

For the quantitative component of the study, a total of 382 sexual minorities participated in an internet survey. Sexual minority for the purpose of this study was defined as any individual who does not identify as heterosexual. This includes individuals who identify as LGBTQIQ as well as those who do not identify with a specific sexual minority identity but who participate in sexual activities or relationships that are not heterosexual. As described in the literature review, given the fewer sexual minorities of color and younger sexual minorities who identify as LGBTQIQ, this definition provided the greatest inclusion of sexual minorities across age and racial/ethnic groups.

To ensure participation of only sexual minorities in the study, the first question on the online survey asked participants to identify their sexual orientation. The item was mandatory and it filtered out individuals who endorsed being heterosexual. One of the limitations of this methodology is that it also excluded members of the trans community who identified as heterosexual. For example, a trans man who dates women may have selected his sexual orientation as heterosexual, and this would have excluded him from participating in the survey despite identifying as part of the LGBTQIQ community. A couple of potential participants emailed the student PI to describe this issue; however, it was too late in the data collection process to be able to modify the study design. The impact of this methodological limitation on the generalizability of the study will be discussed in more detail in the discussion section.

Of the 382 individuals who participated in the online survey, there were fifteen participants (3.9% of the sample) who had substantial missing data and were dropped from all analyses. How these participants and the rest of the missing data for the sample were handled will be discussed in greater detail in the Results section. After using list-wise deletion for these participants, the total sample size was reduced from 382 to 367.

Given the centrality of sexual minority status to the study, the categorization of individuals into sexual orientation groups was an important consideration. Table 1 illustrates the full range of responses for the sexual orientation of the sample.

Table 1

Full Range of Sexual Orientation Identities Endorsed in Total Sample (N=367)

Sexual Orientation	<i>Freq</i>	<i>%</i>
Gay	91	24.8
Lesbian	120	32.7
Bisexual	41	11.2
Queer	70	19.1
Same-Gender Loving	12	3.3
Questioning	4	1.1
No Label	14	3.8
Other	15	4.1

To create theoretically and statistically meaningful groups of a large enough size to make inter-group comparisons, sexual orientation was recoded into three groups: Gay/Lesbian, Bisexual, and Fluid. The Gay/Lesbian group includes participants who identify as being attracted to people of the same gender, which for this study included participants who endorsed being gay, lesbian, or same-gender loving. Bisexuals for this study were participants who identified as being attracted to both the same and opposite gender which included people who endorsed being bisexual. Finally, Fluid describes individuals who endorsed a more flexible sexual orientation that moves away from the stability of identities of gay, lesbian, and bisexual. For the purpose of this study, Fluid included people who endorsed being queer, questioning, no label, and other. The grouping of individuals into these three sexual orientation

categories was used for all analyses looking at group differences based on sexual orientation. Table 4 at the end of this section illustrates the distribution of the analytic sample into these and other demographic categories.

Several analyses that were proposed for the study included looking at group differences on the basis of race/ethnicity. The race/ethnicity of the sample was captured using another mandatory item in the online survey which required participants to select only one choice. Table 2 illustrates the full range of answers for the race/ethnicity for the total sample.

Table 2

Full Range of Race/Ethnicity Identities Endorsed in Quantitative Sample (N=367)

Race/Ethnicity	<i>Freq</i>	%
White	234	63.8
African American	24	6.5
Latin@	46	12.5
Asian American/API	18	4.9
Native American	3	0.8
Middle Eastern	4	1.1
Multiracial	23	6.3
Other	15	4.1

The researcher recoded 12 respondents who selected “Other” into relevant racial/ethnic categories where appropriate. This included four individuals recoded as white; three who described themselves as “European American” and one who described herself as an “Ashkenazi Jew.” Three participants were recoded as multiracial who described being of multiple racial/ethnic backgrounds. Two participants were recoded as Latin@ who described their nationality as Mexican. Finally, using a

broader and inclusive category of pan Asian that includes southeast Asian and Pacific Islander populations, two participants who identified as Filipino and one who identified as Pakistani were recoded as Pan Asian.

One participant who selected Other could not be meaningfully recoded into a race/ethnic group because he explained that he did not identify with any race/ethnicity. Two other participants who selected Other and identified as Jewish could not be recoded without additional information regarding their race/ethnicity. These three participants coupled with the three individuals identifying as Native American and four as Middle Eastern were left out of analyses looking specifically at racial/ethnic differences due to the small sample size of these groups. Again, Table 4 at the end of this section illustrates the distribution of the analytic sample into the final racial/ethnic categories as well as other demographic categories.

In contrast to the sexual orientation and race/ethnicity survey items, the item that asked about gender identity allowed participants to select all identities that applied. In total, 28 participants selected more than one gender category. Table 3 represents the full range of endorsement of gender identities by the total sample. To create theoretically and statistically meaningful groups of a large enough size to run group comparisons, gender was recoded into 3 groups: man, woman, and gender variant. The gender variant group included any individual who identified as genderqueer, trans, intersex, or other. Of those participants who selected more than one category, all included either genderqueer, trans, or selected other and described a trans identity (e.g., “transwoman”, “ftm transsexual”, “two-spirit”). Therefore, the gender variant group captured all of the individuals who selected multiple identities. Table 4 at the end of the section illustrates the recoding of this variable and all demographic variables for the analytic sample.

Table 3

Full Range of Gender Identities Endorsed in Total Quantitative Sample (N=367)

Gender	<i>Freq</i>	%
Single Identity		
Woman	213	58.0
Man	98	26.7
Trans	9	2.5
GenderQueer	15	4.1
Intersex	0	0.0
Other	4	1.1
Two Identities		
Woman & Trans	3	0.8
Woman & GenderQueer	2	0.5
Woman & Other	2	0.5
Man & Trans	11	3.0
Man & Other	1	0.3
Trans & Intersex	1	0.3
Trans & GenderQueer	2	0.5
Trans & Other	2	0.5
Other & GenderQueer	1	0.3
Three Identities		
Woman, Trans & GenderQueer	1	0.3
Man, Trans & GenderQueer	1	0.3
Man, Trans & Intersex	1	0.3

The mean age of the sample was 32.62 (SD = 10.19) with a range from 18 – 66 years old. One participant did not give his age, so pairwise deletion was used for analyses exploring differences based

on age. Because it was a continuous variable, differences based on age were initially proposed to be explored via linear regression. In light of this, the significant positive standardized skew of age was a concern (skew = 8.58). Efforts to transform the variable using square root and log10 transformations did not significantly increase the normality of the distribution. As a result, age was categorized into four groups. The groups were 18-25, 26-29, 30-39, and 40-66-year olds. The groups were developed from the quartiles for the variable and were loosely based on developmental theories regarding group differences across the lifespan. The first group (18-25 year olds) maps onto what Arnett (2000) describes as emerging adulthood. This is contrasted with individuals in their later twenties who are considered in the phase often called young adulthood (2000). Finally, the third and fourth groups map onto different age groups within the category of adulthood.

Finally, participants answered questions about the state and region in which they lived, their level of education and income, and the degree to which they were out to different people in their lives. Individuals from 30 different states and the District of Columbia participated in the survey. States with the largest number of participants included Georgia (31.9% of the sample), California (13.4%), Texas (7.9%), New York (6.8%), Arizona (6.5%) and Illinois (4.6%). Participants predominantly lived in urban areas, with about a quarter living in the suburbs and less than ten percent living in rural areas. Four participants skipped the questions about the region in which they lived, and two said they lived in more than one region, so these participants were considered missing on this item. The range of income for the sample was large and nearly normally distributed. It ranged from participants with no income to those earning over \$100,000 a year. The median income for the sample was between \$20,00-40,000. The distribution of the participants with regards to education was more skewed; nearly 80% of the sample had at least a college degree, and almost half of the sample had a graduate degree. The impact of the oversampling of higher educated participants will be discussed in more detail in the Limitations section. One participant skipped the education and income questions. Lastly, the overall degree to which the sample was out to different people in their lives was relatively high with a mean score of 5.41 (SD =

1.35) out of a possible 7 on the Outness Scale (Mohr & Fassinger, 2000). The Outness scale will be discussed in more detail in the subsequent Measures section. Table 4 illustrates the distribution along these and all demographic variables of the analytic sample.

The overall sample met the sampling goals of the current study. The quota-based sampling techniques were successful, resulting in a sample with a racial/ethnic diversity that largely reflects national estimates (Romero, et al., 2007). The oversampling techniques were also successful. Fewer white sexual minorities were sampled compared to the national average (67% compared to 76%), which allowed for over-sampling of several marginalized communities, including Asian American and Latin@ communities.

However, the sample was less diverse with regards to several demographic variables. First, the sample is a highly educated sample with few participants without at least a college degree. Second, the sample features predominately sexual minorities living in urban areas. Finally, while the range of age in the sample is considerable, younger sexual minorities were over-sampled, with over half of the sample under thirty. How the sample descriptives affect the generalizability of study findings will be further discussed in the Limitations section.

Table 4

Frequency and Percentages of Demographic Groups in Analytic Quantitative Sample

Demographic Groups	<i>Freq</i>	<i>%</i>	Demographic Groups	<i>Freq</i>	<i>%</i>
Sexual Orientation (n=367)			Gender (n = 367)		
Gay/Lesbian	223	60.8	Women	214	58.3
Bisexual	41	11.2	Men	98	26.7
Fluid	103	28.1	Gender Variant	55	15.0
Race/Ethnicity (n = 357)			Age (n = 366)		
White	238	66.8	18-25 yr	85	23.2
African American	24	6.7	26-29 yr	108	29.5
Latin@	48	13.4	30- 39yr	91	24.9
Pan Asian	21	5.9	40+	82	22.4
Multiracial	26	7.1			
Income (n = 366)			Education (n = 366)		
No Income	31	8.5	Some High School	2	0.5
\$1 - 20K	84	23.0	High School	37	10.1
\$20 - 40K	91	24.9	Trade	20	5.5
\$40 - 60K	81	22.1	Associate's Degree	16	4.4
\$60 – 80K	39	10.7	College Degree	120	32.8
\$80 – 100K	18	4.9	Advanced Degree	171	46.7
\$100K +	22	6.0			
Region of Residence (n=364)					
Urban	244	67.4			
Suburban	87	24.0			
Rural	31	8.6			

Measures

The online survey (Appendix A) included demographic questions, a social network measure, and an IPV screening instrument. The survey took approximately 10 minutes to complete.

Demographic Questions

The demographic questions include sexual orientation, gender, race/ethnicity, age, level of education, income, state and region (urban, rural, suburban) of residence, and degree of outness. The Outness Scale (Mohr & Fassinger, 2000) was used to measure the degree to which participants had disclosed their sexual orientation to different people in their lives. This 11-item scale asked the likelihood that different people know and the frequency with which they talk about the participant's sexual orientation. The scale asks about family members, coworkers, religious community members, and straight and gay friends with the level of outness ranging from 1 (person definitely does not know about your sexual orientation status) to 7 (person definitely knows about your sexual orientation status, and it is talked about openly). The scale had a Cronbach's Alpha of .93.

Social Network Measure

The social network measure was based on the Social Relationship Scale (SRS; McFarlane, Neale, Norman, Roy, & Streiner, 1981). The SRS asks individuals with whom they would discuss specific issues like work, personal health, and family. Participants list (using initials only) the individuals with whom they would talk, their relationship to the individual (e.g. sister, co-worker), the helpfulness of the discussion on a 7-point scale, and whether this person would come to the participant to discuss the same topic. To modify this scale to fit the needs of the current study, the context was changed so that participants were asked to whom they would turn if they had a problem in their sexual minority intimate relationship. Again, participants listed the initials, and they selected from a list how they were related to the person (e.g., close friend, family, someone from work). They rated the helpfulness of the person on

a 5-point scale (1= made things a lot worse, 3 = made no difference, 5 = made things a lot better) and checked yes or no about whether the person would turn to them to talk about their intimate relationship.

Two questions were added that were not asked in the original SRS but that addressed central components of the current study. The first asked about the type of response the person provided to the participant. Given the goal of using the data to help develop a program to strengthen the responses of informal social networks, knowing how network members currently respond was important. The following question was added to assess this: “In general, when (if) you talked with the person about a problem in your relationship, what was (or would you expect to be) his/her/hir response?” Sample answer choices included “Provides emotional support (e.g. listens, comforts)”, “Provides material support (e.g., offers money, housing, transportation, childcare),” “Gets frustrated or annoyed with you”, etc. Participants checked all that applied, and there was an “Other” option for participants to write in responses they received that were not otherwise listed.

The second question added asked about the sexual orientation of the person to whom that participants would turn. Again, this relates back to the goal of the study by building the understanding of whom sexual minorities turn to for support. Knowing the sexual orientation helps program developers to know whether prevention programs should primarily target other sexual minorities, or whether people are turning to heterosexual communities as well.

In total, participants could list up to ten people they would turn to if they had a problem in their relationship. Placing a cap on the number of network members listed kept the data manageable and reflected strategies used with similar social network measures (Antonucci & Israel, 1986). Participants were asked to answer all of the above questions for up to five people that they would turn to. Therefore, data on the five social network variables (the relationship, response, helpfulness, sexual orientation, and reciprocity) were gathered on the first five people that participants listed. In order to decrease the burden on survey participants and avoid high levels of attrition, fewer questions were

asked of the remaining five people that participants could list. For persons 6-10, participants answered only two questions: the person's relationship to the participant, and the person's sexual orientation.

While many different social network scales exist, the modified SRS scale was seen as the most applicable given the focus of the study. The study specifically explored where sexual minorities turn when experiencing problem in intimate relationships, and this context directly impacts key elements of sexual minorities' informal networks that may be overlooked using general social network scales. Social network members that might be central for sexual minorities in their day-to-day life might not be the same people that they turn to for a relationship problem. This is especially true for a sexual minority who is not "out" to all members of their informal network or if the person shares many of their close friends with their partner. Since the goal of the study is to provide information to create an IPV prevention program for sexual minority communities, it was necessary to capture participants' networks in the context of a relationship problem.

Intimate Partner Violence Screen Measure

The Harm-Insult-Threaten-Scream Tool for Intimate Partner Violence Screening (HITS; Sherin, Sinacore, Li, Zitter, & Shakil, 1998) is a widely-used screening tool developed to assess for the experience of IPV. HITS is one of the IPV screening tools that has been most studied and validated for many racial/ethnic communities (Rabin, Jennings, Campbell, & Bair-Merritt, 2009). It is also one of only two IPV screening instruments tested on men (Mills, Avegno, & Haydel, 2006). This was important for the current study because the survey was administered to individuals of all genders and across many racial/ethnic groups. The scale is four items long, and it asks the frequency with which one has been physically hurt, insulted, threatened, or screamed at by their partner. The five-item response scale ranges from never (1) to frequently (5). Scores of ten or greater are considered positive screens of IPV. In the current sample, 15 participants (4.1% of the sample) screened positive for IPV. The scale had a Cronbach's Alpha of .78 in the current sample.

Qualitative Methods

Approach

Individual interviews were conducted to expand on the quantitative data, building more information with which to shape the content of IPV prevention programs for sexual minorities. The interviews addressed common experiences of sexual minorities who sought help from their informal network for IPV. In keeping with the goal of the study, the interviews also utilized an intersectional framework, exploring how the confluence of multiple identities influenced the experience of sexual minorities in seeking support for IPV from their informal social networks.

The current study used a mixed method qualitative approach inspired by phenomenology and grounded theory. The study draws on the strengths of both approaches, applying relevant techniques of each approach at different stages of the research process. Using a mixed method approach in qualitative research is increasingly seen as a way to maximize the relevancy of study findings by incorporating the analytic techniques that can best answer the research questions (Patton, 2002; J. Smith, Bekker, & Cheater, 2011).

The current study was guided overall by phenomenology. As Creswell (2007) describes, phenomenological approaches aim to understand the “essence” of a specific phenomenon. For this study, the phenomenon of interest was seeking support for IPV from informal social networks. Phenomenology describes experiences textually and structurally. Textual descriptions describe the core experience of a phenomenon while the structural descriptions explore the context of the phenomenon (Creswell, 2007). The study used a methodology inspired by phenomenology to conduct the interviews. The interviews asked participants not only about the “essence” of their experiences seeking support from informal networks, but also how that experience was affected by the intersection of their multiple forms of identity. Additionally, during the data analysis process (described in more detail in the Results section) the researcher applied the principles of textural and structural descriptions to understand participants’ experiences.

Grounded theory techniques were used to complement the phenomenological approach of the study. Grounded theory is a qualitative approach that aims to develop theories that emerge from data and are “grounded” in the lived experience of participants (Strauss & Corbin, 1998). Grounded theory techniques were used during the data collection process and in the initial phase of the data analysis process. The specifics of how grounded theory was incorporated will be discussed in greater detail during the Procedures and Data Analysis Plan sections, respectively.

Procedures

Recruitment

Recruitment for the interviews occurred through the online survey. At the end of the survey, a final question asked participants if they would like to take part in an interview. For individuals who agreed to participate in follow-up interviews, their names and contact information were sent to a separate database with a numerical identifier that connected their contact information to their quantitative data.

Since the goal of the interviews was to understand more about the experience of seeking support for IPV, only participants who screened positive for experiencing IPV were eligible to be interviewed. While 84 online survey participants (22% of the sample) said they would be interested in participating in an interview and provided contact information, only nine of those participants screened positive for IPV based on the criteria of the IPV screening tool (HITS). Because the initial goal was to interview ten sexual minorities, it would have been impossible to meet this goal given the study sample. In order to try to interview the target number of participants, the criteria for the experience of IPV was made less stringent. While the creators of the HITS scale propose a score of ten as a cutoff for experiencing IPV (Sherin, et al., 1998), the current study used a cutoff score of nine to allow for greater inclusion of potential interview participants. Additionally, there were three participants whose IPV screen score was below nine but who indicated in a comments section on the survey that they had

experienced IPV in a previous relationship. These individuals were also included as potential interview candidates. Ultimately, by using nine as the cutoff score and including people who had expressed a previous history of IPV, fourteen participants qualified for the interviews.

The researcher contacted all but one of those fourteen participants. Based on demographic information, it appeared that two participants might have been in a relationship together. Prioritizing the safety of the participants and in keeping with standard protocol in the field of IPV for dealing with couples who may be actively experiencing IPV, the researcher elected not to contact both participants. Instead, the researcher contacted only the participant who had endorsed experiencing a higher level of IPV which included physical violence.

Therefore, the researcher contacted a total of thirteen individuals to invite them to participate in the qualitative interviews. The researcher sent each candidate an initial communication inviting the candidate to participate in an interview. If the candidate did not respond within a week, then the researcher sent a second correspondence. If the candidate still did not respond, then the researcher sent a final communication ten days later. Ultimately, seven candidates responded and participated in interviews. While seven interviews was less than the ten interviews originally proposed for the project, seven still falls within the recommended range for phenomenological qualitative projects (Creswell, 2007).

Consent Procedures

Before beginning each interview, the researcher reviewed verbally the informed consent form approved by the GSU IRB (see Appendix C). The consent form for the interviews was similar to the consent form for the online surveys in that they outlined the purpose of the study, the rights of all participants, the risks and benefits associated with participation, and the contact information of the principal investigators and officials at the IRB. In addition to this, the interview consent forms also

described how all interviews would be audio-taped, and it explained the extra steps that would be taken to maintain participants' confidentiality.

Before beginning the interviews, participants listened to the researcher read aloud the consent form, and then they provided verbal consent to participate and to have the interview audio-recorded. Only one interview was conducted in person, so only one consent form obtained the signature of the participant. The GSU IRB had provided a waiver of documentation of consent for the interviews conducted over the phone, so participants' signatures were not collected. Instead, the researcher signed the consents after confirming that participants agreed to participate. Finally, after the interviews, the PI sent a copy of the consent form either electronically or via mail to all participants.

Data Collection

The interviews took between 45 minutes and an hour and a half, and all participants received \$15 for their time. All interviews were audio recorded. One interview was conducted in person at a public space suggested by the participant. The other six interviews were conducted over the phone. Several methodological limitations exist for conducting interviews over the phone, including the inability to assess nonverbal communication (Berg, 2009), greater difficulty in building rapport, and less ability to control the interview environment. However, for the purposes of this study, phone interviews provided several key advantages. First, conducting the interviews by phone provided greater anonymity of interview participants. This may have been especially important given that the interviews were conducted within marginalized communities and discussed potentially stigmatizing issues. Second, six of the interviewees lived in a different state than the researcher, so interviewing in person was not a feasible option for all participants.

Data Entry and Management

All interview recordings were transcribed by either the researcher or trained research assistants. All transcripts were reviewed with the audio recording a second time by the researcher to check for accuracy. After this review, all interview transcripts were sent to the respective interviewee to allow them to modify or edit the transcripts. Four of the seven interviewees responded to this request for feedback, and three made minor changes and clarifications to the transcripts. After providing all interviewees with two weeks to edit the transcripts, the transcripts were then modified by the researcher to remove all identifying information. All names and places that were given during the interview were changed to pseudonyms.

Once all identifying information was removed, the transcripts were imported to Atlas ti, a qualitative data analysis software program. Coding the text and developing themes (a process described in the Results section) all occurred using Atlas ti. The program allowed the researcher to organize all codes and memos, and the program also aided in the process of linking between memos, codes, and text.

Participants

The qualitative sample came from the quantitative sample; individuals who participated in the online survey were asked if they would be interested in participating in an interview. Table 5 shows the demographic information of the fourteen participants who said they would be willing to be interviewed and who met the eligibility requirement by screening positive for IPV.

As will be described in more detail in the following section, seven of the fourteen eligible interview participants were interviewed. Table 6 shows the demographic information for these seven participants. As demonstrated in the table, there was a considerable diversity in the qualitative sample regarding race/ethnicity, sexual orientation, region, income and age. However, also clear is the limited diversity of education and the lack of gender diversity in the sample. The interview sample consisted

mostly of individuals with an advanced degree. The effects of over-sampling this population will be discussed further in the Limitations section.

Table 5

Frequency and Percentages of Demographic Groups in Qualitative Interview Pool (N = 14)

Demographic Groups	<i>Freq</i>	<i>%</i>	Demographic Groups	<i>Freq</i>	<i>%</i>
Sexual Orientation			Gender		
Gay/Lesbian	6	42.9	Women	9	64.3
Bisexual	2	14.3	Men	2	14.3
Fluid	6	42.9	Gender Variant	3	21.4
Race/Ethnicity			Region of Residence		
White	6	35.7	Urban	6	42.9
African American	2	28.6	Suburban	7	50.0
Latin@	5	28.6	Rural	1	7.1
Multiracial	1	7.1			
Income			Education		
No Income	1	7.1	High School	4	28.6
\$1 - 20K	4	28.6	Trade	1	7.1
\$20 - 40K	4	28.6	College Degree	2	14.3
\$40 - 60K	4	28.6	Advanced Degree	7	50.0
\$60 – 80K	1	7.1			

As for the inclusion of only women in the interview sample, there are several potential reasons for why this occurred. One is that the researcher contacting individuals to participate was a woman.

Knowing that the person conducting the interviews was a woman may have made it more comfortable for other women to participate but potentially less comfortable for men or trans-identified participants. The very topic of the interviews may have exacerbated this issue. As described in the literature review, IPV is often assumed to be gendered, where women are the victims and men the perpetrators. Male and trans survivors of IPV, therefore, confront this additional stigma which may make them less likely to participate in an interview exploring their experiences of IPV. Finally, women represented the majority of the quantitative sample and also the pool of potential interview participants. Therefore, there was less statistical opportunity for men or trans-identified individuals to participate in the interviews, which also may help explain their absence in the qualitative sample.

While the exclusive gender of the interview participants affects the generalizability of the qualitative findings (an issue that will also be discussed in greater detail in the discussion section), it may have been advantageous given the focus of the interviews. Utilizing an intersectional approach, the interviews aimed to gather detailed information on how the intersection of multiple identities affects the experience of help-seeking for sexual minorities. As described in the literature review, intersectional approaches often highlight within group differences, disrupting grand narratives that suggest that people in broad demographic groups necessarily share the same experience. The all-woman sample provided a unique opportunity to see considerable differences within the broad category of woman by exploring how the experience of female sexual minorities differed significantly based on the intersection of their multiple identities. For this reason, interviewing only women may have helped explore with greater nuance the intersectionality of experience for sexual minorities.

Table 6

Demographic Information for Qualitative Sample (N = 7)

Demographics	<i>Freq</i>	<i>%</i>	Demographics	<i>Freq</i>	<i>%</i>
Sexual Orientation			Race/Ethnicity		
Lesbian	3	42.9	White	3	41.9
Bisexual	2	28.6	African American	2	28.6
Fluid	2	28.6	Latin@	2	28.6
Income			Region		
\$1 - 20K	1	28.6	Urban	3	42.9
\$20 - 40K	2	42.9	Suburban	3	42.9
\$40 - 60K	4	21.4	Rural	1	14.3
Education			Age		
High School	1	14.3	18-25 year old	1	
Advanced Degree	6	85.7	26-29 year old	2	42.9
			30-39 year old	2	42.9
			40-49 year old	2	14.3
Gender					
Woman	7	100.0			

Measures**Interview Guide**

The qualitative interviews were semi-structured and used an interview guide with three broad questions and a list of potential prompts (Appendix B). Following a phenomenological approach, the first two questions asked about participants' experiences in seeking support for IPV from their informal networks and the context of that experience. The third general question related back to the goal of the study and asked participants for how the response of their informal social networks could be improved.

As mentioned previously, the current study used a mixed method approach that incorporated both phenomenological and grounded theory techniques. The study utilized grounded theory techniques in the conduction of interviews. Specifically, the researcher made minor modifications to the interview guide during data collection as greater knowledge was gained about the phenomenon of interest. For example, after a couple of interviews, the researcher noticed the relative absence of broader LGBTQIQ communities being mentioned by participants, so she explicitly probed later interviewees about their connection to these communities. Modifications like this reflect a common technique used in grounded theory research, such that data collection is an iterative process, and methods are often revisited and revised during the course of a project (Creswell, 2007). Utilizing this technique strengthened the current study by providing an opportunity to hone research questions to make them most relevant to study participants.

The interviews covered the following broad areas: where people sought help from within their informal networks, their experiences with their informal network members, how their experiences were impacted by their multiple identities, and what could improve the response of their informal network members. The data from the qualitative interviews helped shape an understanding of the content for an IPV primary prevention program for sexual minorities.

Quantitative Results

Data Analysis Plan

The first step in the quantitative data analysis plan was to create all study variables. Given the construction of the Social Relationship Scale (McFarlane, et al., 1981), there were many different ways to create variables to look at the relevant constructs for the study. The first section outlines how each variable was constructed as well as the rationale for its method of construction. The second step in the data analysis plan was to prepare all variables by screening them for missing data, outliers, and violations of normality. The second subsection of the Results section discusses the process of data screening as well as how the issues that arose were handled.

Once all study variables were created and prepared, analyses were conducted to answer the primary quantitative research questions of the current study. As stated previously, the goal of the study was to build the empirical knowledge with which to develop community capacity intimate partner violence (IPV) primary prevention programs for sexual minorities. Given this goal, there were two primary research aims for the quantitative data. The first was to understand the structure of sexual minorities' social networks. The knowledge of where sexual minorities turn for support for their intimate relationships can be used to help primary prevention programs target more effectively the relevant members of sexual minorities' social networks. Subsection three addresses this research question, examining the structure of social networks by using the dependent variables of network size and network makeup.

The second research aim was to understand how social networks function, specifically the kinds of supports network members provide and how helpful they are. This information will help shape the content of a prevention program, painting a clearer picture of ways to strengthen the response of network members to make them more helpful to sexual minorities in need. The fourth subsection

addresses this research aim, exploring the function of social networks using the variables of network response and helpfulness.

Finally, given the intersectional approach of the current study, group differences were explored for all dependent variables using the categorical independent variables of sexual orientation, gender, race/ethnicity, and age. One-way, between group analyses of variance (ANOVAs) were conducted to examine group differences. All analyses were run using Predictive Analytic Software (PASW) Version 18.

Variable Creation

The following section outlines how each of the variables was created for the current study. Tables 7 and 8 illustrate the full range of responses for all dependent variables. Table 7 shows the full range of the network size variable for the whole network while Table 8 shows the responses for all remaining dependent variables. Table 8 provides the responses only for the first person listed in participants' networks because of the varying number of participants who listed more than one person in their network.

Network Size.

The current study used the relationship items on the SRS to calculate network size. The relationship items asked participants to indicate how the person in their network was related to them (e.g., Close Friend, Family, Neighbor). If participants selected at least one relationship type for a person in their network, then that person was counted as being in their network. The total network size variable was created by summing the people listed in networks based on the relationship items.

Table 7

Full Range of Network Size for sample (N = 367)

Network Size	<i>Freq</i>	%
0	13	3.5
1	80	21.8
2	75	20.4
3	84	22.9
4	37	10.1
5	43	11.7
6	3	0.8
7	11	3.0
8	5	1.4
9	5	1.4
10	11	3.0

The advantage of using this strategy to create the network size variable is that participants answered the relationship items for all persons they listed in their network. Using this method, it was possible to capture the full range of network sizes (networks from 0 – 10). An alternative way to compute Network Size would have been to use items that asked “Would you turn to someone else.” These items were used in the online survey to create skip patterns for participants so that they would only receive questions about the number of people who were in their network. A disadvantage of using these items was that they were only asked of participants for the first five people they listed in a network. The skip pattern was not available after participants listed five people in their network, which means these items were not asked after that point. Therefore, using this alternative method, it would be impossible to distinguish the participants who go to six people from those who turn to ten. Thus, the range of the network size variable using this method is from 0-6. Ultimately, the method that produced

the most statistically rich data was used. This provided an opportunity to explore in the most detail a central component of the study: the total network size of sexual minorities.

An issue with using this method to calculate network size is that after answering questions about several members of their network, 21 participants checked that they would go to an additional person, but then did not provide any details about that person. In order to analyze the maximum amount of data in the sample, the data from these 21 participants was used; their total network size was represented by the last relationship variable they completed. This results in a potential undercount of network size for this sample, which will be discussed in further detail in the Limitations section

Network Makeup.

Two sets of variables were created to examine the construct Network Makeup. The first set looked at how participants were related to their network members. This set of variables used the items on the questionnaire that asked participants about their relationship to the people they listed in their networks. There were ten relationship options from which participants could choose, including Close Friend, Casual Friend, Acquaintance, Biological Family, Someone from Work, Someone from School, Neighbor, Religious Community Member, Mental Health Provider, and Other. Participants could select all relationship types that applied. Table 8 shows the full distribution of relationship types endorsed for the first person listed in participants' network.

Table 8

Full Range of Responses on Dependent Variables Endorsed for the First Person in Network

Variables	Freq	%	Variables	Freq	%
Relationship Types (n=354)*			Response Of Network (n=354)*		
Close Friend	267	72.8	Emotional Support	349	98.6
Casual Friend	6	1.6	Material Support	181	51.1
Acquaintance	0	0.0	Information Support	138	39.0
Biological Family	54	14.7	Tells You What To Do	76	21.5
Someone from Work	12	3.3	Annoyed	10	2.8
Someone from School	10	2.7	Uncomfortable	8	2.3
Neighbor	0	0.0	Avoids	3	0.8
Religious Member	3	0.8	Other	15	4.2
Mental Health Provider	17	4.6			
Other	29	7.9			
Sexual Orientation (n = 353)**			Network Helpfulness (n=352)**		
Sexual Minority	192	54.4	Helped things a lot	218	61.9
Heterosexual	150	42.5	Helped things a bit	127	36.1
Don't Know	11	3.1	Made no difference	7	2.0
			Made things a bit worse	0	0.0
			Made things a lot worse	0	0.0

*Frequencies sum to over 354 and percentages to over 100% for Relationship Type and Response of Network because participants were allowed to select more than one answer.

**One participant skipped the sexual orientation question and two skipped the Helpfulness for the 1st person in their network.

Given the wide range of responses and limited endorsement of several items, these items were recoded into three categories. The categories were Friend, Family, and Other. The Friend category included participants who selected that the person they would turn to was a Close Friend, Casual Friend and/or Acquaintance. The Family category included participants who selected that the person was a

Family member. The Other category included participants who selected any of the remaining relationship types. Since participants could select multiple relationship types for each person they listed in their network, the recoding process also included a trumping scheme. The trumping scheme specified that Other was trumped by Friend which was trumped by Family. The majority of the trumping was applied to participants who selected an item in the Other category and one from the Friend category (e.g., Casual Friend and Someone From Work). For these individuals, the relationship type was recoded as Friend. However, a small number of participants selected that the person they would turn to was Family and a Close Friend; for these rare instances, the relationship type was recoded as Family. The challenges and impact of this coding scheme will be discussed further in the Discussion and Limitations sections.

Using these recoded relationship type categories, three dependent variables were created to examine the first aspect of network makeup: how participants were related to their network members. The three variables illustrated the extent to which participants' networks consisted of each of the three relationship types (Friend, Family, and Other). Therefore, the three dependent variables were the percentage of network made up of friends, the percentage made up of family, and the percentage made up of other. These variables were calculated by adding the total number of friends, family, and other people listed in participants' networks, and then dividing the sum of each by the total size of the network. This was done as long as participants completed at least 80% of the relationship items for their network.

The second set of Network Makeup variables examined the sexual orientation of network members. These variables were created using the items that asked about the sexual orientation of each network member that participants listed. The answer choices for these items were Sexual Minority, Heterosexual, and Don't Know. Similar to the first set of network makeup variables, these variables illustrated the extent to which participants' networks consisted of members identifying as each of these sexual orientations. Therefore, the three dependent variables were the percentage of network made up

of sexual minorities, the percentage made up of heterosexuals, and the percentage made up of don't know. These variables were calculated by adding the total number of sexual orientations endorsed for the people listed in participants' networks, and then dividing the sum of each by the total size of the network. This was done as long as participants completed at least 80% of the sexual orientation items for their network.

In summary, there were six variables created to represent the construct of network makeup. Three variables (Percentage of Friend, Family, and Other) illustrated the makeup of the network based on the relationship of network members to the participant, and three (Percentage of Sexual Minority, Heterosexual, and Don't Know) characterized the makeup of the network based on the sexual orientation of network members. All Network Makeup variables were continuous, ranging from 0-100%.

Network Response.

The Network Response variable was constructed using the SRS items that asked how network members responded when participants talked to them about their relationships. The questions provided seven answer choices and a space for participants to write in other responses. Participants could select as many responses as applied for each network member they listed. Unlike network size and makeup variables, however, the items asking about network response were only asked of the first five people listed in participants' networks. This was done to reduce the total number of survey questions and thus lower the risk of participant burnout and attrition. Table 8 illustrates the full range of response types for the first person listed in participants' networks.

Responses were grouped into two major categories: positive and negative responses. The groups were based on the IPV literature regarding positive and negative responses to individuals experiencing IPV (Trotter & Allen, 2009). The items considered positive were Emotional, Informational, and Material Support. The negative items were Tells You What To Do, Is Annoyed, Is Uncomfortable, and Avoids Talking to You. Nearly all participants who selected Other also selected another response type;

for those participants, their responses were grouped as positive or negative based on the other response item(s) they endorsed. For the two participants who only selected Other, their answers were recoded into the positive category because the explanation provided illustrated different forms of emotional support (e.g., "just listens" and "agrees with me").

After looking at the pattern of responses, it was clear that receiving only negative responses from a network member was very rare. For the first person listed in the network, only three participants answered that their network member would provide only negative responses. For the second person listed in the network, only two participants reported receiving only negative responses. For the remaining network members, all participants said that they would receive at least one positive response from them. Specifically, emotional support was listed for almost all network members.

Therefore, the grouping of the response variables was modified to reflect this pattern in survey respondents. The new system grouped responses into 2 categories: exclusively positive responses and responses that include at least one negative response. The responses of each network member listed were recoded, and then the average of these binary variables was calculated. This total variable is continuous and illustrates the extent to which participants received negative responses from their networks. The higher the score, the more negative responses they received.

Network Helpfulness.

The Network Helpfulness variable was constructed using the items that asked how helpful network members were in responding to participants' relationship problems. The variable took the average of all helpfulness items participants completed. Similar to network response, the items for network helpfulness were only asked of the first five people listed in participants' networks. For this reason and for others that will be discussed in more detail in the Discussion section, there was very little variance in the Network Helpfulness, illustrated in Table 9 at the end of this section.

Data Preparation and Screening

Missing Data.

All variables were screened for missing data. As mentioned in the Methods section, fifteen participants were handled using list-wise deletion because of missing data. Thirteen participants did not complete over 80% of the online survey, including all dependent variables. Additionally, two participants did not answer the sexual orientation questions necessary for three of the Network Makeup variables. These fifteen participants represented 3.9% of the sample. The means of the participants with missing data were compared on all study variables to participants who completed the survey, and no statistically significant differences were found. Given that the missing data represented less than 5% of the sample and that the data appeared missing completely at random (MCAR), listwise deletion was used (Allison, 2002; Howell, 2007; Tabachnick & Fidell, 2000), and these fifteen participants were dropped from all analyses.

With the deletion of these participants, there were no remaining missing data for any dependent variables in the sample. There were, however, thirteen participants who answered that they would not turn to anyone if they had a problem in a relationship. These individuals were included in the Network Size variable (their network size = 0), but they were not included in the Network Makeup, Response, or Helpfulness variables because they did not complete the necessary questions on the SRS. However, these participants were not deemed missing because they completed the scale correctly; their answers simply required the application of a skip pattern that gave them no data on the remaining dependent variables. After handling all missing data and skip patterns, the final sample sizes for the dependent variables were 367 for Network Size and 354 for Network Makeup, Response, and Helpfulness.

Outliers.

All variables were screened for outliers using two methods. The first was to assess box plots and histograms to see visually if there were significant outliers. If it seemed like there were potential outliers, then a second assessment strategy was used. This method is recommended by Tabachnick & Fidell (2000), and it involved examining the distribution of z-scores. Cases may be considered potential outliers if they have a z-score above 3.29.

For Network Size, the assessment of the box plots and histograms revealed a small number of individuals at the upper end of the scale that were potential outliers. However, after calculating the z-scores, the largest z-score for Network Size variable was 3.15, suggesting that these cases would not qualify as outliers.

For the Network Makeup variables, the assessment of box plots and histograms revealed potential outliers for one variable: Percentage of Don't Know in Network. Using the second strategy, the Percentage of Don't Know variable had ten cases considerably greater than 3.29 (ranging from 3.95 to 8.95). The presence of outliers could be due in part to the fact that this variable had limited endorsement by the sample overall; 91.2% of the sample answered that they did not have any people in their network whose sexual orientation they did not know. The significant presence of outliers and the limited endorsement overall created a severely uneven distribution of this variable, which raised concerns about the reliability and representativeness of the data from this variable (Tabachnick & Fidell, 2000). Due to these concerns, further analysis of the variable Percentage of Don't Know using ANOVAs was not conducted. Instead, the study focused on group differences between the extent that networks consist of sexual minority and heterosexually identifying network members.

The boxplots and histograms for the Network Response variable did not reveal potential outliers. For Network Helpfulness, however, there were three potential outliers in the lower end of the scale. The z-scores for these cases was -3.45, which suggests they may be outliers. However, Tabachnick and Fidell (2000) describe that with a large N, a few z-scores are expected to exceed a score of 3.29.

Given the large sample of the current study, and since the number of outliers was so few and their z-scores were close to 3.29, the outliers were retained in the sample.

Normality.

The skew and kurtosis were examined for all dependent variables (see Table 9). While these statistics were significant for several variables, Tabachnick and Fidell (2000) explain that when looking at grouped data, the skew of dependent variables is not an issue with samples greater than 30. This is because analyses of grouped data compare group means; therefore, these analyses use the distributions of means, not the distributions of the raw data. Based on the Central Limit Theorem, distributions of means are normally distributed with samples greater than 30, regardless of the distribution of the raw data. Since the current study only proposed analyses looking at differences between groups (e.g., sexual orientation, race/ethnicity), and since the sample was greater than 30, dependent variables were not transformed for any analyses. The descriptives for all final dependent variables and the correlations between them are displayed in Tables 9 and 10.

As illustrated in Table 10, several network makeup variables were strongly negatively correlated with each other. This makes conceptual sense. The larger the percentage of certain relationship types (e.g., friend) or sexual orientations (e.g., sexual minority) in networks, the smaller the percentages of other relationship types and sexual orientations in the same network. While several of the network makeup variables were very strongly correlated with each other, these dependent variables were never entered into the same statistical model together; therefore, the threat of multicollinearity was not a concern given the statistical analysis plan of the current study.

Table 9

Mean, Standard Deviation, Skew and Kurtosis of Dependent Variables

Dependent Variable	<i>M</i>	<i>SD</i>	Possible Range	<i>Skew*</i>	<i>Kurtosis*</i>
Network Size (N = 367)	3.08	2.20	0 – 10	10.43	7.08
Network Makeup (N = 354)					
Relationship Type					
% Friends	72.6	31.0	0 – 100%	-7.77	0.26
% Family	16.2	25.0	0 – 100%	13.89	11.43
% Other	11.2	22.0	0 – 100%	18.22	21.85
Orientation of Network					
% Sexual Minority	48.9	34.9	0 – 100%	0.57	-4.31
% Heterosexual	48.0	34.9	0 – 100%	0.22	-4.36
% Don't Know	3.1	11.9	0 – 100%	39.10	117.43
Network Response (n = 354)	0.25	0.35	0- 1	9.09	-0.25
Network Helpfulness (n = 354)	4.53	0.45	1 – 5	-4.75	-0.91

**Standardized Skew and Kurtosis*

Table 10

Bivariate Correlations of All Dependent Variables (N=354)

Scales	1	2	3	4	5	6	7	8	9
1. Network Size	—								
2. % Friends	-.30	—							
3. % Family	.02	-.71**	—						
4. % Other	.02	-.60**	-.14*	—					
5. % Sexual Minority	-.10	.21**	-.36**	.12	—				
6. % Heterosexual	.11*	-.17**	.37**	-.18**	-.94**	—			
7. % Don't Know	-.02	-.12*	-.02	.19**	-.18**	-.17**	—		
8. Network Response	-.05	.03	.12	-.17**	-.09	.08	.01	—	
9. Network Helpfulness	.045	-.09	-.02	.15**	.05	-.03	-.05	-.18**	—

*p<.05. **p<.01

Another significant correlation found was the negative relationship between Network Response and Network Helpfulness. This also makes conceptual sense given that a higher value on Network Response indicates more negative responses received from network members. Therefore, the significant correlation means that participants who received more negative responses from network members rated their networks as less helpful overall.

Additionally, a significant correlation was revealed between network size and the percentage of heterosexuals in networks. The positive correlation suggests that networks that are larger in size are also those that feature a larger percentage of heterosexuals. Finally, there were significant correlations found between the percentage of people categorized as Other in networks and network response and helpfulness. The significant correlations suggest that participants with a larger percentage of “Others” in their networks received fewer negative responses from network members and rate their networks as more helpful overall.

Group Differences: Social Network Structure

To understand whom community capacity IPV prevention program should target, it was necessary to know to whom sexual minorities turn for support. To examine this, the Network size and Network Makeup variables were used, and group differences were explored for the categorical variables of sexual orientation, race/ethnicity, gender, and age using one-way, between subjects analysis of variance (ANOVA). Given the unequal sample sizes for groups, and because some analyses violated the homogeneity of variance assumption for ANOVAs, the Welch F-ratio test was used. This alternative F-ratio test is robust when the homogeneity of variance assumption is violated (Field, 2005). Additionally, the Games-Howell post hoc procedure was used to explicate any statistically significant group differences. This post hoc procedure is a preferred method for when sample sizes are unequal between groups and the homogeneity of variance assumptions are not met (Field, 2005). Finally, effect sizes were reported using eta-squared (η^2).

Network Size

Results of the ANOVAs exploring group differences on network size are shown in Table 11. One-way ANOVAs revealed a significant difference in network size due to race/ethnicity, $F(4, 357)=4.19$, $p<.01$, $\eta^2= .04$. Games-Howell post hoc procedures indicated that white sexual minorities had a significantly larger network size than multiracial sexual minorities $F(4, 357)=4.19$, $p = .015$. No additional racial/ethnic differences were significant, nor were there significant mean differences found for any other demographic variable on network size.

Table 11

Mean Group differences on Network Size

Group	<i>M (SD)</i>	η^2	<i>P</i>
Sexual Orientation (N = 367)			
Gay/Lesbian	3.14 (2.21)		
Bisexual	3.27 (2.65)		
Fluid	2.91 (1.98)		
Total	---	.029	.57
Gender (N = 367)			
Women	3.24 (2.10)		
Men	3.06 (2.40)		
Gender Variant	2.56 (2.15)		
Total	---	.011	.11
Race/Ethnicity (N = 357)			
White	3.38 (2.36)		
African American	2.79 (1.50)		
Latin@	2.63 (2.04)		
Pan Asian	2.38 (1.69)		
Multi-Racial	2.27 (1.51)		
Total	---	.035	<.05*
Age (N = 366)			
18-25 year old	2.84 (2.31)		
26-29 year old	3.49 (2.13)		
30-39 year old	3.12 (1.95)		
40-66 year old	2.83 (2.38)		
Total	---	.016	.13

Note: ANOVAs for sexual orientation and gender were run with two degrees of freedom, Race/Ethnicity with 4 degrees of freedom, and Age with 3.

Network Makeup

Table 12 shows the mean group differences found using one-way ANOVAs on the six Network Makeup variables. As illustrated in the table, ANOVAs revealed several significant mean differences.

Sexual Orientation Group Differences.

One-way ANOVAs revealed a significant mean difference in network makeup between sexual orientation groups, $F(2, 353) = 4.70$, $p = .01$, $\eta^2 = .02$. Games-Howell post hoc procedures indicated that sexual minorities identifying with more fluid sexual orientations had a significantly higher percentage of their network consisting of sexual minorities when compared to bisexuals ($p < .01$).

Gender Group Differences.

One-way ANOVAs revealed a significant mean difference between gender groups in the percentage of Other members in networks, $F(2, 353) = 5.22$, $p = .01$, $\eta^2 = .03$. Games-Howell post hoc procedures showed that sexual minority men had a significantly smaller percentage of members in their network who fell into the category of Other than both sexual minority women ($p = .02$) and gender variant sexual minorities ($p = .04$). However, no significant differences were found between women and gender variant participants with regard to percentage of Other in network.

Significant mean differences were also revealed between gender groups regarding the percentage of sexual minorities in a network, $F(2, 353) = 4.38$, $p = .02$, $\eta^2 = .03$. Gender variant participants had significantly larger percentages of their network made up of sexual minorities when compared to men ($p = .01$). No significant differences were found between women and gender variant groups with regard to percentage of sexual minorities in a network.

Finally, significant differences were found for the percentage of networks made up heterosexual network members, $F(2, 353) = 7.58$, $p < .01$, $\eta^2 = .05$. Games-Howell post hoc procedures indicated that men and women had significantly higher percentage of heterosexuals in their networks when compared to gender variant participants ($p < .01$, $p = .03$, respectively), but there were no significant differences between men and women on this variable.

Racial/Ethnic Group Differences.

One-way ANOVAs revealed significant mean differences between racial/ethnic groups in the percentage of friends in network $F(4, 345) = 3.68, p = .01, \eta^2 = .02$. Games-Howell post hoc procedures indicated that friends make up a significantly larger percentage of Pan Asian sexual minorities' networks compared to white sexual minorities ($p = .009$). Additionally, significant mean differences were found in the percentage of Other in networks, $F(4, 345) = 6.50, p < .001, \eta^2 = .02$. Post hoc tests showed that white sexual minorities had a significantly greater percentage of their networks made up of Other network members when compared to Pan Asian ($p = .01$) and multiracial ($p < .001$) participants. No other racial/ethnic group differences were found for any other Network Makeup variables.

Age Group Differences.

One-way ANOVAs revealed significant mean differences in the percentage of networks made up of Other between different age groups, $F(3, 352) = 6.09, p < .01, \eta^2 = .06$. Games-Howell post hoc procedures indicated that Other network members make up a significantly greater percentage of the networks of people 40 years of age and older than people 18-25 years old ($p < .01$) and 26-29 years old ($p = .006$). Another significant mean age difference was found in the percentage of heterosexuals in a network, $F(3, 352) = 3.39, p = .02, \eta^2 = .03$. Post hoc tests revealed that the networks of 26-29 years old had a significantly higher percentage of heterosexuals compared to the networks of 30-39 years old ($p = .02$).

Table 12

Mean Group Differences for the Continuous Network Makeup Variables

Scale	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	η^2	<i>P</i>
	Gay/Lesbian (N=218)	Bisexual (N=39)	Fluid (N=97)				
% Friend	74.3 (29.2)	74.6 (33.0)	68.1 (33.6)			.01	.28
% Family	15.1 (22.3)	14.3 (26.0)	19.2 (29.9)			.01	.46
% Other	10.6 (21.8)	11.1 (22.2)	12.7 (22.5)			.00	.74
% Sex Min	48.2 (34.5)	36.9 (29.5)	55.4 (37.0)			.02	.01*
% Straight	50.1 (34.6)	54.0 (32.7)	40.9 (35.5)			.02	.06
	Women (N=210)	Men (N= 94)	Variant (N=50)				
% Friend	71.1 (30.6)	77.1 (30.4)	72.6 (31.0)			.01	.25
% Family	16.7 (24.4)	17.0 (26.8)	12.1 (24.2)			.00	.45
% Other	12.3 (21.7)	5.8 (17.8)	16.8 (27.8)			.03	<.01**
% Sex Min	49.5 (32.7)	41.3 (34.7)	60.8 (40.8)			.03	.02*
% Straight	47.8 (33.5)	56.9 (34.0)	32.5 (37.0)			.05	<.01**
	White (N = 233)	African American (N=23)	Latin@ (N = 47)	Pan Asian (N = 19)	Multiracial (N =24)		
% Friend	71.4 (29.5)	76.5 (28.5)	71.3 (37.2)	87.7 (17.6)	82.0 (30.1)	.02	.01*
% Family	15.8 (22.5)	12.4 (19.6)	21.0 (35.8)	8.6 (16.0)	15.3 (29.8)	.01	.31
% Other	12.8 (22.7)	11.1 (24.7)	7.8 (20.8)	3.7 (8.8)	2.7 (7.4)	.02	<.001***
% Sex Min	49.4 (34.0)	49.2 (38.6)	43.1 (36.8)	54.6 (35.7)	50.3 (37.9)	.01	.80
% Straight	48.0 (34.0)	45.0 (39.6)	56.1 (36.7)	44.1 (36.0)	40.6 (36.1)	.01	.48
	18-25 yr old (N= 81)	26-29 yr old (N=105)	30-39 yr old (N=89)	40-66 yr old (N=78)			
% Friend	77.4 (30.7)	72.9 (25.9)	73.4 (31.7)	67.3 (35.1)		.01	.30
% Family	16.8 (29.0)	19.9 (25.5)	13.0 (20.1)	13.0 (22.9)		.01	.15
% Other	5.8 (13.5)	7.3 (14.5)	13.6 (24.8)	19.7 (30.1)		.06	<.01**
% Sex Min	46.0 (37.8)	43.7 (30.9)	56.0 (33.0)	51.6 (37.6)		.02	.05
% Straight	49.6 (38.5)	55.2 (31.5)	41.9 (32.6)	43.1 (36.1)		.03	.02*

Note: ANOVAS were run with 2 degrees of freedom for Sexual Orientation and Gender, 4 for Race/Ethnicity, and 3 for Age.

*p<.05, **p<.01, ***p<.001

Group Differences: Social Network Function

To understand more about what content community capacity IPV prevention program should provide, it was necessary to know how social networks function and respond to sexual minorities. To examine this, the variables for the constructs of Network Response and Network Helpfulness were used, and group differences were explored for the categorical variables of sexual orientation, race/ethnicity, gender, age. Similar to the previous analyses, social network function was examined using analysis of variance (ANOVAs). Again Welch F-ratio test was used, group differences were explicated using the Games-Howell post hoc procedure, and effect sizes were reported using eta-squared (η^2). All results from the ANOVAs are illustrated in Table 13. No statistically significant group differences were found for sexual orientation or race/ethnicity.

Gender Group Differences.

As illustrated in Table 13, one-way ANOVAs revealed significant mean differences in the network response across different gender groups $F(2, 353) = 5.10, p < .01, \eta^2 = .04$. Post hoc tests indicate that men, when receiving support, receive significantly more negative responses than women, $p < .01$. No other gender differences were found on this variable or on the network helpfulness variable.

Age Group Differences.

One-way ANOVAs revealed significant mean differences in network response differences across age groups, $F(3, 352), p = .01, \eta^2 = .03$. Post hoc test revealed that 18-25 year olds receive significantly more negative responses from network members when compared to sexual minorities forty years of age and older ($p = .02$).

Additionally, ANOVAs illustrated significant mean differences in network helpfulness across age groups $F(3, 352), p < .01, \eta^2 = .04$. Post hoc tests showed that 18-25 year olds and 26-29 year olds reported significantly less helpful networks than sexual minorities forty years of age and older ($p < .01$ and $p < .01$,

respectively). No other statistically significant differences due to age were found for network response or network helpfulness variables.

Table 13

Mean Group Differences for the Continuous Network Response and Helpfulness Variables

Scale	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	η^2	<i>P</i>
	Gay/Lesbian (N=218)	Bisexual (N=39)	Fluid (N=97)				
Response	0.25 (0.37)	0.30 (0.36)	0.23 (0.33)			.00	.63
Helpfulness	4.55 (0.44)	4.46 (0.44)	4.53 (0.45)			.01	.33
	Women (N=210)	Men (N= 94)	Variant (N=50)				
Response	0.21 (0.31)	0.36 (0.42)	0.23 (0.34)			.04	<.01**
Helpfulness	4.51 (0.41)	4.58 (0.48)	4.49 (0.51)			.01	.46
	White (N = 233)	African American (N=23)	Latin@ (N = 47)	Pan Asian (N = 19)	Multiracial (N =24)		
Response	0.20 (0.31)	0.39 (0.44)	0.33 (0.44)	0.32 (0.40)	0.32 (0.35)	.04	.05
Helpfulness	4.54 (.41)	4.45 (0.42)	4.50 (0.55)	4.60 (0.43)	4.37 (0.60)	.01	.56
	18-25 yr old (N= 81)	26-29 yr old (N=105)	30-39 yr old (N=89)	40-66 yr old (N=78)			
Response	0.33 (0.39)	0.29 (0.36)	0.22 (0.34)	0.16 (0.31)		.03	.01*
Helpfulness	4.44 (0.49)	4.47 (0.43)	4.54 (0.44)	4.67 (0.40)		.04	<.01**
	No IPV (N= 331)	IPV (N= 15)					
Response	0.24 (0.34)	0.37 (0.45)				.01	.28
Helpfulness	4.54 (0.43)	4.33 (0.48)				.01	.12

Note: ANOVAS were run with 2 degrees of freedom for Sexual Orientation and Gender, 4 for Race/Ethnicity, and 3 for Age.

*p<.05, **p<.01, ***p<.001

Summary

Network Size.

When looking at the sample as a whole, sexual minorities appear to turn to approximately three people to discuss their intimate relationship. There was one significant group difference found regarding network size, showing that white sexual minorities had significantly larger networks than multiracial sexual minorities.

Network Makeup.

For the sample as a whole, sexual minorities reported that nearly 75% of their networks consisted of friends, approximately 15% were family members and 10% were other. No significant group differences were found in the percentage of networks made up of family members. There were several significant group differences found regarding the percentage of friends and others in sexual minorities' networks. ANOVAs revealed that friends make up a larger percentage of Pan Asian sexual minorities' networks compared to white sexual minorities'. Additionally, several groups were found to have networks with significantly greater percentage of Other network members. Specifically, women and gender variant sexual minorities have a larger percentage compared to sexual minority men; white sexual minorities have a greater percentage compared to Pan Asian sexual minorities; and people forty years of age and above have a greater percentage compared to participants 18-29 years of age.

Finally, overall, results revealed that approximately half of sexual minorities' social network members identify as heterosexual and half as sexual minorities. There were several significant group differences on these variables. Results revealed that gender variant sexual minorities had a significantly higher percentage of sexual minorities in their networks compared to men, and a significantly smaller percentage of heterosexuals in their networks compared to men and women. Also, participants 26-29 years old had a significantly higher percentage of heterosexuals in their networks compared to participants in their thirties.

Network Response.

For the sample as whole, the majority of participants received only positive responses from their network members. However, there were two significant mean group differences found on this variable. Results revealed that men and people 18-25 years old reported receiving significantly more negative responses from their networks when compared to women and people forty years of age and older, respectively.

Network Helpfulness.

Overall, the sample reported that their network members were very helpful, with an average score of 4.53 out of a possible 5. Only one group difference was found, showing that people 18-29 years old reported significantly less helpful networks than people forty years of age and older.

Qualitative Results

Data Analysis Plan

As described previously, the current study used a mixed method qualitative approach that incorporates techniques of phenomenology and grounded theory. Through the multiple readings of the text, grounded theory techniques were used to complement phenomenological data analysis approaches. The coding process for the interviews illustrates a blending of these approaches and occurred in the following general order: open coding, topic/textural and descriptive coding, and analytic/"essence" coding. While this was the overall order of the analytic process, the process was not strictly linear nor discreet. Often, multiple types of coding and analyses occurred at the same time, which is a common occurrence with qualitative analysis (Richards, 2005). Ultimately, the goal of the qualitative analysis was to inform the development of the curricula for an IPV prevention program for sexual minorities. Therefore, the final product of the qualitative analysis (presented in the Discussion section) was important considerations for program curricula based on the major themes of the qualitative data.

Open Coding

After reading through all of the transcripts multiple times, the researcher began the coding process by using grounded theory-inspired, open-coding strategies described by Richards (2005). In grounded theory, open-coding refers to the process by which the broad concepts and categories of the data are identified (Strauss & Corbin, 1998). The researcher used open-coding to begin generating the concepts of interest for the project. The techniques outlined by Richards for "opening up the data" guided this process (2005, p. 71). Specifically, the researcher read the text line-by-line, coding any passages that seemed significant. For significant passages, the researcher wrote memos about what made the passages interesting, compared passages against each other, and considered the conditions and consequences of different passages. Additionally, after coding each interview, a memo exploring

the ideas and concepts specific to each interview was also created. Many of these memos became the backbone of the analytic coding process, which will be described in a subsequent section.

Topic Coding/Textural and Structural Descriptions

After creating initial codes through the process of open-coding, the researcher read through the transcripts again, this time using what Richards (2005) describes as topic coding. Topic codes identify the content of text. The topic codes helped contextualize the codes created during the open-coding process, describing more concretely the topics of different passages. Example topic codes created during this process included different sources of support (e.g., Mother, Straight Friend, Coworker) and the contexts of multiple forms of identity (e.g., Race/Ethnicity, Gender, Age). In this way, the topic coding process maps onto the phenomenological approach of creating textural and structural descriptions. Textural descriptions are those that describe the experience of the phenomenon, and structural descriptions describe the context of the experience. The topic codes explicitly addressed both of these. Codes were created that addressed the backbone of the experience of seeking support-- who people turn to and the responses they received. Topic codes also directly coded for the context of participants' experiences, examining the complicated influence of multiple forms of identity on their experiences.

Analytic Coding/ "Essence" of the Experience

Finally, after open and topic coding and creating memos to describe the codes and interviews, the researcher consolidated the information by merging codes, creating links across codes and interviews, and discovering more patterns that continued to reduce the data. This process was guided by Richards (2005) and the phenomenological process for describing the "essence" of participants' experiences (Creswell, 2007). The two major themes and multiple subthemes discussed below reflect the outcome of this coding process, and they illustrate the analytic themes that emerged during the final stage of analysis.

Findings

The themes discussed below illustrate essential elements of participants' experiences, specifically as they relate to IPV prevention curricular content. Again, the goal of the qualitative analysis was two-fold: 1. to inform the development of curricula for IPV prevention programs for sexual minorities by exploring the commonalities in experiences of sexual minorities. And 2. to explore how the experiences of seeking help from within networks was affected by the confluence of multiple forms of identity. By understanding common experiences of sexual minorities and at the same time looking at how the intersection of identities influenced these experiences, the curricular suggestions can best address important aspects of participants' experiences. Both goals of the qualitative analysis are addressed within the discussion of each major theme. Finally, as a reminder, all names in this section have been changed so as to maintain confidentiality of all participants.

Theme 1: "Don't Get it"

One of the most pervasive and common themes that emerged during all of the interviews was the notion of people who "don't get it." In describing who they would turn to for support, participants frequently included people in their networks who "don't get it." In exploring the nuances of this broad theme, several subthemes emerged, including what it is that people "don't get," who "doesn't get it", and the impact of not "getting it" on participants. Whereas there was a wide-range across all of these subthemes, the most common experiences across participants will be described below.

Subtheme A: What People "Don't Get."

Each of the participants during the interview mentioned individuals in their networks who simply didn't "get" aspects of sexual minority relationships. For several participants, the "it" was the concept of sexual minority relationships or sexual minority identities as a whole.

[My mom] has a difficult time seeing women together as a couple versus friends....

I'll talk to her about my relationship... and she'll compare it to [her platonic friend]. Then I would challenge her, "So you're not understanding then, that my relationship with [my partner]... is not like you and [your friend], it's more like you and [your boyfriend]."
 —Jamila, 43- year old African American lesbian

[My cousin] was confused by whether I actually liked women or whether I was just trying it out...
 —Andrea, 23-year old Latina bisexual/lesbian identifying

I felt like [my high school friends] didn't understand what it meant to be in a same sex relationship.—Jane, 29-year old white, queer-identifying woman

[My mom was] dismissive of the relationship because it was a lesbian relationship... and I think ... because it wasn't her experience, I think that she just didn't get it.—Michelle, 41-year old African American lesbian

For other participants, the "it" that people didn't get was unique aspects and contexts of sexual minority relationships.

When [my ex-partner and I] were splitting because...our lives became so interwoven and interconnected with one another... in such a unique way that...no...traditional,... heterosexual... relationship would be.... For my mother it was very... simple. Like... "Carmine, ... you should just...move on...." And... I tried to explain to her... in a couple of... instances why it was so difficult and unique in a same-sex relationship....—Carmine , 27-year old, queer-identifying Latina

...there was no way I could get [my sister] to understand how much fear I was living under in that time period because the whole issue of homophobia was never a part of her life, where as it was like front and center of my life... because everybody was telling me, "You have no rights... don't...try to fight for anything because...you could jeopardize your kids...." —Michelle, 41-year old African American lesbian and mother of four children

Others described how some social network members struggled to understand aspects of IPV in sexual minority relationships, including what it is and how it affected leaving the relationship.

[Violence in queer relationships was] not something that we ever talked about. And, there were... instances where women in my social circle would talk about things that had happened... they'd been out with their partner and their partner had gotten really mad and done something physically violent or intimidating. And we didn't ever label that, and we never talked about "That's unhealthy..." or "That's abuse..." or "That's violence..." —Jane, 29-year old white queer woman

[Friends were] not understanding the difficulty of making the decision to leave had a lot to do with finances. Because either they... aren't the sole supporters of their household, or because they're in a different financial bracket...some of my friends were not hearing that piece as a valid piece to leaving. —Jamila, 43-year old African American lesbian

I think [my cousin] she felt that she shouldn't have had to tell me to break up with Rachel, that I should have just done it.... And I should have know... because ... I've had already a really bad relationship..., but I just think... the whole [my ex] threatening [to hurt] herself is what kept me there. —Andrea 23-year old, bisexual/lesbian identifying Latina

And I think that's one of the biggest things, you know, being aware that... not only that there are other relationship forms, but that what is healthy and unhealthy in these relationship forms may or may not be the same... —Stephanie, 32-year old white queer woman, describing how having multiple partners in a monogamous relationship may be unhealthy, but it may not be for a couple in an open relationship

Individuals that did not understand the financial issues in leaving unhealthy relationships were mentioned in other interviews, and this may reflect a point of intersectionality. Specifically, the intersection of socio-economic status (SES) and sexual orientation was important for some participants. Class issues directly impacted participants' experiences of IPV, and the inability of network members to understand that affected the support they provided to participants.

Two participants also participated in kink and polyamory subcommunities within sexual minority communities. Whereas there are wide-ranging definitions of both, kink in this context refers to people who participate in sexual practices and relationships that include bondage, discipline, sadomasochism (BDSM), fetishism, or other sexual practices often deemed "outside the box" of "normal" sexuality and relationships (Bettinger, 2002). Polyamory for this study refers to "the desire for or the practice of maintaining multiple significant, intimate relationships simultaneously" (Taormino, 2008). While both kink and polyamory communities exist within heterosexual and sexual minority communities, the reference to these communities in the current study is specific to subcommunities within sexual minority relationships. Regarding the interview participants who were involved in these communities,

both described people in their lives who did not “get” aspects of their participation in these subcommunities.

[My friend] is heterosexual and married but is very... very open-minded and interested in... the open relationship and the kink perspective. And so we've talked... But... she wouldn't be my first choice just because it's... sort of like explaining life on Mars. —Stephanie, 32-year old white queer-identifying woman

My sex life at the time... had some elements of power and control and BDSM that were consensual and I don't think that I knew how to talk, especially in high school to my straight friends, about power and control and sex, and have them not automatically assume that was the unhealthy problem when that was the part that I was consenting to. —Jane, 29-year old white, queer identifying woman

Subtheme B: Who doesn't “get it.”

Across all participants, family was most frequently described as “not getting it.” As illustrated in Subtheme A, it was often family members who did not “get” the basic elements of sexual minority relationships, let alone IPV and sexual-minority specific aspects of IPV. For some participants, the inability of family members to “get it” was reason enough to stop going to them for support at all.

My mother is probably my family member that I'm closest to, and even there, she doesn't get or understand the open relationship or poly stuff, and I wouldn't even want to broach any of the kink stuff [laughs] with her. So, you know, in that sense, I don't talk to my family very often about things that are going on because I just don't feel that I would get the kind of support that I would need. —Stephanie, 32, white queer-identified woman

Interviewer: Did you turn to family at all?

Karen: No, I wasn't speaking to any of them....

Interview: Are you speaking to them now?

Karen: A little bit... but I still would never share... any of my relationship stuff.

Interview: Can I ask why?

Karen: Just because they won't get it.

--Karen, 30-year old white lesbian

A point of intersectionality with this subtheme is the way that, whereas all participants described some element of their family not “getting it,” only white participants described cutting out family altogether. The participants of color more frequently described going to family (albeit less

frequently or only about certain aspects of their relationships) regardless of how well they “got it.”

Carmine, a queer-identifying Latina, explains some of the reason for why she may have always been willing to seek out her mom, regardless of her ability to “get it.”

Growing up, my family was...very close, and we were family oriented, and you keep family business within the family.....So... if there's a problem then... I am going to.. revert back to my family, my direct family members for support. They are the individuals I go to to help me process though situations and conflicts.

Additionally, several participants described the unique support that only family can provide.

There's certain things that your family does...that...you don't expect of [friends]. Like... who will come and get me if I'm on the side of the road. Friends will come get me... but your family makes it a priority.—Jamila, 43-year old African American lesbian

Michelle gave another example when she described how her mom provided a place to stay for her and her children during the breakup with her ex-partner. Finally, Carmine described how she wished her mother had played a more central role during her relationship with her ex-partner. The implications of this difference in the treatment and role of family will be elaborated on further in the Discussion section.

Straight friends were another common group of people whom many participants described as “not getting it.” Participants used many interesting metaphors to describe how they felt interacting with straight people who didn’t understand aspects of their sexual orientation. Several participants described feeling like “aliens” (Michelle and Andrea). Continuing on the extraterrestrial theme, Stephanie explained that she felt like she was “explaining life on Mars” to a straight friend about her queer, open, and kink relationships. A couple of participants described how they felt that when they turned to friends for help, they ended up educating their friends about sexual minority relationships. In describing this experience, Stephanie explained that she felt like “a specimen under a microscope” with all of the questions her friends would ask. Jane described herself as an “ambassador to what queer relationships

looked like” to her straight friends. As indicated in the language they use, participants often felt like an “other” when talking with straight friends who didn’t “get” aspects of sexual minority relationships and identities.

Finally, sexual minority community members and groups were also described as not “getting” different aspects of participants’ experiences. Common aspects that sexual minorities didn’t get were specific to IPV and relevant considerations for getting out of unhealthy relationships. Jamila described how some of her friends who were in different socio-economic brackets did not “get” how financial concerns played a large role for her in being able to leave the relationship. Jane described her queer friends who didn’t “get” that IPV could occur in same-sex relationships. Additionally, Jane explained that this lack of understanding even extended to the queer and feminist groups on her college campus, explaining that:

...when the feminist organization on campus was doing domestic violence programs... although [the group] was probably like 80% queer women, we didn’t...ever include queer women’s stories in those events.

An interesting commonality for two participants was how lesbian stereotypes made it difficult for some sexual minorities to understand their experience. Carmine explained that some friends did not understand the intricacies of her relationship with her ex-partner because “we were... stereotyped...as the people...that just kind of moved in with one another [quickly].” This references a common stereotype within lesbian circles regarding “U-Haul lesbians,” lesbians that get into relationships that progress so quickly that they move into together right away. On a similar note, Stephanie explained that a lesbian in her cohort in graduate school could not relate to her relationship experiences because this woman was a “gold star lesbian.” This references another common lesbian stereotype that is used to describe women who have never partnered with a man before. Stephanie described that because this woman was a “gold star lesbian,” she had difficulty hearing about Stephanie’s experiences with men.

From an intersectional framework, Stephanie's experience also highlights group differences within the category of sexual minorities. Her story illuminates discrimination that exists in some sexual minority communities against individuals who identify as bisexual, queer, or pansexual. Stephanie explains this within group discrimination.

Because you do get some flack.... I've experienced this throughout my life...when I was more involved with the [queer] community... if you're...bisexual or pansexual you're not... a real gay, you know in capital letters.

Subtheme 3: Impact of "Not Getting It"

One of the most common effects of going to people who "didn't get it" was elimination of those people as potential resources. As already described, several participants explained that they stopped going to family altogether for this reason. Ultimately, eliminating network members because they "don't get it" decreases network size, reducing it for one participant to the point where she felt like "a family on an island."

Others participants kept people in their informal social network who "didn't get it", they just did not discuss what was going on in their relationship with that person, or they did not follow that person's advice.

I'm far less likely to talk to family... umm... about anything about my relationship unless it's positive, because you know...they don't get it... There are some nuances that they will never really get and that could really significantly change how you might give advice to somebody.
—Michelle, 41-year old African American lesbian

If someone, you know, says that sort of thing to me [to illustrate that they don't get it], I automatically, pretty much, am gonna discount any valid advice that they do have....
—Stephanie, 32, white queer woman

While participants never talked about this directly, there was another element throughout some of the interviews that may represent an impact of "not getting it." Participants described not only the people in their networks who "didn't get it" as trivializing their experiences, but then the participants

themselves often used language that illustrated that they might have internalized that trivialization as well. For example, Michelle explained that her mother and sister did not recognize the seriousness of the issues and abuse in her relationship.

Whenever I talked to my mom or my sister they were kind of like “Why are you whining?... She takes excellent care of you guys... You guys have everything, you vacation, you do this, you do that.... What are you complaining about?”

But then, in describing the abuse herself, Michelle explained that she often worried that she “was making too much out of it.” Another example is Jane, who described her queer friends in college who downplayed the seriousness of relationship violence in queer relationship, believing instead that “IPV is only the purview of heterosexual relationships.” Jane expressed in the interview ways in which she may have downplayed the violence to herself. In explaining her reaction with the Dean at her university about the violence with her ex-partner, Jane said:

...to... come forward and to have people say, “This is equally as dangerous and equally a problem and... we are going to approach it with the same sort of seriousness that we all... spend our time and energy talking about straight women...” So that...really surprised me. I don’t know why it was, but it was. It was surprising.

Theme 2: Trusted Knowledge

Contrasted with people who “don’t get it,” another theme that emerged revolved around people whose input and advice the participants trusted. Not only did these people “get it” from a knowledge standpoint, but there were additional elements that made that knowledge trustworthy for participants. The subthemes within this major theme were Negotiating the Same Space, Motivation, and Skills.

Subtheme A: Negotiating the Same Space.

One of the most pervasive themes throughout every interview was how the people who provided the most trusted advice were often those network members who could directly relate to participants' experiences. All participants described ways in which people who can relate often shared a sexual orientation identity.

It's not like [lesbians] are the only people who can understand, but there is sort of... unspoken, understandings that you get from people...with whom you're negotiating the same kind of space.... —Jamila, 43

My other cousin Leah started coming into my life, and she had actually... a curiosity for girls. So she was a little more able to understand and to help me —Andrea, 23

I probably trusted [my lesbian friends'] judgments even more because I knew that they had similar relationships —Michelle, 41

From an intersectional standpoint, it is important to note that in addition to sharing a sexual orientation identity, for other participants it meant simultaneously sharing other identities/experiences as well.

I naturally open up a little bit more to individuals of color... that identify as either bisexual or lesbian...maybe because I feel like... those are two identities that are very much... at conflict with one another at times.... But being able to talk... to somebody about maybe common shared values and being a person of color.... —Carmine

I tend to kind of self-segregate myself into groups of people that can handle...the kink community and the poly community. And my network of closest friends tend to be people who fall into either actively involved in one or more of those categories or are very open to it if not. —Stephanie

I do think [her being in a relationship] helps. When you are in a relationship, you do understand that...relationships take work....They say it takes a village to raise a child; it takes a village to sustain a marriage too. —Jamila

...not that I'm unwilling to be friends with the college-aged kids, but I tend not to form as close relationships with younger individuals just because they're at a very different point of their identity development, and it's oftentimes hard to relate. —Stephanie

Michelle also describes an interesting intersectional piece that will be elaborated on in the Discussion section. Specifically, she highlights the issue of how many identities people must share in order to be able to relate.

It was hard for me to manage being a mother and a lesbian at the same time... I think it would have been much easier seeing other lesbian moms. Finding people who had families that looked like mine, even if there weren't precisely like mine. Like I didn't need to see...black lesbian moms that have special needs adopted children, you know? [Laughs] It didn't need to be specific, but just even the possibility.

Clearly, relating did not just boil down to sexual orientation; however, as Michelle highlights, serious complications exist when trying to match people across all forms of identity. The implications of finding this balance for prevention programs targeted at sexual minority communities will be explored in more detail in the Discussion section.

Subtheme B: Motivation

The motivation, or intentions, of people providing advice was another common subtheme throughout most of the interviews, and it played an important role in determining the trustworthiness of that advice. Participants described trusting advice of people motivated out of concern for the participant or support of the relationship.

I have to trust that whatever advice or feedback they're giving me is coming from a place of concern for me. —Stephanie

[My friend] always wanted the best for me.... I think that was... made clear. She didn't want me to continue to be hurt or put myself in the situation or deal with individuals that didn't know how to respect my emotions.... So, she wasn't quick to say "Oh, um, you should break up with this person" because she understood that it was a little bit more complicated than just being able to end the relationship and move on —Carmine

I wanna be talking to people are... invested in us as a couple... being together.....I want to talk to you without the first thing coming out of your mouth being, "[You] should break up." –Jamila

An interesting element from the quotes above is how several participants contrasted advice that is motivated out of concern for the individual/couple from a knee-jerk response insisting that the couple break up. This idea plays out further when examining another common element related to the motivation of advice. Many participants described not trusting advice that seemed motivated out of discomfort or disagreement with sexual minority relationships in general.

Jamila: It was hard to talk to [my mom].... I needed the support to be in my relationship, and she was... finding reasons why it wasn't working. So we went into the discussion with two different agendas...

Interview: And why do you think that was?

Jamila: Well.. she didn't want me to be with a woman! [laughs] She wants a grandchild from me. At the time...I loved [my ex], and I didn't want my family telling me that I should not be with somebody because I saw that as them trying to sort of break apart that relationship....And... I could never be certain if their desire to end the relationship was because they thought it was unhealthy for me...or because they objected to me being in queer relationships—Jane

*...if something isn't healthy going on, to have the, whoever's the support person not automatically blame it on your relationship format [would be helpful]. You know whether that be because you're in a lesbian relationship or an open relationship or kink relationship....
–Stephanie*

One point of intersectionality worth mentioning is the role of religion in influencing the motivation of advice. Several participants described how conservative religious beliefs of family members often played a part in the delivery of advice motivated to break up the relationship. As Carmine describes, "[religion] is definitely an influence.... My mom still at the end of the day...wants to see me in... a relationship with a guy, and...have the traditional life...."

Clearly, it is not only the content and quality of the advice being provided (the extent to which people "get it,") but also the perceived motivation that affects people's willingness to heed or even hear

certain advice. The Discussion section will explore the implications of these findings on the development of IPV primary prevention curricula.

Subtheme C: Skills

As previously mentioned, the interview sample featured a large number of participants with advanced degrees. Even more specifically though, the sample featured at least three participants with advanced degrees in clinical or counseling psychology. These participants also had networks that featured a larger proportion of people with similar backgrounds. Given this sample, an interesting difference emerged between participants with and without this background. The psychology background appeared to influence the quality of communication and relationship skills of some network members, which in turn affected the trustworthiness and palatability of advice by those individuals.

The participants with backgrounds in psychology described how the trustworthiness and effectiveness of the support provided by friends was linked in part to their friends' backgrounds in psychology.

*Interviewer: Why do you think [your friend] was able to... see [the situation with your ex] so well?
Jamila: Well... she's in the [counseling] field [laughs].... A lot of [my friends] are also in the helping professions one way or the other.... So I think I have a very... skewed picture of what it means to get support from my friends. ...My friends say things like "So what is it you need from me right now?" [Laughs].*

Diana's actually a counseling psychologist. So, that's another reason that she's one of my primary... people that I go to because she is very much operating out of her framework. And not only that but... her therapeutic orientation is very... [Interpersonal Therapy], relationship, psychodynamic oriented. So, she's a very good resource for me as far as being able to, you know, look at some more of the emotional needs of things that are going on. –Stephanie

Karen: [My coworker] is very objective... we all have that psychology perspective.... She was... really just listening. She didn't really give advice, and if she did, it was more what's best for the child.

Interview: ...and... did that help...you?

Karen : Yeah, it brought some of my anxiety down and made me not feel so crazy sometimes [laughs]

In contrast, participants with friends without this background illustrated several instances in how the communication styles of their network members could be improved, and they described how this negatively affected the support they received.

I... voiced [to my family]... about how I would want them to actually speak up to me next time, rather than just sit there and just let me head in that direction. And... [my cousin's] even one of the people who said "I just didn't think you'd listen..." But I told him, "My ears are always open, and none of y'all ever say anything. –Andrea

I think that [my best friend] was so delicate and so sensitive about it, and so gentle that I actually needed... a reality check. I needed a little bit of a harsher sort of intervention than she was willing to do. –Jane

Finally, this section highlights another important context of providing effective and trustworthy support: the way it is delivered. Not only must people have strong enough knowledge of the content area ("get it") and be perceived as being positively motivated, but also this must be followed with an ability to deliver the message effectively. The implications of all of these findings paired with those from the quantitative section will be explored in the following section.

Discussion

As outlined in the literature review, the experience of IPV in sexual minority communities is a serious issue that is uniquely different in many ways from heterosexual IPV. These unique contexts decrease the relevance of existing IPV prevention approaches that have been developed on heterosexual populations. Given these sexual minority-specific contexts, community capacity approaches to prevention may be particularly useful in preventing IPV in sexual minority communities. Community capacity approaches target informal network members to strengthen their ability to prevent IPV in their communities.

Therefore, the goal of the current study was to gather data on the informal social networks of sexual minorities that can inform the future development of community capacity IPV prevention programs for sexual minorities. With this goal, three theoretical frameworks were particularly relevant and thus guided the study. The first is an approach to prevention outlined by Elias (1987). In his formula for prevention, Elias explained that prevention programs should find ways to increase social support resources, opportunities for connectedness, and to address socialization practices. The second theoretical framework, social capital, relates to this prevention approach. Social capital theory focuses on the resources and opportunities afforded to individuals based on their social network connections. Therefore, programs that follow the suggestions of Elias may also help to increase participants' social capital as well, improving the resources and connections within networks.

Finally, since the current study is an exploratory examination of marginalized communities, it was critical to conduct the work from a nuanced, multicultural framework. Intersectionality is a theoretical framework that encourages researchers to acknowledge how the experiences of individuals are simultaneously influenced by the intersection of multiple forms of identity. Given the goal of the study, understanding the unique, nuanced experiences of participants was imperative to build knowledge that can help in the development of the most relevant, and culturally-grounded prevention programs.

The current study gathered data on three major aspects of informal networks: the structure and function of networks, and the experience of sexual minorities in using networks for support for IPV. The study used a mixed method design. In addition to describing the findings on sexual minorities' informal networks, the Discussion section also outlines ways that the findings could inform future programs by shedding light on potential programmatic targets and curricula.

Network Structure

Network Size.

The quantitative data gathered information on the informal networks of a total of 367 sexual minority individuals. The data illustrated that on average, sexual minorities talk to three people about issues in their relationships. No previous studies looking broadly at the informal networks of sexual minorities examined the total size of networks (Bornstein, et al., 2006; McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000). The closest comparison is a study that found that sexual minority youth had on average approximately 4 close friends (Galupo, 2007). The scope of that study is different than the current study, making cross-study comparisons challenging. The study by Galupo only measured sexual minorities' close friends, whereas the current study gathered data on sexual minorities' total informal network. Additionally, the current study asked specifically about the context of with whom sexual minorities discuss relationship problems. As discussed in greater detail below, the sensitive nature of this topic likely influences the people to whom sexual minorities turn.

Therefore, it may be more relevant to compare the network size found in the current study with those found on a heterosexual population using the same social network scale. A previous study by the creators of the social network scale found considerably larger network sizes: on average 9 people in a network (McFarlane, et al., 1981). There are several reasons why the average network size may be smaller for the current study. The first is that the previous study using this scale did not specifically ask participants about whom they turn to regarding relationship problems; it asked where people turned to

talk about general life issues (including work, health, etc). People are likely less willing to talk to others about relationship or family problems. This notion of “airing dirty laundry” can prevent people from talking to others about their intimate relationships. Jane, one of the interview participants, perfectly illustrates this point when she described growing up and learning from her family that “there are things that you talk about in public and there are things that you don’t talk about in public.”

As explained in the literature review, the reluctance to talk about intimate relationships may be exacerbated for sexual minorities. Research illustrates how considerable levels of sexual orientation stigma still exist in this country (Herek, 2009), and this might make sexual minorities less likely to talk to others about their relationships (Renzetti, 1992; Ristock, 2002). Several interview participants provided support for this idea, describing the discomfort of network members in hearing about their sexual minority relationships. Jamila even described how her mother physically “cringed” when she would talk about her relationship. Naturally, these factors would reduce the number of network members people talk to about their relationship problems, decreasing the size of networks for this study overall. In addition to these reasons, the Limitations section will also outline methodological reasons for why total network size of the current study may have been smaller compared to previous studies using the same scale.

The finding that sexual minorities on average turn to three people to discuss their relationship problems has considerable implications given the prevention and social capital theories of the current study. Specifically, increasing opportunity for social connectedness is a key part in Elias’ formula for prevention programs (Elias, 1987). By helping sexual minorities to increase the number of people with whom they discuss their relationships, prevention programs increase opportunities for sexual minorities to connect with others. Furthermore, increasing network size may expand sexual minorities’ social capital by increasing the number of resources and potential connections an individual has to other resources.

While the average network size of the sample was three, the study found a significant group difference. The study revealed that white sexual minorities had statistically larger networks than multiracial sexual minorities. This finding may be explained using an intersectional framework. As researchers explain, the intersection of race/ethnicity and sexual orientation often creates greater opportunities for higher levels of oppression and isolation for sexual minorities of color (Kanuha, 2005). Carmine, one of the interview participants, described some of the issues of the intersection of race and sexual orientation when she said, “it feels like those are two identities that are very much... at conflict with one another at times.” This conflict can lead to isolation, which directly relates to network size.

The current study suggests this may be true, finding that white sexual minorities had the largest network size in the sample, with smaller networks for African Americans, Latin@s, and Pan Asian sexual minorities. Multiracial sexual minorities, however, had the smallest network size of any group in the sample. One reason may be that, due to their racial/ethnic identity, this group may face additional social barriers. While multiracial people may face similar forms of racial discrimination as many other sexual minorities of color, they often have fewer community spaces than other communities of color. Throughout many cities and even online, there exist a number of groups for many specific sexual minority communities of color (e.g., groups for Asian American queer women, groups for LGBT African Americans, etc). However, people who identify as multiracial may not choose to or feel comfortable in joining these groups, depending on how they identify. Research finds remarkable diversity in the racial identification and racial politics of multiracial people, including more fluid notions of race (Masuoka, 2011) and a growing sense of a separate multiracial identity (Jackson, 2010). For these reasons, multiracial people may not access existing groups sexual minority communities of color, and few currently exist specifically for multiracial communities. This could help explain the smaller network size for multiracial sexual minorities found in the study. One implication of this finding is that multiracial sexual minorities may particularly benefit from a community capacity approach to IPV prevention. This is

especially important in light of the data that suggest that multiracial is one of the fastest growing racial groups in the U.S. today (Jackson, 2010).

Network Makeup

Relationship type.

The current study examined network makeup in two ways. The first looked at the kinds of people that sexual minorities turn to, that is, how participants were related to their network members. Supporting previous research in this area, the current study found that sexual minorities overwhelmingly turned to friends for help with relationship problems (Bornstein, et al., 2006; McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000; Renzetti, 1992). Specifically, the study found that on average, friends make up 75% of sexual minorities' networks. There was one significant group difference, where Pan Asian sexual minorities reported that friends made up a significantly larger percentage of their networks compared to the percentage of friends in the networks of white sexual minorities. While there is a wide diversity in the experience of Pan Asian communities, research suggests that Asian American sexual minorities often face greater obstacles to come out to their families (Chung & Szymanski, 2006), let alone discuss issues that emerge in their sexual minority relationships. This difficult intersection of race/ethnicity and sexual orientation for Pan Asian sexual minorities may help explain why their networks feature a larger percentage of friends than white sexual minorities.

The network members that made up the next largest amount of sexual minorities' networks were family members. The qualitative interviews point to at least one reason why family members constitute so much less of sexual minorities' networks than friends. In the interviews, a common theme that emerged was the greater propensity of family members to simply not "get it." However, while the quantitative data may suggest that family plays a smaller role for sexual minorities because they make up a smaller percentage of their networks, many of the qualitative interviews suggest otherwise. Several interview participants highlighted how family provides unique forms of support that they would likely

not request from friends. For example, Michelle said that her mother provided a place to stay for her and her children, which is likely not something she would have asked of friends. Therefore, while the number of family members included in sexual minority networks may be small, this does not mean that the role that families play is necessarily small.

The current study also examined the percentage of network members who fell into an “Other” category. “Other” network members included a wide array of individuals. For example, Jane, one of the interview participants, described how the Dean of her college was someone she turned for support. In another interview, Michelle explained the surprisingly important role that a trainer at her gym played. However, despite the wide diversity within this category, a large number of the “Other” network members listed were mental health providers. This may help to explain some of the group differences discovered in the analyses. For example, considerable research highlights the decreased comfort and utilization of mental health services by men and younger adults (Gonzalez, Alegria, & Prihoda, 2005), which may partly explain why men and younger participants had significantly fewer “Other” network members than their counterparts. Additionally, research finds that white individuals often have greater comfort using and greater access to professional mental health services than many racial minorities (Cook, McGuire, & Miranda, 2007). Research finds that many cultural attitudes towards professional mental health services create unique barriers for Asian Americans to seek services (Lee, 2009). This may explain why the current study found a significant difference between the percentage of “Other” network members between white and Asian American sexual minorities. Given the large presence of mental health providers within the category of “Other,” the implication of these findings on the development of programs is limited. Community capacity programs focus on informal social networks, so data that may be describing mental health providers (an example of a formal network member) may be less relevant for program developers. However, these data are helpful to understand the network makeup of sexual minorities. The “Other” group constitutes 10% of sexual minorities networks;

therefore, future research should learn more about this group to understand the potential roles it can play in preventing IPV in sexual minority communities.

Network orientation.

The other element of network makeup that the study examined was the sexual orientation of participants' networks. The current study found that approximately half of participants' networks consisted of sexual minorities and half of heterosexuals. This finding partially supports previous research which has found that sexual minorities are likely to have both heterosexual and sexual minority friends (Galupo, 2007; Ueno, 2010). One difference, though, is that these previous studies found that sexual minorities were more likely to have close heterosexual friends than close sexual minority friends. The current study did not find this; however, this could be due again to the difference in context and scope of the current study. Unlike the previous studies, the current study examined social networks in the specific context of where people turn to discuss relationship problems. As illustrated in the interviews, there may be an added comfort in talking with other sexual minorities about sexual minority relationships; other sexual minorities seem to be identified as people who are more like to "get" certain aspects of their experiences. This may explain why sexual minorities in this study talked more with other sexual minorities compared to previous studies. Secondly, the current study asked about informal networks as a whole whereas the previous studies asked only about participants' close friends. Therefore, sexual minorities' closest friends may still mostly be heterosexuals; however, the people they turn to for relationship problems include equal numbers of heterosexuals and sexual minorities.

There were several group differences found in the sexual orientation of informal networks. The first two revolved around gender variant groups, including trans, genderqueer, and intersex identifying participants. The study found that these individuals had networks that featured significantly more sexual minorities and fewer heterosexuals. Research on gender variant groups may shed light on why this difference emerged. Looking at male-to-female transgender individuals (MTF), a previous study found

that MTFs were likely to talk only to people who are “trans friendly” and deemed safe (Pinto, Melendez, & Spector, 2008). This makes sense in light of the considerable levels of transphobia that still exist.

Transphobia is the fear or discomfort people have towards individuals with non-traditional expressions of gender identity (Hill & Willoughby, 2005). While transphobia can be present in both heterosexual and sexual minority communities (Lombardi, 2009), since trans communities are often considered a part of sexual minority (or more specifically LGBTQIQ) communities, gender variant groups might be more likely to deem sexual minorities as “safe” people to turn to about relationship issues. This might explain why gender variant sexual minorities have higher percentages of sexual minorities and lower percentages of heterosexuals in their networks.

Another group difference in the sexual orientation makeup of networks was that people between the ages of 26 and 29 had significantly more heterosexuals in their networks than people in their thirties. This finding may be a result of a few things, including developmental differences, size of sexual minority communities, and characteristics of the sample. Among other differences, research finds that individuals in their late twenties are often more mobile than those in their thirties (Arnett, 2000). The mobility of participants in their late twenties may intersect with their sexual orientation in ways that makes it more difficult to connect to other sexual minorities. Since sexual minority communities are often smaller and more isolated (Bornstein, et al., 2006; Kanuha, 2005) individuals who are more mobile may have to repeatedly find and reconnect to sexual minority communities in the area. Therefore, participants in their thirties who are more established and settled may have more opportunity to build up sexual minority networks than those in their late twenties. This age difference may not have emerged for participants 18-24 because of the characteristics of the sample. The overwhelming majority of participants have been to college, and many attended graduate school. The participants 18-24 may currently be in higher education environments, which can make it easier to connect to other sexual minorities. People who are 26-29, on the other hand, may have just graduated from either

undergraduate or graduate school, and so this time potentially marks even greater mobility for them, and thus less access to other sexual minorities.

Network Function

Network response and helpfulness.

The study examined two potential indicators of the efficacy of networks: network response and network helpfulness. With regards to the first, the current study found that the majority of participants received exclusively positive responses from their network members. However, some individuals received both positive and negative responses. This supports the findings from a previous study, which found that lesbian survivors of IPV received mixed responses from friends (Turell & Herrmann, 2008). Studies on heterosexual female survivors of IPV also support this finding that survivors receive both positive and negative responses from friends and family (Goodkind, et al., 2003). An interesting example that may also indicate a racial/ethnic difference in this pattern of responses comes from a study on African American women; this study found that family often did not provide emotional support, but they provided material support (Morrison, et al., 2006). As previously described, Michelle, an African American lesbian interview participant, experienced that with her mom, who did not emotionally support her but who provided her a place to stay when she needed it.

The helpfulness of network members was related to network response. Specifically, there was a statistically significant negative correlation between network response and network helpfulness, showing that the more negative responses people received from network members, the less helpful they were considered. On average, network members were considered very helpful, with the majority receiving the highest helpfulness rating. This makes conceptual sense given the methodology of the study. The social network questions were about the specific context of who people talked to about relationship problems. Other social network measures assess the size, makeup, and helpfulness of networks across all settings. One would expect that using those types of social network measures,

people within participants' networks would be more or less helpful when talking about relationship problems. However, given the framing of the social network questions of the current study, it logically follows that the majority of people that participants turned to were helpful; if people weren't at least somewhat helpful, then they would likely stop going to them for help.

While the majority of participants received exclusively positive responses and rated their network members as very helpful, the study found several group differences. There were two significant group differences regarding network response. One found that men received more negative responses from network members when compared to women. This may be explained by the differential experience of societal level stigma experienced by sexual minority men and women. Research finds that sexual minority men face greater levels of stigma by heterosexuals compared to sexual minority women (Herek, 2009). Since the sexual minority men in this sample had larger percentages of heterosexuals in their networks than women and gender variant groups, they may have experienced more negative responses due to this increased level of stigma from heterosexuals. Additionally, as outlined in the literature review, there are a number of stereotypes in the gay male community (Califia, 2002) (including assumption of sexual promiscuity) that might have increased the negative responses they receive from other gay men. One of the limitations of the current study was the lack of men in the qualitative data. Future research will need to examine more closely the experiences of sexual minority men in seeking help to understand with greater nuance why they might be receiving more negative responses from network members.

Group differences on the basis of age emerged both for network response and network helpfulness. The study found that younger participants received more negative responses and rated their networks as less helpful than older participants. This finding enters into a nebulous debate in the literature regarding age and receipt of support by survivors of IPV. Some research finds that older participants have greater obstacles to receiving support for IPV (Zink, Regan, Jacobson, & Pabst, 2003), others find that younger participants have greater obstacles (Henning & Klesges, 2002), and still other

studies find no difference between the two (Hutchinson & Hirschel, 1998). One reason for the difference found in the current study may relate to the previous discussion of developmental characteristics specific to emerging adulthood, particularly the research illustrating the greater mobility of younger people. This mobility may affect the quality and longevity of ties with network members, which could impact the type and quality of response these members provide. By moving around more, younger sexual minorities may feature more temporal members in their networks, reducing the capacity of these network members to provide helpful and useful responses. Another developmental explanation may be a result of the differing communication skills of younger versus older people. Many researchers describe how younger people (especially in teens and early twenties) are still in the process of developing effective communication skills (M. M. Smith, 2005). Andrea, the youngest interview participant, provided an example of this when she talked about the support she wished she had received from her younger cousins. “I just wish that people would have been more open to me.” Perhaps then the increase in negative responses that younger participants receive and the decreased helpfulness of their networks reflects the reduced capacity of younger network members to communicate and provide positive support effectively.

Summary: Implications for program targets.

As a reminder, the current study represents exploratory research in this area; therefore, a myriad of steps exist between the current study and the development of community capacity IPV prevention programs for sexual minorities. However, it is the researcher’s hope that the current study illustrates several aspects of informal networks that may hold implications for future program developers. To start, the small network size found may highlight for program developers the importance of carefully targeting relevant informal network members; that sexual minorities discuss their relationships with so few people means there is more pressure on program developers to find and increase the capacity of those individuals with whom sexual minorities discuss their relationships.

Additionally, the small network size also suggests that sexual minorities would likely benefit from programs that aim to increase the number of people with whom they discuss their relationships.

In terms of network makeup, the study demonstrated the importance of targeting sexual minorities' friends and family. While friends make up the largest percentage of sexual minorities' networks, the quantitative and qualitative data illustrate that families often still play a key role. One point for developers to consider, though, is how race/ethnicity may affect the degree to which family is incorporated and the differing roles they play in sexual minority networks, as illustrated in both the quantitative and qualitative analyses.

Additionally, based on study findings, it seems advantageous for programs to target both sexual minorities and heterosexuals since networks consisted of roughly equal numbers of each. Including heterosexuals and families directly contrasts existing IPV prevention program strategies for sexual minorities (Koyama, 2006; Lindhorst, et al., 2010). The majority of these programs target only sexual minority friends, leaving out important and sizable portions of sexual minorities' networks. In order to effectively prevent IPV by increasing the knowledge and skills of informal network members, future programs should target more members of sexual minorities' networks, which, according to the current study, includes heterosexuals and family members.

Lastly, while the current study has focused on implications for developing IPV primary prevention programs, several findings may apply to developers interested in secondary forms of prevention as well. Specifically, many of the group differences highlighted ways for developers to not only think about which network members to target but also which sexual minority communities. The quantitative and qualitative data suggested that certain sexual minority communities may especially benefit from IPV prevention programs given their network size, response, and/or helpfulness. For example, the study found that multiracial sexual minorities have significantly smaller networks, and younger sexual minorities and men were less likely to receive helpful or positive responses from their networks. Therefore, programs targeting these groups in particular may take important strides in

preventing IPV in sexual minority communities. Again, by targeting groups who may especially benefit from the intervention, programs will more closely resemble secondary prevention; however, program developers, given the concerns of the sexual minority communities in their area may decide to take this approach.

Experience of Seeking Support

Through the qualitative data analysis process, the current study discovered several common experiences across interviewees as well as many unique experiences resulting from intersection of multiple forms of identity. The implication of the two major themes and subsequent subthemes on the development of program curricula will be discussed. However, as a point of reminder, the findings are based on data gathered exclusively on sexual minority women. The challenges inherent in generalizing these findings to other sexual minority communities and groups will be explored in the limitations section.

Theme 1: “Don’t Get It”

What people “don’t get.”

A common element of participants’ experiences echoed in all of the interviews was certain network members simply “not getting it.” The data analysis process revealed several elements of participants’ experiences that network members did not understand. The first and potentially most pernicious for participants occurred when network members did not “get” sexual minority relationships or identities as a whole. The examples of not understanding sexual minority relationship or identities often indicated a trivialization or denial of sexual minority relationships. Examples included comparing sexual minority intimate relationships to platonic same-gender friendships (Jamila), or categorizing a participants’ sexual minority identity as something the participant was “just trying...out.” (Andrea). Network members’ trivialization or denial of sexual minority relationships may partly be explained by

the research on sexual minorities' coming out experiences, that is, their experiences in disclosing their sexual orientation identity to others. Some researchers propose a stage model of acceptance that friends and families of sexual minorities experience that is similar to Kubler-Ross' for grief (1969). The models propose that people react to news of sexual minorities' identities first with denial, then anger, bargaining, depression, and finally acceptance (Robinson, Walters, & Skeen, 1989). Using this model, this could mean that network members' who "don't get" sexual minority relationships may be working from the denial stage, where they may be attempting to deny the participants' sexual minority identity or relationship. An alternative explanation comes from research that examines the experiences of African American lesbians. Researchers describe how a "don't ask don't tell" policy within many African American communities can lead family members to avoid talking about sexual minority issues altogether (Miller, 2009). While this policy was described specifically in relation to African American communities, other research illustrates how the avoidance of uncomfortable topics can be a common communication strategy within families (Zhang & Siminoff, 2003). Therefore, this element of "not getting" sexual minority relationships as a whole may in part be due to an effort to silence or avoid the uncomfortable discussion of sexual minority issues.

The interviews also revealed that network members did not understand more subtle elements of sexual minority experiences, including unique contexts of their relationships and certain subgroups within sexual minority communities. For example, Michelle explained that her family simply could not understand the effects that homophobia exercised on her ability to leave her abusive ex-partner. Additionally, Stephanie explained the difficulty that her family and some of her friends had in understanding the intersection between her sexual minority identity and her kink and polyamory identities. Both of these examples show gaps in knowledge of some network members about specific elements of sexual minority communities and relationships. While the settings are very different, these findings are supported by the literature on creating safe climates for sexual minorities in education settings. In particular, projects like Safe Zone describe the need to educate many heterosexuals on

sexual minority issues (Poynter, 2008). This includes not only providing definitions for different identities (e.g., LGBTQIQ, kink) but also discussing the effects of sexual minority specific contexts (e.g., homophobia, heterosexism) on the experiences of sexual minorities. Based on the interview data, incorporating similar trainings to those found in programs like Safe Zone could be extremely beneficial for IPV prevention programs.

Finally, another common experience across participants was network members not understanding (or even recognizing) IPV in queer communities. This directly relates to a considerable body of literature that finds that IPV in queer communities is often completely overlooked or not considered as serious, both by heterosexual and sexual minorities (Bornstein, et al., 2006; Hassounah & Glass, 2008; Lindhorst, et al., 2010; Potoczniak, et al., 2003). Jane described this theme emerging in a few different contexts for her. The first was with her circle of queer friends who never saw their abusive experiences as examples of violence. The other was within her feminist/queer organizations, where the IPV programming they provided each year never included the stories of queer community members. As discussed in the literature review, there are several reasons for why this may be. One is the language used to talk about IPV are often gendered in ways that preclude the existence of IPV in same-gender relationships (Ristock, 2002). Secondly, researchers describe that many sexual minorities try to project an image of their relationships as egalitarian and healthy, sometimes as a way to confront societal homophobia and heterosexism (McClennen, Summers, & Daley, 2002; McLaughlin & Rozee, 2001; Merrill, 1996). To describe the violence in sexual minority relationships is seen by some as simply adding more fuel to the fire (Russo, 1999).

Despite the plethora of reasons surrounding the inability, reluctance, or failure to recognize or understand IPV in sexual minority communities, the current study demonstrates a need to educate network members on IPV in sexual minority communities. Previous research has also highlighted this need. Merrill and Wolfe (2000) described a need for community education programs that help sexual minorities to recognize IPV in their relationships. In research on heterosexuals, several researchers have

outlined the need to educate friends and families on aspects of IPV (Goodkind, et al., 2003; Westbrook, 2009). The current study illustrated several key content areas on which networks members would particularly benefit from receiving education. The first was the basic premise that IPV exists and is just as serious as IPV in heterosexual communities. This would confront the “utopian” vision of sexual minority relationships described in the literature and in the interviews (Jane). Another point of education was the different types and unique forms of abuse. Several participants described the benefit of network members naming certain experiences as abusive (Michelle, Jane). For other participants, the fact that specific abusive tactics (e.g., threats to commit suicide) were never identified as abusive slowed their process of leaving (Andrea). Finally, the role that other dimensions of identity had on the experience of IPV and on the ability of participants to leave was another area on which to educate network members. A particularly important dimension of identity that emerged in several interviews was class. Participants described how network members did not understand the role that finances played. For example, Jamila and Michelle explained that being financially dependent on their partners decreased their ability to leave. For Carmine, the financial issue was the exorbitant cost of finding a new place and essentially starting over after breaking up with her ex-partner. Educating network members not only on the effects of class but also other dimensions of identity like race/ethnicity, religion, or immigration status could be very important in helping network members further their ability to “get it.”

Who Doesn't “Get It.”

The results of the qualitative data illustrated that family was the most common group of people who did not “get it.” This fits with much existing literature which finds that relationships to biological families are strained for many sexual minorities (de Vries & Hootel, 2007; Lindhorst, et al., 2010; Ristock, 2002). It also fits with the structure of existing IPV prevention programs for sexual minorities which exclusively target friends, excluding and bypassing family altogether (Koyama, 2006). Part of the reason current programs may ignore families is because of what the current study found: many family members

“don’t get” many fundamental parts of the experiences of sexual minorities. As mentioned previously and as will be elaborated on in the discussion of the next subtheme, this exclusion of family members may not be appropriate for all sexual minorities, no matter how much family does not seem to “get it.”

Heterosexual friends were another group of people whom participants commonly depicted as not getting it. Participants described how instead of receiving support, they often felt like they were educating straight friends on sexual minority relationships and issues. The language participants used to describe this process included metaphors like “ambassador,” “specimen under a microscope,” and “alien,” all of which indicated a feeling of being an “other.” Several participants even described how some of these friends were open-minded and welcoming; however, if they were not knowledgeable about the issues participants were discussing, then they were seen as less helpful. Again, this relates to the previous discussion of Safe Zone-style trainings for heterosexual allies (Poynter, 2008). Hopefully, with greater knowledge of sexual minority terminology and issues, heterosexuals can ask fewer questions and become better resources for their sexual minority friends.

The current study illustrated several unique aspects of sexual minority communities that created barriers for some sexual minorities to be able to “get it.” One issue relates to previous discussions of the lack of knowledge regarding aspects of subcommunities within sexual minority communities, including kink and polyamory communities. This indicates that perhaps some sexual minorities could also benefit from Safe Zone-style education (Poynter, 2008) to increase their understanding of the wide range of experiences and identities within sexual minority communities.

Other issues that created barriers for some sexual minorities to “get it” included community stereotypes and within-group discrimination. For example, Carmine described how some sexual minorities had difficulty understanding her relationship with her ex-partner because they incorrectly assumed that she and her ex-partner fulfilled the “U-Haul lesbian” stereotype. Not only was this not accurate, but it affected their view and understanding of the relationship as a whole. Stephanie illustrated another stereotype in the lesbian community: “gold star lesbians,” or lesbians who have

never been physically intimate with men. Stephanie attributed a colleague's discomfort and inability to provide useful advice to her to this woman's "gold star" status. Stephanie, a queer-identified woman, explained that her stories relaying her experiences with individuals of all genders made this colleague uncomfortable and thus eliminated her as a potential resource for Stephanie. These findings support previous research that identified the existence and impact of within group stereotypes on the experiences of sexual minorities (Bornstein, et al., 2006; Califia, 2002).

Stephanie's story also shed light on a unique form of discrimination that persists in sexual minority communities broadly, not just within lesbian communities. Researchers describe the discrimination by lesbians and gays against individuals who identify as bisexual and trans (Weiss, 2003). The discrimination takes many forms, including questioning whether the individuals are "gay" enough to belong in the sexual minority community (Sulis, 1999), or seeing the inclusion of these groups within the community as a step back towards greater social acceptance by mainstream, heterosexual communities (Weiss, 2003). Clearly, these community divisions, forms of discrimination, and stereotypes directly affect the kinds of support community members can or will provide to each other. As a result, to prevent IPV, it will be important to think through ways to address some of these stereotypes and existing tensions within communities and to avoid thinking of the sexual minority community as "one big happy family" (Weiss, 2003). These deep-seated issues may not be solved in the near future, but acknowledging their impact on sexual minorities will be important in increasing the relevancy and effectiveness of prevention programs.

Impact of Not "Getting It."

Ultimately, one of the most common reactions to people who "didn't get it" was simply to stop going to that person altogether. The elimination of network members has serious implications in the context of IPV, especially given the centrality of isolation in the experiences of IPV for many sexual minorities (Bornstein, et al., 2006). Isolation is a common IPV tactic used by perpetrators (Duluth

Domestic Abuse Intervention Project, 1984), and it can be particularly debilitating for sexual minorities who have fewer community resources in the first place (Schneider & Witherspoon, 2000). In addition to this context, the elimination of network members also remains a critical issue from a social capital and prevention standpoint. An elimination of network members will reduce sexual minorities' social capital by decreasing their access to community resources. Additionally, based on Elias' theory, prevention programs should aim to increase social support resources and opportunities for connectedness; eliminating network members moves away from both goals. All of these reasons clearly indicate the need for network members to increase their knowledge and capacity to "get it" in order to prevent being eliminated as sources of support altogether.

As outlined in the qualitative data, an interesting point of intersection occurred regarding the elimination of some network members. Specifically, there seemed to be a greater trend of white sexual minorities eliminating family altogether as a source of support compared to the African American and Latina sexual minorities. Carmine, a Latina, explained how she felt more comfortable talking to other sexual minorities of color in part because they both possess a "deeper commitment to family." This notion that the treatment and meaning of family differs across racial/ethnic groups is supported in the literature, which finds that many communities of color have strong cultural values that reinforce the importance and centrality of families, including many African American, (Greene, 2000; Miller & Parker, 2009), Latin@ (Perilla, 1999), and Pan Asian communities (Dasgupta, 2005; Yick & Oomen-Early, 2009). Naturally, these broad cultural values exist in varying degrees throughout different racial/ethnic communities, and they are impacted by a myriad of other dimensions of identity, including socioeconomic status, geographic region, immigration status, country of origin, level of acculturation, etc (Barrett & St. Pierre, 2011). However, these cultural values may be useful in understanding why some sexual minorities of color, no matter how much family does not seem to "get it," may always stay connected. Network members not "getting it" also affected interview participants by making them less likely to disclose their experience or to take the advice of network members seen as not knowledgeable.

Both of these impacts relate to the first in that participants who disclose less or stop listening to advice may lose access to network resources and thus decrease their social capital. The issue of not disclosing the abuse is relevant in many communities in that it relates to the stigmatizing nature of IPV and the subsequent shame people experience for being survivors of violence (Follingstad, Wright, Lloyd, & Sebastian, 1991; Plesset, 2007; Shorey, et al., 2011). Jane illustrated this sense of shame that is common among individuals experiencing IPV. “It took me a long of time to... admit that what was going on was not healthy because there was for me a tremendous... sense of shame... around being in that situation... *again*.” Therefore, people who experience IPV are already at risk for feeling ashamed, so the ability for people in their networks to “get it” may help sexual minorities to feel more comfortable disclosing in the first place. Furthermore, in order to maximize the support that sexual minorities receive, network members need to be knowledgeable enough to ensure the support and advice they provide is not dismissed out of hat. The trustworthiness of network members’ knowledge will be discussed more in the next section; however as it relates to “getting it,” the interviews clearly indicated that a large part of trusting the advice of network members was seeing their feedback as knowledgeable and educated.

Finally, some interviewees indicated that members who “didn’t get it” trivialized participants’ experiences of abuse, and in doing so, may have contributed to participants trivializing their own experiences. This is supported by the literature previously described that finds IPV in sexual minority communities is seen by many as less serious than heterosexual IPV (Hassounah & Glass, 2008). Network members who do not understand IPV in sexual minority communities may inadvertently minimize the seriousness of it. For example, Michelle told her mother and sister about some of the abuse she experienced in her relationship, and they told her to stop “whining.” In doing so, they may also have affected how Michelle herself understood her situation. Perhaps not surprisingly, Michelle throughout her interview used minimizing language, describing how she “whined” to friends and how she may have been “making too much out of it.” Obviously, given the cross-sectional nature of the data, it is impossible to conclude that the trivialization by her family led to Michelle’s own trivialization. However,

given the shaming nature of IPV in the first place, receiving trivializing messages from network members may increase the risk that sexual minorities minimize their own experience. Helping network members to understand the seriousness of IPV in sexual minority communities may be an important way to prevent trivialization and minimization by sexual minorities of their own experiences.

Theme 2: Trusted Knowledge

Another commonality in the experience of help-seeking for sexual minority survivors of IPV that emerged in the interviews was the importance of knowledge being seen as trustworthy. This theme emphasized that in addition to providing network members with the education to “get it,” programs will also need to help network members develop the most effective and trustworthy ways to provide support. These ways are described through the subthemes of negotiating the same space, motivation, and skills.

Negotiating the Same Space.

Throughout the interviews, participants often described that the most trustworthy knowledge came from those network members who could directly relate to their experience. This ability to relate in many cases distilled to sharing a sexual minority identity. As Michelle explained, her lesbian identified friends were “better prepared to... make parallels to their own situations.” This supports previous literature that finds that many sexual minorities are more comfortable in seeking help and speaking with other sexual minorities about their IPV experiences (Bornstein, et al., 2006; St. Pierre & Senn, 2010; Turell & Herrmann, 2008). Additionally, this comfort is understandable in light of the literature previously presented regarding the societal stigma surrounding sexual minority relationships, and the reluctance of many sexual minorities to essentially “air their dirty laundry” by disclosing the presence of IPV in their relationships (Russo, 1999).

While sharing a sexual orientation identity was a common element for all interview participants, some interviewees described the importance of sharing additional forms of identities and experiences on top of a sexual minority identity. These included sharing identities like race/ethnicity (Carmine), kink and/or poly (Stephanie), being a mother (Michelle), and age (Stephanie); and experience like being in a relationship (Jamila). Clearly the experiences of sexual minorities and the kinds of supports they seek are often influenced by more than just one form of identity (Bograd, 2005; Kanuha, 2005; Waldron, 1996). By seeking help from people who could relate across multiple forms of identity, interviewees suggest that the trustworthiness of the knowledge provider may be linked to membership with multiple groups. This will be an important consideration for program developers when thinking about the extent to which the curricula should be tailored to specific sexual minority communities. Michelle illustrated the inherent difficulty in finding this intersectional balance. She explained that interacting with women similar to her would have been helpful, but she went on to describe how this similarity did not have to involve sharing all elements of her identity (e.g., a black, lesbian mother with special needs adopted children). Striking that balance will be a challenge to program developers, and the solutions they reach will likely have to be based on the unique characteristics of the local communities where the programs will be implemented.

Motivation.

Throughout the interviews, participants described how the motivation of the network member influenced the perceived trustworthiness of the support they provided. If the motivation of network members was seen as positive (e.g., the person was motivated out of concern for the individual or support of the couple), then this increased the perceived trustworthiness of their feedback and advice. Interviewees described how explicitly articulating the motivation of the advice was one effective way to convey it. For example, Jamila described that it would have been effective if her friends had collectively come to her and said, “We love you, we respect your choices, but we need you to know what we see.”

In that statement, the friends would have clearly indicated that they were motivated out of love and concern for Jamila, which she described as one way to make the feedback more palatable.

A common element of positively motivated advice was the way interviewees contrasted it from simplistic advice from people to just “break up” (Carmine and Jamila). This may relate to the literature that finds that “love of partner” is often high on the list of the many reasons that individuals stay in violent or unhealthy relationships (Merrill & Wolfe, 2000; Renzetti, 1992). As Carmine explained, being motivated out of concern for her meant recognizing her investment in the relationship and the difficulty in the decision to breakup. People who were quick to suggest that participants break up with their partners were depicted as not recognizing this important element of an intimate relationship. Additionally, they were often characterized as having ulterior motives, or as Jamila described it, “a second agenda.” This naturally diminished the trustworthiness of their advice. A second agenda was illustrated as being motivated out of a discomfort or disagreement with sexual minority relationships and identities. Participants like Jane and Jamila explained that it was impossible to disentangle their family’s desire for them to break up with their partners from their family’s desires for them to be straight. Therefore, since the advice seemed motivated out of this discomfort with sexual minority relationships, it was seen as untrustworthy and thus dismissed.

Skills.

Finally, in addition to being perceived as possessing adequate knowledge and being positively motivated, network members were also portrayed as needing to deliver their feedback effectively in order to have the maximum impact. The network members most often identified as possessing the necessary communication skills were those with backgrounds in clinical and counseling psychology. Participants whose social networks featured individuals with this type of training described the ability of network members to listen carefully (Karen), provide a unique psychological perspective (Stephanie), and to have a better sense of the kinds of support participants desired (Jamila). Given that these

network members received graduate education that explicitly covered how to provide emotional and psychological support in clinical settings, it follows that they would also be able to apply these skills within their informal networks.

Participants who did not have network members with psychology degrees often expressed frustration with the reluctance of network members to express how they feel about the unhealthy relationship (Andrea), or to express it too cautiously (Jane). Providing network members with stronger communication skills would likely increase their capacity to initiate and engage in the challenging conversations necessary to prevent IPV. While communication skills are a common element in many dating violence prevention programs, they focus almost exclusively on building the communication between intimate partners (Ball, Kerig, & Rosenbluth, 2009; Chutter, 2009; Cornelius, Shorey, & Beebe, 2010; Follingstad, et al., 1991). Community capacity IPV prevention program developers will therefore need to modify these to incorporate communication skills training that will help network members to talk to friends and family about relationship issues. Also, communication training could be especially valuable for younger network members since the quantitative data revealed that younger sexual minorities rated their networks as less helpful and reported receiving more negative responses from network members. Adding to the curriculum communication skills training may help to correct that issue for many younger sexual minorities.

Summary: Implications for program curricula.

While considerable additional research must be conducted before developing community capacity IPV prevention programs for sexual minorities, the current study found important elements of sexual minorities' experience in seeking support for IPV that may hold implications for future program developers. To start, the first theme discovered several key content areas that could be critical for curricula to cover. One content area is sexual minority relationships and identities, including terminology, unique relationship aspects and contexts, information on specific communities within

sexual minority communities, and an understanding of stereotypes and tensions that exist within communities. A second content area could cover IPV in sexual minority relationships. This could include information on prevalence, types of abuse, the seriousness of IPV in sexual minority communities, and important contexts for sexual minorities attempting to leave abusive relationships. Finally, to help network members understand the need to “get” these aspects of sexual minorities’ experiences, it might be useful for curricula to illustrate the impact when network members do not “get it.” The program could explain that these impacts include greater isolation, less disclosure of the abuse, and greater trivialization of their own abuse.

The second theme highlighted important contextual elements that network members need to consider when responding to sexual minorities in need. For starters, the study demonstrated that sexual minorities may have an advantage over heterosexuals in being able to provide knowledge that is more likely to be perceived as trustworthy. This information can be conveyed to network members in the program in a number of ways. The first is to emphasize for sexual minorities the responsibility of being well-versed on IPV; the advice they provide may be more likely to be seen as legitimate, so it is their responsibility for this to be true. Secondly, programs can explain to heterosexuals about their responsibility to be knowledgeable about sexual minority issues and relationships; it may be a necessary first step for heterosexuals to illustrate that they “get it” before they can be seen as providing trustworthy support.

Data from the second theme also indicated that program curricula could benefit from including content to help address network members’ motivation and increase their skills. With regards to the former, the programs could help network members to explore their own attitudes towards sexual minority relationships and identities, and then examine how these attitudes may affect how their advice is perceived. Furthermore, programs may wish to discourage network members from quickly encouraging couples to breakup, explaining that by doing so, the motivation of the advice may be called into question. With regards to skills, the interviews indicated that increasing the communication skills of

network members could greatly enhance the responses they provide. Programs therefore could benefit from incorporating a communication skills component that discusses how to talk to informal network members about relationship issues and IPV.

Throughout all curricular components, it will be imperative for program developers to keep in mind the specific sexual minority communities in which they are implementing the program. This should impact all aspects of the curricula. The characteristics of the communities should inform the discussion of how the experience of sexual minorities is impacted by many other dimensions of identity. The dimensions of particular relevance will depend in part on the communities where programs (or aspects of programs) are being implemented.

Limitations

While the findings and implications of the current study are exciting, they must be considered within the context of several methodological limitations. The first limitation involved the sampling procedure of the current study. While the snowball sampling strategy proved effective in finding hard to reach groups within sexual minority communities, this strategy may have affected the generalizability of the findings, especially given the focus of the current study. By sending the link to the survey through some sexual minority listservs and through informal social networks, this study may have been more likely to sample individuals more embedded within sexual minority communities. The current study did send links to the survey through non-sexual minority listservs and groups, and this may have corrected for some of these biases. However, because of the sampling strategy used, the current study may have sampled individuals whose networks include more sexual minorities.

A sampling issue that significantly affected the generalizability of the findings on the gender variant group was the unintentional exclusion of heterosexually-identifying trans community members. As described in the methods section, the current study, while using an inclusive definition of sexual minority, structured the online survey in a way that filtered out all participants who identified as

heterosexual. Unfortunately, this resulted in excluding from the sample trans community members who identified as heterosexual. Because of this, the findings relating to the gender variant group cannot be assumed to apply to all trans community members. Moreover, given the vast diversity of the gender variant group, the author cautions against liberally applying the findings to even sexual minority-identifying trans members. The current study included within the gender variant group people who identified as transsexual, transgender, Male-to-Female, Female-to-Male, genderqueer, and two-spirit, among others. There is a significant need for future studies to examine the experience of trans community members with greater nuance and sensitivity. However, despite the great variability of the gender variant group, the current study did successfully gather data on a large number of trans and genderqueer sexual minorities, which is often a challenging community to include.

The level of education of both the quantitative and qualitative samples represented another issue regarding the generalizability of the findings. Both samples included a disproportionate number of people with college and graduate degrees, and this may have influenced the findings regarding network size. Previous research indicates that an increase in level of education is associated with higher levels of social capital (Wyn, 2011), and this increase in social capital may also mean an increase in the size of social networks. Preliminary quantitative analyses support this idea. Analysis of Variance (ANOVAs) exploring the differences in the size of networks for people across all education groups found that people with advanced degrees have significantly larger networks than those without a college degree. Therefore, this limits the generalizability of some of the findings of the current study for people with lower levels of education, and it suggests that this may be a particularly fruitful area for future research.

A sampling issue that was specific to the qualitative data was the use of the IPV screening measure. While IPV screening measures find widely varying rates of IPV in different communities (Kapur & Windish, 2011; Rabin, et al., 2009), the 4.1% of the sample that screened positive for IPV in the current study remains at the lower end of this range. One reason for this is that while HITS is one of only two IPV screens previously used on men, research shows that it has considerably less sensitivity for men

(Mills, et al., 2006). Additionally, no reported studies have looked specifically at the use of HITS on sexual minority communities (Rabin, et al., 2009). Therefore, the low rate of IPV found by the current study suggests that HITS may be less sensitive for sexual minorities, which may have limited the sample pool for the qualitative interviews. Future research should examine the use of HITS as well as other IPV screening tools on sexual minorities specifically.

While it was discussed in detail in the Methods section, one final sampling issue worth mentioning again was the exclusivity of gender in the interview sample. By only sampling sexual minority women (and by mostly sampling women with advanced degrees), the curricular suggestions made from this data may not be generalizable to other sexual minority groups. Future research will be necessary to understand the relevant curricular content necessary to expand the knowledge and skills of the informal network members of sexual minority men and trans groups.

In addition to sampling issues, the current study also featured limitations regarding the way it created some of the quantitative variables. First, as previously explained, the Network Size variable may have undercounted the network size for the 21 people who did not complete the scale as intended. Network Size may have been further undercounted because of the potential threat of attrition. While previous studies using this scale did not suggest that participant attrition was an issue, it may have been an issue given the modifications to scale for the current study. The current study may have increased the risk for attrition by asking more questions about each network member that participants listed and by collecting the data online. Some participants may have been inclined to list fewer people in their network due to the number of questions they had to answer about each member. Additionally, some researchers describe how, because online surveys often only allow participants to view so many questions at a time (which was how the current study was structured), online surveys may require more time and effort than paper and pencil surveys which can be more easily skimmed (Schaefer & Dillman, 1998). Thus, network size may have been smaller due to the inclination of some participants to list fewer network members. Overall though, research finds a decrease in non-response by participants in online

surveys than paper and pencil surveys (Van Selm & Jankowski, 2006), and a previous study using the original scale did not describe issues of attrition (McFarlane, et al., 1981).

Another issue regarding the creation of the quantitative variables was the way that the relationship type categories were created to examine network makeup. The relationship answer choices included both relationship types (friend, family, therapist) and relationship contexts (“someone from work”, “someone from school”, etc). While this provided more contextual data with which to understand the makeup of participants’ networks, it may have also created more opportunities for participants to identify their relationships to network members in non-uniform ways. For example, some participants may have prioritized and only identified the context of their relationships (e.g., someone from school) while others only identified the relationship type (e.g., friend). This potential blurring of quantitative categories represents a limitation of the current study.

Finally, there were a handful of participants who identified network members as being both family and friends. After applying the trumping scheme, these network members were categorized as family. However, as described in the literature review, the notion of “family” in sexual minority communities is complicated, and it often includes “families of choice”, that is, friends who are so close that they are considered family (de Vries & Hoctel, 2007). The current study attempted to take this context into account by having the Family answer choice read “Biological family, or family of origin.” However, even after doing so, the complexity of family for many sexual minorities may have created variability in how this answer choice was selected and thus the makeup of the category of Family. Future studies would benefit from exploring further and with greater nuance the presence of family in sexual minorities’ informal networks.

Summary

Using the Elias’ prevention theory and the frameworks of intersectionality and social capital, the findings from the current study may be used to inform future community capacity IPV prevention

programs for sexual minorities. The suggestions based on the findings of the study address the key elements of Elias' formula for prevention programs: increasing social support resources, opportunities for connectedness, and addressing socialization practices of communities. The curricula considerations offered by the current study suggest ways to increase the skills and knowledge of network members, which will increase social support resources for sexual minorities. Additionally, suggestions to increase the number of people who "get it" will hopefully increase opportunities for connectedness. Finally, the curricular considerations that describe addressing heterosexism in heterosexual network members and confronting problematic community norms within some sexual minority communities will achieve Elias' suggestion to address socialization practices.

Additionally, the considerations also fit within the intersectional and social capital frameworks of the study. Throughout, attention has been paid to the difficult balance of identifying common experiences of sexual minorities while also recognizing the heterogeneity of experience within this broad group. These are considerations that program developers will have to weigh carefully when deciding the targets and content of their programs, and the current study described many unique contexts and points of intersections for programs to consider. Finally, the study supports a social capital approach by emphasizing targets and curricular considerations that will expand the resources and capacity within communities. By increasing the knowledge, skills, and opportunities for connectedness, the social capital of sexual minority communities will hopefully increase, thus expanding our capacity to prevent violence in our communities.

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Appendix A: Online Survey

Thank you so much for your interest in this study. We want to learn more about the relationships and social networks of sexual minorities (people who do not identify as heterosexual), and your answers on this survey will help increase our knowledge.

The next page is the consent form which will outline your rights as a participant in this study. Please read through it, and if you agree to the terms, press "Continue" and you will be able to begin the study.

1. Which of the following describes your current sexual orientation identity? Please check all that apply.

- ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Queer ☐ Questioning ☐ No label
☐ Same-Gender Loving ☐ Straight/ Heterosexual ☐ Other _____

2. What is your current gender identity? Please check all that apply.

- ☐ Male ☐ Female ☐ Trans ☐ Intersex ☐ Genderqueer ☐ Other _____

3. What is your race or ethnicity? Please check all that apply.

- ☐ White or European American ☐ Hispanic or Latino/Latina ☐ Native American
☐ African American/Black ☐ Asian or Pacific Islander ☐ Middle Eastern ☐ Other ____

4. What is your age? _____

5. What is your highest level of education?

- ☐ Some high school ☐ High school/GED ☐ Trade/Technical School
☐ Associate's degree ☐ 4-yr degree ☐ Advanced degree

6. What is your annual income from all sources before taxes?

- ☐ I have no source of income ☐ \$1 to \$19,999 ☐ \$20,000 to 39,000 ☐ \$40,000- 59,000
☐ \$60,000 – 79,000 ☐ \$80,000 to \$99,000 ☐ \$100,000 and over

7. What state do you live in? _____

8. Describe the area in which you live: ☐ Rural ☐ Urban ☐ Suburban

9. How did you hear about this survey? _____

10. How open are you about your sexual orientation to the people listed below. . For groups that have multiple people, answer for the majority of that group.

- 1 = person definitely does NOT know about your sexual orientation status
 2 = person might know about your sexual orientation status, but it is NEVER talked about
 3 = person probably knows about your sexual orientation status, but it is NEVER talked about
 4 = person probably knows about your sexual orientation status, but it is RARELY talked about
 5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
 6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
 7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
 0 = not applicable to your situation; there is no such person or group of people in your life

1. Mother	1	2	3	4	5	6	7	0
2. Father	1	2	3	4	5	6	7	0
3. Siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4. Extended family/relatives	1	2	3	4	5	6	7	0
5. My <u>new</u> straight friends	1	2	3	4	5	6	7	0
6. My work peers	1	2	3	4	5	6	7	0
7. My work supervisor(s)	1	2	3	4	5	6	7	0
8. Members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9. Leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10. Strangers, new acquaintances	1	2	3	4	5	6	7	0
11. My <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0

When people experience a serious problem in their intimate relationship (partner, spouse, significant other, girlfriend, boyfriend, etc) they often turn to different people to discuss it. We would like to learn more about the people you turn to when you experience serious problems in your intimate relationships.

If you had a serious problem in an intimate relationship, would you talk about it with someone?

☐ Yes ☐ No

In this next section, we will ask you several questions about the people you would most likely talk to if you had a serious problem in your intimate relationship. We will give you a chance to provide details for up to 5 people you would talk to. If you would discuss the problem with more than 5 people, then in the next section, we will give you an opportunity to list up to 5 more people.

If you had a serious problem in an intimate relationship, who are the people you would most likely talk to about the problem?

Person 1.

a. Initials _____

b. What is this person's relationship to you:

Close friend

Casual friend

Acquaintance

Family member (biological, family of origin)

Someone from work (coworker, boss)

Someone from school (classmate, teacher, mentor)

Mental health professional (e.g., therapist, counselor, psychologist, social worker, psychiatrist)

☐ Neighbor

Religious community member

Other _____

b2. What is this person's sexual orientation?

☐ Straight / heterosexual

☐ Sexual minority (not heterosexual)

☐ I don't know

c. When (if) you talked with this person about a problem in your relationship, what was (would you expect to be) his/her/per response? Check all that apply.

☐ Provides emotional support (listens to you, comforts you, problem solves with you, etc)

☐ Gives you information to help with your problem (information about websites, programs, organizations, therapists, shelters, support groups, etc)

☐ Provides material support if you needed it (a place to stay, transportation, money, childcare)

☐ Tells you what to do

☐ Gets frustrated or annoyed with you

☐ Is uncomfortable talking about your relationship

☐ Avoids talking about your relationship

☐ Other _____

d. How helpful was (or would you expect) this person to be?

☐ Made things a lot worse

☐ Made things a bit worse

☐ Made no difference

☐ Helped things a bit

☐ Helped things a lot

e. Would this person come to you with a problem in their intimate relationship?

☐ Yes ☐ No

f. Would you discuss the problem with someone else?

☐ Yes ☐ No

For Persons 2-5: repeat sections a-f

You will now get a chance to list up to 5 more people you would talk to about a serious problem in your intimate relationship.

If you had a serious problem in your intimate relationship, who else would you talk to about the problem?

Person 6:

a. Initials _____

b. What is this person's relationship to you:

Close friend

Casual friend

Acquaintance

Family member (biological, family of origin)

Someone from work (coworker, boss)

Someone from school (classmate, teacher, mentor)

Mental health professional (e.g., therapist, counselor, psychologist, social worker, psychiatrist)

☐ Neighbor

Religious community member

Other _____

b2. What is this person's sexual orientation?

☐ Straight / heterosexual

☐ Sexual minority (not heterosexual)

☐ I don't know

For Persons 7-10: repeat sections a – b2

Now we would like to ask you some questions about your current partner (or if you are not currently in a relationship, than from your most recent partner)

How often does (did) your partner:

	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you?	1	2	3	4	5
2. Insult you or talk down to you?	1	2	3	4	5
3. Threaten you with harm?	1	2	3	4	5
4. Scream or curse at you?	1	2	3	4	5

We would like to learn more about the experiences of sexual minorities (people who do not identify as heterosexual) in seeking support for unhealthy intimate relationships. If you have been in an unhealthy relationship, would you be interested in participating in an interview to talk more about your experiences? The interviews will last between 1 and 1.5 hours, and you will be compensated \$15 for your time.

Are you interested in participating in an interview about your experiences?

☐ Yes ☐ No

If yes, please provide us with the best way to reach you (e.g., email or phone number), and we will contact you if you qualify for the interviews. Your information will be kept in a separate database from the answers you just provided, and it will not be shared with anyone but the principle investigators of the study.

Invite Another to Participate

To

(email to whom)

From

--

(email from whom)

Your Name

(first and last name)

Message

[illegible]

This will send an invitation for the following survey:
"Social Network Survey-."

Appendix B: Semi-Structured Interview Guide

Thank you so much for agreeing to talk with me. As I described over the phone, I will be asking you questions about your experiences with your informal social network when you were having a problem in your relationship. When I say “informal social network”, I am referring to relationships you have with coworkers, friends, family, neighbors, religious community members, as well as other voluntary relationships in your life. Our conversation today will help us to understand what the needs are of sexual minorities in relationships where there are serious problems, the support they receive from informal social networks, and potential ways to increase the support to match their needs.

1. Can you tell me about a time when you had a problem in your relationship? What was your experience turning to your informal social network about that problem?

Prompts:

- a. To whom did you turn?
 - b. Why did you turn to them?
 - c. What was their response?
 - d. What response did you want at the time?
 - e. Which of the people that you turned to were the most helpful? The least helpful?
 - f. Were there people in your life that you specifically decided not to approach? Why?
2. Some individuals describe how the responses they receive from their informal social networks are influenced by aspects of themselves, including gender, age, sexual orientation, race/ethnicity, class, etc. How might your experience with your informal social network been affected by aspects of yourself?
 3. How could the response of your informal social network be improved?

Prompts:

- a. Looking back now, what response would have been helpful for you?
- b. Why do you think you did not receive that response?
- c. What information would have been helpful for your network members to know?

Appendix C: IRB Consents

Georgia State University
Department of Psychology
Informed Consent – Online Survey

Title: Social networks and intimate relationships in sexual minority communities

Principal Investigator: Dr. Julia Perilla, faculty P.I.
Caroline Lippy, student P.I.

Sponsor: None

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to investigate the relationships and social networks of sexual minorities. You are invited to participate because you are a sexual minority between the ages of 18 and 65. A total of 500 people will complete the survey. The survey will take about 15 minutes of your time.

II. Procedures:

If you decide to participate, you will take a survey online. The survey will ask you about your relationships and social networks. You will only take the survey one time. At the end of the survey, we will ask you if you would like to be in another part of the study.

III. Risks:

You may feel discomfort when the survey asks about your relationships. You may skip any questions that you do not want to answer. You may stop at any time. If you feel discomfort and would like to talk to someone, we will give you a list of places where you can go. Some of these may be free, but you may need to pay for others.

IV. Benefits:

If you participate in this study, you may not benefit personally though your answers will help us to know more about sexual minorities' relationships. We hope to learn how social networks affect sexual minorities in relationships.

V. Voluntary Participation and Withdrawal:

Your participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop at any time. Whatever you decide, you will not lose any benefits to which you are entitled.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. The student researcher, her supervisor, and research assistants will have access to your data. Information may also be shared with those who make sure the study is done correctly. We will use a study number rather than your name on study records. We will store your data in a password- and firewall-protected computer. Your name and other facts that might point to you will not appear in presentations or publications of the study. We will report the findings of this study in group form. You will not be identified personally.

VII. Contact Persons:

Call Dr. Julia Perilla at 404-413-6288, jperilla@gsu.edu or Carrie Lippy at 404-413-6207 clippy1@student.gsu.edu if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Participant:

You may print out a copy of this consent form to keep.

If you agree to participate in this research study, please continue to the next page.

Georgia State University
Department of Psychology
Informed Consent – Individual Phone Interviews

Title: Social networks and intimate relationships in sexual minority communities

Principal Investigator: Dr. Julia Perilla, faculty P.I.
Caroline Lippy, student P.I.

Sponsor: None

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to investigate the intimate relationships and social networks of sexual minorities. You are invited to participate because you are a sexual minority between the ages of 18 and 65. A total of 10 people will participate in this part of the study. The interview will last 1-1.5 hours. We will only interview you one time.

II. Procedures:

If you decide to participate, we will ask you to meet by telephone with the student researcher. We will ask you questions about your intimate relationships and social networks. We will audio-record the interview, which will take between 1 and 1.5 hours. We will give you \$15 for your time. This is the only time we will interview you. We will type up your interview and send you a written copy. You can check it for errors. Also you can clarify, add, or take away anything you said in the interview. We will ask you to send it back to us in a stamped envelope that we will include with the written interview.

III. Risks:

You may feel discomfort when we ask about your relationships. You may skip any questions that you do not want to answer. You may stop at any time. If you feel discomfort and would like to talk to someone, we will give you a list of places where you can go. Some of these may be free, but you may need to pay for others.

IV. Benefits:

If you participate in this study, you may not benefit personally though your answers will help us to know more about sexual minorities' relationships. We hope to learn how social networks affect sexual minorities in relationships.

V. Voluntary Participation and Withdrawal:

Your participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop at any time. Whatever you decide, you will not lose any benefits to which you are entitled.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. The student researcher, her supervisor, and research assistants will have access to your data. Information may also be shared with those who make sure the study is done correctly. The audio-recordings will be stored in a password- and firewall-protected computer. Once the interviews are typed up, the student researcher will delete the recordings. We will change all information that could identify you in your interviews. We will use a pseudonym rather than your name on study records. We will store your data in a password- and firewall-protected computer. Your name and other facts that might point to you will not appear in presentations or publications of the study. We will report the findings of this study in group form. You will not be identified personally.

VII. Contact Persons:

Call Dr. Julia Perilla at 404-413-6288, jperilla@gsu.edu or Carrie Lippy at 404-413-6207 clippy1@student.gsu.edu if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

Please tell me verbally if are you willing to volunteer for this research and be audio-recorded?

☐ Yes☐ No

We will send you a copy of this consent form to keep.

Principal Investigator or Researcher Obtaining Consent

Date