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Relationship power and intimate partner violence in sexual minority male couples

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Abstract

Objective: The objective of the present study was to test pathways implied by Disempowerment Theory to predict intimate partner violence (IPV) among men in a same-sex relationship.

Background: Sexual minority men in relationships experience rates of IPV comparable to heterosexual women, yet most research on IPV focuses on heterosexual couples. Disempowerment Theory suggests that a range of individual, family-of-origin, and relationship risk factors predict the use of violence to re-establish power in a relationship.

Method: Data for the present study were gathered from an online survey completed by gay and bisexual men currently in a same-sex relationship ($n=339$). Analysis of data included two steps: (1) we tested the direct effect of individual, family, and relational predictors on the odds of IPV and (2) we calculated a path model that included relationship power as a link between the predictors (individual, family, and relational) and IPV.

Results: In line with Disempowerment Theory, relationship power was negatively associated with IPV. Bivariate analysis indicated an association between childhood sexual abuse and IPV, but childhood sexual abuse was not predictive of IPV through relationship power. Other individual (depression) and relationship-specific (sexual communication and relationship satisfaction) risk factors were associated with IPV indirectly through relationship power.

Conclusion: Disempowerment Theory may provide a useful framework for understanding the occurrence of IPV in sexual minority male couples. It may also provide a starting point for the development of multi-component interventions to reduce violence in these couples.

Keywords

intimate partner violence; disempowerment; sexual minority men; relationship power

Intimate partner violence (IPV) is predominately conceptualized as a male perpetrator and female victim. However, research has shown that IPV can occur within the context of all intimate relationships regardless of sexual orientation. Over the recent decade a body of literature has found that sexual minority men (SMM) experience IPV at rates comparable to heterosexual women and substantially greater than men who do not have sex with men (Ard & Makadon, 2011; Edwards et al., 2015; Goldberg & Meyer, 2013; Stephenson & Finneran, 2013; Walters et al., 2013; Walters & Lippy, 2016). Findings from the National Violence Against Women (NVAW) indicated that 25.1% of men cohabitating with their male same-sex partner reported physical IPV, compared to 7.1% of heterosexual men and 20.4% of heterosexual women reporting physical IPV while cohabitating with their opposite sex partner (Tjaden & Thoennes, 2000). More recent data from the National Coalition of Anti-Violence Programs (NCAVP; 2018) indicated that, among sexual and gender minorities, gay male identified persons remain a majority of those reporting IPV victimization to NCAVP member programs (44%). Rates of reporting IPV across all sexual and gender minorities increased 6% from 2016 (National Coalition of Anti-Violence Programs (NCAVP), 2018).

Estimated prevalence rates of physical IPV among SMM range from 12– 45% (Craft & Serovich, 2005; Stephenson et al., 2010); 1.8– 33% (Bartholomew et al., 2008; Craft & Serovich, 2005) for sexual IPV; 28– 73% (Pantalone et al., 2012; Stephenson & Finneran, 2017b) for emotional/psychological IPV; and 32– 78% (Houston & McKirnan, 2007; Pantalone et al., 2012) for reporting any type of IPV. Despite the high prevalence rates of IPV occurring within the context of a same-sex male relationship there is a limited body of research highlighting the severity of violence. (Brown and Herman, 2015) conducted an empirical review on the literature of IPV within the context of same-sex relationships, the findings indicated that 16.4% of SMM reported severe physical IPV in their lifetime and 2.0% reported severe physical IPV in the past year. In a more recent review, (Rollè et al., 2018) reported that 29.4% of SMM reported a lifetime prevalence of severe IPV, compared to the 23.6% and 13.9% of heterosexual women and men, respectively.

The occurrence of IPV in same-sex male relationships has been examined primarily from a public health perspective as IPV has been identified as a risk-factor for sexual HIV transmission (Buller et al., 2014; Relf, 2001; Stephenson et al., 2011). Much of this work has been conducted within the syndemic framework – where IPV is positioned as a predictor of condomless anal sex (e.g., Mustanski et al., 2007; Parsons et al., 2017; Stall et al., 2003; Starks et al., 2016). IPV victimization, more broadly, has been identified as a significant predictor of reporting condomless anal sex, as men were less likely to engage in condom negotiations with their partner (Houston & McKirnan, 2007; Stephenson & Finneran, 2017b; Stephenson et al., 2016). In contrast IPV perpetration has been associated with greater risk taking and increased number of casual partners (Finneran & Stephenson, 2013, 2014b). While this research attests to the health risks associated with IPV it does relatively little

to elucidate mechanisms by which interventions or prevention strategies could reduce or prevent the occurrence of violence in sexual minority male couples.

An established body of work has addressed a myriad of negative outcomes associated with experiences of IPV; however, there is a smaller body of work examining specific risk factors and antecedents of IPV within the context of a SMM relationship (e.g., Blondeel et al., 2018; Goldenberg et al., 2016; Stephenson & Finneran, 2017a). There is evidence to suggest that factors related to dyadic functioning and relationship-specific factors are related to experiences of IPV. (Pruitt et al., 2015; Stephenson et al., 2013; Suarez et al., 2018). Differences between partners with respect to outness, income, and education (Goldenberg et al., 2016), as well as dissatisfaction with the relationship and lack of communication have been identified as unique antecedents of IPV among partnered SMM (Finneran & Stephenson, 2014a). Emerging evidence suggests that relationship power and control has been understood, within the heterosexual literature, as a significant predictor of IPV (Capaldi et al., 2012; Giordano et al., 2016; Robertson & Murachver, 2011). Consistent with previous work conducted on heterosexual samples, (Finneran and Stephenson, 2014a) demonstrated a positive association between power dynamics and risk of IPV within the context of SMM relationships. Despite the emerging literature on factors related to IPV, novel frameworks that examine underlying mechanisms are needed.

Disempowerment Theory (Archer, 1994; Gelles, 1999), has been utilized as a framework for understanding how identified risk factors lead to the occurrence of violence in relationships broadly. According to the theory, feelings of inadequacy or lack of self-efficacy broadly, may lead to extreme forms of power assertion, including IPV (Archer, 1994). While Disempowerment Theory has been primarily utilized in studies on heterosexual relationships to understand the occurrences of IPV as being linked to gender-based power imbalances (Anderson, 2005; Archer, 1994; Gelles, 1999) findings from studies on male-female IPV have indicated that victimization is more common among women with lower levels of power in their romantic relationships (Filson et al., 2010; Halstead et al., 2016). Subsequent work has applied a theoretical framework centered around power dynamics (Finneran & Stephenson, 2014a) and Disempowerment Theory specifically (McKenry et al., 2006) to violence in same-sex relationships.

(McKenry et al., 2006) examined occurrences of IPV within gay and lesbian couples from a disempowerment perspective. In accordance with the Disempowerment Theory, (McKenry et al., 2006) explained violence within the context of a same-sex relationship in terms of three different ecological domains: (1) *individual characteristics* (i.e., depression, anxiety, low self-esteem, or substance abuse); (2) *family-of-origin characteristics* (i.e., witnessing interparental violence or being a victim of sexual, physical, or emotional abuse during childhood); and (3) *intimate relationship characteristics*, (i.e., dyadic-level relationship distress or dissatisfaction). Consistent with previous work on both heterosexual (Capaldi et al., 2012) and sexual minority couples (Finneran & Stephenson, 2014a), findings indicated a negative association between relationship-specific characteristics and IPV, specifically a negative association between relationship satisfaction and IPV (McKenry et al., 2006).

Additional research on IPV has identified a set of intrapersonal correlates of experiencing violence within a relationship. The link between symptoms of depression and IPV has been well-documented across heterosexual samples (Bacchus et al., 2018; Devries et al., 2013) as well as among same-sex male couples (Buller et al., 2014; Williams et al., 2015). Typically, depression is understood as an outcome of IPV as SMM are more likely to report greater depression as a result of violence compared to those who do not report violence (Buller et al., 2014; Miltz et al., 2019; Pantalone et al., 2012; Stall et al., 2003). Separately, childhood sexual abuse (CSA) has been identified as an antecedent of IPV risk among sexual minority samples (e.g., Balsam et al., 2011; Koeppel & Bouffard, 2014; McKenry et al., 2006), as well as across the larger body of IPV literature (e.g., Capaldi et al., 2012; Widom et al., 2014). Regardless of gender, sexual minority youth who report CSA are more likely to experience IPV in adult romantic relationships, compared to children who do not report CSA (Balsam et al., 2011; Classen et al., 2005; Koeppel & Bouffard, 2014). Experiences of CSA and IPV among SMM are often coupled with increased odds of reporting symptoms of depression (Williams et al., 2015).

There is a large body of literature illustrating the association between substance use and IPV. Substance use is associated with greater odds of experiencing IPV across heterosexual (Caetano et al., 2017; Capaldi et al., 2012; Low et al., 2017) and SMM (Buller et al., 2014; Duncan et al., 2018) samples. SMM report disproportionate rates of substance use (Corliss et al., 2010; Lanfear et al., 2013; Schuler et al., 2018) and substance use related disorders (Flentje et al., 2015; Kerridge et al., 2017) when compared to their heterosexual counterparts. Researchers have interpreted the positive association between substance use and IPV among SMM as a way to self-medicate and cope with relationship distress and being dissatisfied with a relationship (McKenry et al., 2006). Substance use in the context of IPV has also been conceptualized by SMM as a passive coping strategy in response to the lack of formal IPV services for male victims in same-sex relationships (Freeland et al., 2018). Consistent findings have been demonstrated among heterosexual samples, as substance use was interpreted as way to alleviate the physical pain experienced during the violent event (Caetano et al., 2017; Wu et al., 2015).

In addition to relationship power, research has indicated that the overall quality of intimate partner relationships is associated with IPV (Capaldi et al., 2012; McKenry et al., 2006; Stephenson et al., 2011). This work has focused primarily on relationship satisfaction. Men in a same-sex relationship who view their relationship as more satisfying are less likely to report IPV victimization and perpetration (Stephenson et al., 2011). This finding mirrors those from studies on both heterosexual (Capaldi et al., 2012) and same-sex couples (Finneran & Stephenson, 2014a; McKenry et al., 2006) that have indicated greater rates of IPV being associated with lower relationship satisfaction. Relationship conflict and relational stress have been identified as contributory risk factors of IPV as the perpetrator will use violence in an attempt to regain control over their partner. (Felson & Messner, 2000; Goldenberg et al., 2016; McKenry et al., 2006). Given previous findings, IPV within the context of a SMM relationship may be understood as an interconnection between relationship power and intrareationship factors that preceded the event (Finneran & Stephenson, 2014a). This claim was not supported by McKenry et al. (2006), as findings showed no significant differences in violence as a function of perceived power differentials.

Although the initial application of Disempowerment Theory by (McKenry et al., 2006) demonstrated that disempowerment is meaningfully associated with IPV perpetration, the authors did not test the indirect pathways (linking relationship satisfaction, sexual-communication, and depression, to IPV through relationship power) implied by the theory. Further, (McKenry et al., 2006) focused only on the prediction of IPV perpetration. As of yet, there are no published reports of which we are aware that explore the disempowerment as a predictor of IPV victimization among partnered SMM.

The purpose of the current study was to test a path model linking intrapersonal and relationship risk factors with IPV victimization through indirect pathways involving disempowerment in a sample of partnered SMM. Consistent with the organizational framework outlined by McKenry and colleagues (2006), we hypothesized that individual factors (depressive symptoms and polysubstance use), family-of-origin factors (child sexual abuse), and intimate relationship factors (relationship satisfaction, sexual communication, and sexual satisfaction) would be directly associated with reported IPV victimization in our sample of men in a same-sex relationship. Subsequently, we hypothesized that these direct relations would be mediated by relationship power.

Methods

Sample

Eligible participants included cis-gender men (men who were assigned male at birth and currently identify as male) who were 18 or older and reported being in a primary romantic relationship with another cis-gender man. Relationship status was assessed using a single item, “Are you in a relationship with a male partner to whom you feel committed to above anyone else and with whom you have a sexual relationship?” All participants reported a residence in the U.S. and were able to complete a survey in English.

Procedures

Data were collected between December 2011 and February 2013, using Qualtrics – an internet-based survey host. Participants were recruited via online and in-person methods as also described in previous studies (Starks et al., 2015; Starks et al., 2016). Online recruitment activities included the distribution of study information via listservs and websites catering to the SMM community. In addition, online recruitment materials were also sent to partnered men who had previously screened for or completed other studies at the research center. Online recruitment materials contained a direct link to the survey, as well as the investigators’ contact information. Online recruitment efforts were supplemented by in-person recruitment activities conducted by study staff at community and social events frequented by SMM in the New York City metropolitan area. Study staff were adult research assistants trained to conduct community outreach. They distributed fliers and information containing the study link directly to potential participants in these venues and left these materials in spaces where they might be passively encountered by potential participants. A small number of participants ($n = 21$) were recruited in person after completing their participation in another survey research project.

While the current analysis only utilizes data from index participants, the study was designed to facilitate partner referral. Regardless of recruitment mechanism, index participants who completed the online survey had the option of sending an email to their partner containing the study link. All participants (both index and referred partners) who completed the survey and included their mailing addresses were compensated with a free movie ticket. Couples in which both index and referred partners completed the survey were also entered into a raffle to receive additional \$100 compensation. The raffle prize was given to one in every 25 completed couples. All recruitment materials and procedures were approved by the IRB at Hunter College of the City University of New York.

Measures

Demographics.—Participants responded to questions about their age, sexual identity, race/ethnicity, education level, own income level, own HIV serostatus (positive, negative, unknown), their partner's HIV serostatus, and relationship duration.

Intimate Partner Violence.—Participants were asked to report the occurrence of IPV in their current relationship using a 12-item scale (Greenwood et al., 2002) adapted from the Conflict Tactics Scale (Straus et al., 1996). The 12-items comprised five domains, including: (1) *Physical*, with six items (Cronbach's $\alpha = .81$), such as "has a partner hit you with fists or an open hand?"; (2) *Verbal*, with three items (Cronbach's $\alpha = .79$), such as "has a partner verbally threatened you in any way?"; (3) *Monitoring*, with one item, "has a partner stalked you?"; (4) *Drug*, with one item, "has a partner forced you to get high or drunk?"; and (5) *Sexual*, with one item, "has a partner forced you to have sex?"

Participants were initially asked to indicate whether they had ever experienced each form of IPV in the past 5-years (regardless of whether it occurred in the current or a former relationship). Those participants who reported at least 1 form of IPV in the past 5-years were subsequently asked to indicate whether each form of IPV they endorsed occurred in their current relationship. Data were aggregated to create a dichotomous variable in which '1 = the occurrence of any form of IPV in the previous 5-years in the current relationship' and '0 = no IPV in the current relationship'.

Individual Characteristics: Psychological and Behavioral Risk Factors

Depression.—Symptoms of depression were assessed using the depression subscale of the Brief Symptom Inventory (BSI; Derogatis, 1975). The scale comprises six items (e.g., "How much have you had feelings of hopelessness about the future?"). Participants indicated their level of distress with each item on a 5-point Likert-type scale from 0 (*not at all*) to 4 (*extremely*). The scale demonstrated strong reliability (Cronbach's $\alpha = .92$).

Polysubstance use.—Participants reported whether or not they had used any of the following substances in the past three months: alcohol, cocaine, crystal methamphetamine, ecstasy, gamma-hydroxybutyrate, ketamine, marijuana, heroin, and poppers. Responses were aggregated into a single dichotomous variable indicating the presence versus absence of using at least two substances in the previous three months, as has been the standard in other syndemics studies (Parsons et al., 2017; Stall et al., 2003; Starks et al., 2016).

Family Risk Factors

Childhood sexual abuse.—The occurrence of childhood sexual abuse was assessed using two items published previously (Mustanski et al., 2007; Paul et al., 2001; Stall et al., 2003). These items were: (1) “Thinking back from your childhood to the present, have you ever been forced or frightened by someone into doing something sexually that you did not want to do?”; and (2) “Sometimes people’s views about their experiences change over time. Did you ever have an experience when you felt at the time that you were forced or frightened into doing something sexually that you did not want to do?” Participants who responded “Yes” to either of these items were then asked to report the age at which the sexual experience occurred. Participants were classified as affirmatively reporting childhood sexual abuse only if they responded “Yes” to either of the two sexual experience questions and identified their age when the experience occurred as younger than age 18.

Relationship Risk Factors: Relationship Influences

Relationship satisfaction.—Participants’ satisfaction with their current relationship was measured using the 7-item Relationship Assessment Scale (Hendrick, 1988). Responses were provided on a 5-point Likert-type scale from 1 (*low level*) to 5 (*high level*). Items included questions such as, “In general, how satisfied are you with your relationship?” and “To what extent has your relationship met your original expectations?” The scale has been found to correlate strongly with other relationship measures in prior studies; in our sample, it displayed strong internal reliability (Cronbach’s $\alpha = .86$).

Sexual communication.—We assessed participants’ views about sexual communication with their relationship partners using a shortened version the Dyadic Sexual Communication Scale (Catania, 1998). The scale comprised 11-items (Cronbach’s $\alpha = .82$). Items included, “My partner rarely responds when I want to talk about our sex life” and “My partner and I can usually talk calmly about our sex life.” Participants indicated their level of agreement with each item on a 5-point Likert-type scale from 1 (*strongly disagree*) to 4 (*strongly agree*).

Relationship power.—We used the Relationship Control subscale of the Sexual Relationship Power Scale (Pulerwitz et al., 2000) to assess the balance of power within the relationship. The subscale consists of 15 items (Cronbach’s $\alpha = .84$), including, “When my partner and I disagree, he gets his way most of the time.” Participants indicated their level of agreement with each item on a 5-point Likert-type scale from 1 (*strongly disagree*) to 4 (*strongly agree*).

Data Analysis

We conducted analyses in two steps using Mplus 7.3. The first step tested the direct effect of individual, family, and relational predictors on the odds of IPV experiences. In the second step, we calculated a path model that included relationship power as a link between the predictors (individual, family, and relational) and IPV. Thus, for those indirect pathways in which all-constituent direct effects were significant, we tested the statistical significance of the indirect effects using bootstrapping tests of significance with 1,000 bootstrapping draws. All models utilized weighted least squares means and variances estimation.

The procedures outlined are similar to those utilized by others (e.g., Starks et al., 2013) and consistent with the recommendations of Hayes (2009) who summarized criticism of the causal step approach (Baron & Kenny, 1986). The causal step approach utilizes a sequence of regression models to test whether the direct association between two variables is explained all or in part by a third variable; however, these procedures are less likely to detect the presence of a true indirect effect compared to the bootstrapping methods we utilized. One reason is that causal step approaches typically begin by testing the significance of the direct association between a predictor and an outcome. When this association is non-significant, the analysis is ended. Hayes (2009) asserted that significant indirect effects may exist even in the absence of a significant direct effect, a finding that may result when multiple indirect pathways exist between predictor and outcome – and when these effects are in opposing directions. Thus, the total direct effect may be null despite the presence of significant specific indirect associations.

Results

In total, 517 index participants encountered the survey through recruitment outreach. Of these index participants, 443 (83.8%) met gender and age eligibility and indicated being in a relationship with a male partner. Of these 339 (76.5%) provided sufficient data for inclusion in these analyses. Among these index participants 128 (26.7%) successfully recruited their partners; however, data from these 128 recruited partners were not utilized in these analyses. The analyses in the current study are restricted to the 339 index participants to preserve the independence of observations.

Demographic characteristics are summarized in Table 1. Participants were primarily gay identified (87.7%). Most (66.4%) indicated a White racial identity, had earned at least a bachelor's degree (75.5%), and earned at least \$40,000 annually (54.6%). The average age of index participants was 35.8 ($SD = 11.6$) years. Average relationship length was 72.8 months ($SD = 89.9$).

Bivariate Relationships among Constructs

Table 2 contains bivariate correlations among demographic factors and variables of primary constructs of interest. As might be anticipated from McKenry et al. (2006), Point-biserial correlations indicated that, at the bivariate level, depression (individual risk factor) and child sexual abuse (CSA; family-of-origin risk factor) were positively correlated with IPV. In addition, relationship power, sexual communication, and relationship satisfaction (intimate relationship risk factors) were each negatively correlated with IPV. Contrary to expectations polysubstance use (individual risk factor) was not associated with IPV or depression.

Table 3 contains the results of a multivariable logistic regression predicting the odds of reporting any form of IPV from individual, family-of-origin, and intimate relationship risk factors as well as demographic covariates in the absence of relationship power. In this multivariate context, relationship satisfaction and CSA contributed significantly to the prediction of IPV. Similar to bivariate analyses, relationship satisfaction was negatively associated with IPV while CSA was positively associated. The only statistically significant demographic covariate was age, which was negatively associated with the odds of IPV.

Disempowerment: Testing Hypothesized Indirect Pathways

Table 4 contains coefficients for all associations specified in a subsequent path-model that included relationship power as a direct predictor of IPV as well as the regression of relationship power on remaining individual, family-of-origin, and intimate relationship risk factors. Figure 1 displays significant associations between constructs of primary interest. Consistent with hypotheses, relationship power had a significant and negative association with IPV. Similar to the previous model, age was negatively associated with the odds of IPV. Intimate relationship factors, individual factors, and other demographic factors were not significantly related to the prediction of IPV victimization when relationship power was included in the model.

Both sexual communication and relationship satisfaction (relationship factors) were significant predictors of relationship power with coefficients of positive valence. In contrast, depression predicted lower relationship power scores. The only significant demographic predictor of relationship power was relationship length, which was negatively associated with relationship power. The overall model accounted for 35.1% (i.e., $R^2 = .351$) of the variance in relationship power.

Tests of Indirect Effects

Based upon the pattern of observed direct effects, three indirect effects were tested: (1) the indirect effect of sexual communication on IPV victimization; (2) the indirect effect of relationship satisfaction on IPV victimization; and (3) the indirect effect of depression on IPV victimization. All three of these effects were statistically significant. Zero was outside of their 95% bootstrapped confidence interval. Standardized indirect effects for sexual communication, relationship satisfaction, and depression were equal to .05, .16, and .09 respectively, indicating that the magnitude of the indirect effect for relationship satisfaction was approximately 1.78 to 3.2 times as large as that associated with communication and depression.

Discussion

The current study highlighted the relevance of relationship power on IPV among SMM in relationships. In addition, these findings extend existing evidence by demonstrating the role of relationship power in indirect pathways linking a number of individual, family-of-origin, and intimate relationship risk factors with IPV. As hypothesized, indirect pathways from depression (an individual factor) as well as relationship satisfaction and sexual communication (intimate relationship factors) through relationship power were statistically significant in the prediction of IPV.

The finding of a direct and negative association between relationship power and IPV is consistent with the larger body of literature on relationship power and intimate partner violence (Archer, 1994; Felson & Messner, 2000; Malik & Lindahl, 1998). The link between relationship power and IPV has been well established among heterosexual samples. Relatively lower levels of relational power are thought to increase relational tension and place the couple at higher risk for engaging in physical violence (Archer, 1994).

Our findings expanded on previous research by highlighting that relationship power was associated with IPV among SMM (e.g., Kubicek, 2018; Kubicek et al., 2014; Stephenson et al., 2011). Future research should examine power differentials between partners as a potential predictor of IPV among sexual minority men. McKenry et al. (2006) examined power differentials between male and female sexual minority individuals and found there to be no significant differences as to the impact of power on IPV. More recent qualitative work has provided support for how inter-partner differences specific to SMM, like degree of outness, can create a power imbalance (Goldenberg et al., 2016). While our findings are consistent with the greater body of research regarding the association between relationship power and IPV, current results also indicate a potentially complex relationship between the role of relationship power in indirect pathways linking a number of individual, family-of-origin, and intimate relationship risk factors with IPV.

The observed pattern of indirect effects conforms to Disempowerment Theory and illustrates the potential for relationship power to serve as mechanism by which a range of risk factors are associated with IPV. These indirect pathways are consistent with previous research (Filson et al., 2010; Finneran & Stephenson, 2014a; McKenry et al., 2006) which found that IPV is a complex interaction of individual, family-of-origin, and intimate relationship characteristics. These findings point to the potential for Disempowerment Theory to provide an overarching framework encompassing a range of previous research on risk factors for violence and for relationship power to serve as a central mechanism by which these various factors influence the subsequent occurrence of violence.

CSA was directly associated with IPV in bivariate analyses and in models excluding relationship power. This finding provides modest support for a more direct continuity between victimization in early childhood and later in adulthood. From a developmental perspective, abuse from a significant individual during the formative years can manifest into feelings of worthlessness as well as a deficit in the ability to recognize or avoid abuse by an intimate partner later in life (Miltz et al., 2019; Smallbone & Dadds, 2000). Additional research has suggested that men who experience CSA are more likely to show aggression and violence towards others (Cubellis et al., 2018). Current findings expand on previous work by showing CSA not only predicts violence, but it also predicts victimization. The findings from the current study also indicated that CSA was not predictive of IPV when relationship power was added to the model. This finding highlights a distinction between the two constructs and their predictive qualities on IPV. Prior research has suggested that individuals who experience CSA are more likely to experience a greater loss of power in subsequent relationships in adulthood (Cantón-Cortés et al., 2012; Karakurt & Silver, 2014; Liem et al., 1996). Although not possible in the current study, future research should examine the degree of exposure to CSA, age of occurrence; levels of support, as well as trauma symptom severity in order to understand better the potential role of risk and protective factors associated with abuse in an intimate relationship.

IPV was not associated with polysubstance use in the current sample. While this finding is consistent with Reuter et al. (2017), it contrasts previous work on SMM that observed an association between perpetration of IPV and increased odds of substance use (Buller et al., 2014; Duncan et al., 2018). Furthermore, Capaldi's (2012) review suggested alcohol

and drug use are significant proximal predictors of IPV among a heterosexual sample. Additional research linking substance use and IPV among gay men has been interpreted as a way to self-medicate and cope with the stress and dissatisfaction present in the relationship (McKenry et al., 2006). Similar findings have been demonstrated among heterosexual samples, as substance use was interpreted as way to alleviate the physical pain experienced during the violent event (Caetano et al., 2017; Wu et al., 2015). Further attention is warranted to examine the potential role that alcohol and substance use plays within the context of IPV in same-sex relationships.

Taken together, Disempowerment Theory provides a bridge between the existing literature identifying risk factors for IPV (Finneran & Stephenson, 2014a; McKenry et al., 2006) and Syndemic Theory (Mustanski et al., 2007; Parsons et al., 2017; Stall et al., 2003), which positions IPV in the context of other factors that enhance risk for HIV infection. Specifically, Disempowerment Theory provides an organizational structure for thinking about predictive relationships among CSA, depression, polysubstance abuse, and IPV, which are well-established syndemic factors for HIV risk among sexual minority men (e.g., Glynn et al., 2019; Mimiaga et al., 2015; Mustanski et al., 2007; Parsons et al., 2017; Starks et al., 2016). Although polysubstance use was not found to be a significant predictor of IPV among the current sample, as the result of polysubstance use on IPV was approaching significance indicates that more research is needed in this area. Disempowerment Theory addresses risk factors from a more ecological perspective (Bronfenbrenner, 1992, 1994); for example, clusters of factors within the disempowerment framework range from individual characteristics to interpersonal (intimate partner characteristics) and community characteristics (family-of-origin). Similar to the syndemics framework, IPV as understood through the disempowerment framework is a complex interaction of personal and social factors.

Finally, these results suggest that Disempowerment Theory may be useful for guiding the content of future interventions aimed to prevent IPV and minimize its recurrence in couples with a history of violence. Specifically, the model tested in the current study points to three potential mechanisms through which to intervene to reduce power inequities and, therefore, decrease the risk IPV. One pathway in which to intervene would be through the enhancement of dyadic functioning. The findings demonstrated a negative association between relationship satisfaction and IPV, therefore suggesting that couples with greater satisfaction are less likely to assert a sense of power through violence. In a similar vein, interventions with partnered sexual minority men should include a communications skill-building module, as results have shown that adaptive communication may reduce the risk of IPV. In the same way Couples HIV Testing and Counseling (CHTC; Sullivan et al., 2014) provides a space for couples to talk about their relationship in the context of HIV risk. Future interventions should provide a similar space for same-sex male couples to communicate about what it might mean to be a male couple in a heteronormative society as way to alleviate some of the previously identified SMM specific antecedents to IPV. These two relationship-specific pathways that are aimed at promoting a more egalitarian relationship are consistent with the dyadic model of partner violence (Bartholomew & Cobb, 2010), which suggest that relationships that are mutually satisfying, as well as encompass high levels of trust and strong communication are less likely to report IPV.

These findings must be viewed in light of several limitations. These are self-reported, cross-sectional data, collected from a sample of relatively well educated, and mostly White SMM in relationships, which may limit generalizability to other populations. The current study utilized an adaptive version of the Conflict Tactic Scale (CTS) – a commonly used and accepted measure to assess IPV – however; the scale does assess the larger breadth of IPV behaviors (e.g., controlling, financial manipulation, etc.). An additional limitation of using the CTS is the fact the scale was normed on a heterosexual population therefore items on the scale may not translate to sexual minority individuals which in turn limits the generalizability to sexual minority populations. Stephenson and Finneran (2013) developed the IPV-GBM Scale specifically that attends to the unique characteristics of men same-sex relationships. The IPV-GBM Scale measures victimization and perpetration of violence using five subscales: physical, sexual, monitoring, controlling, HIV-related, and emotional. In addition, we did not examine partner effects. The exploration of cross-partner effects could result in findings that demonstrate potential risk factors for IPV or buffer against IPV as well as highlight directionality of occurrences of IPV. Future research could benefit from inquiring about the severity of IPV as well as preceding in events in order to better inform the development of formal services and the providers of these services for SMM seeking help for abuse. Furthermore, the inclusion of dyads in future interventions will provide a more robust understanding of the relationship dynamics that contribute to reports of IPV by examining unique factors that both members of the couple bring to the relationships.

In conclusion, these findings highlight the relevance of Disempowerment Theory – specifically, how intimate relationship, family-of-origin, and individual risk factors influence power dynamics – to the prediction of IPV events among men in a same-sex relationship. Our findings suggest multiple potential intervention targets that can be addressed to prevent IPV. Future research should explore how interventions that address relationship, family-of-origin, and individual risk factors influence the risk for IPV among sexual minority individuals in a relationship. For instance, future interventions should assess mental health issues such as low self-esteem, feelings of powerlessness, and worthlessness as they contribute to IPV risk.

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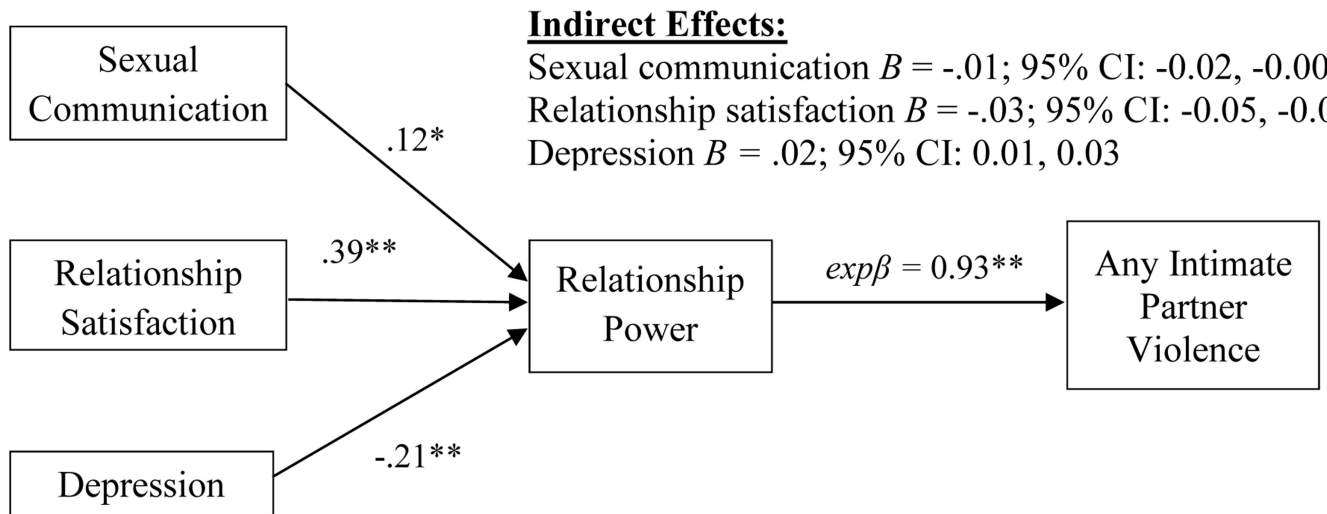


Figure 1.
 Indirect effects on Intimate Partner Violence via Relationship Power
 * $p < .05$; ** $p < .01$

Table 1.**Demographic Characteristics of Sample (N=339)**

	n (%)
Sexual Orientation	
Gay	304 (87.7)
Bisexual	35 (10.3)
Race and Ethnicity	
White/European	225 (66.4)
Black/African American	27 (8.0)
Latino	51 (15.0)
Other	36 (10.6)
Income	
Less than \$40K	154 (45.4)
\$40K or more	185 (54.6)
Education	
Less than a 4-year college degree	83 (24.5)
4-year college degree or more	256 (75.5)
HIV Status	
Negative/Unknown	270 (79.6)
Positive	69 (20.4)
Polysubstance Use	
No polysubstance use	172 (50.7)
Polysubstance use	167 (49.3)
Childhood Sexual Abuse	
No	253 (74.6)
Yes	80 (23.6)
Reported Intimate Partner Violence	
Physical	97 (28.6)
Verbal	124 (36.6)
Sexual	19 (5.6)
Forced drug use	10 (2.9)
Monitoring	23 (6.8)
Any form of IPV	118 (34.8)
	M (SD)
Age (in years)	35.8 (11.6)
Relationship Duration (in months)	72.8 (89.9)
Relationship Power	49.9 (6.4)
Sexual Communication	32.9 (5.9)
Relationship Satisfaction	28.3 (5.1)
Depression	10.4 (5.4)

Table 2.
 Bivariate Correlations between Intimate Partner Violence and Studied Independent Variables

	1	2	3	4	5	6	7	8	9	10	11
1. Intimate partner violence	-										
2. Depression	.19**	-									
3. Polysubstance use	.02	.09	-								
4. Child sexual abuse	.14*	.21**	.04	-							
5. Relationship power	-.39**	-.39**	-.09	-.17**	-						
6. Sexual communication	-.14**	-.26**	-.01	-.14*	.36**	-					
7. Relationship satisfaction	-.24**	-.31**	.03	-.12*	.33**	.60**	-				
8. Age	-.12*	-.17**	-.05	-.01	.02	-.14**	-.17**	-			
9. Race (ref = non-White)	-.004	-.08	-.02	-.11*	.15**	.11*	.07	.14**	-		
10. HIV status (ref = negative)	-.03	.08	.15**	.08	-.12*	-.07	-.14*	.19**	-.28**	-	
11. Income (ref = < \$40,000)	-.09	-.17**	-.03	-.02	.13*	.89	-.04	.31**	.33**	-.10	-
12. Relationship length	-.002	-.09	-.10	-.02	-.05	-.23**	-.25**	.61**	.22**	-.07	.27**

NOTE: Values displayed are Pearson's r (between two continuous variables); Point-Biserial (between dichotomous and continuous variables) and Phi coefficients (between two dichotomous variables) respectively.

* $p < .05$

** $p < .01$

Table 3.

Logistic Regression of Predictors of Reported Intimate Partner Violence

	Odds of any Intimate Partner Violence			
	<i>B</i>	<i>95% CI</i>	<i>expβ</i>	<i>β</i>
Sexual communication	-0.01	(-0.04, 0.02)	0.99	-.06
Relationship satisfaction	-0.06**	(-0.09, -0.02)	0.94	-.26
Child sexual abuse	0.35*	(0.02, 0.67)	1.42	.13
Depression	0.02	(-0.11, 0.05)	1.02	.09
Polysubstance use	0.08	(-0.22, 0.37)	1.08	.04
Age	-0.02*	(-0.04, -0.004)	0.98	-.23
Race	0.18	(-0.16, 0.52)	1.20	.08
HIV status	-0.08	(-0.49, 0.32)	0.92	-.03
Income	-0.08	(-0.40, 0.24)	0.92	-.04
Relationship Length	0.002	(-0.001, 0.004)	1.00	.14

*
p < .05**
p < .01

Table 4.

Path Coefficients for Path Model

	IPV			Relationship power		
	B	95% CI	exp β	β	B	95% CI
Relationship power	-0.07**	(-0.09, -0.05)	0.93	-.43	-	-
Sexual communication	-0.001	(-0.03, 0.03)	0.99	-.004	0.13*	(0.02, 0.24)
Relationship satisfaction	-0.02	(-0.05, 0.01)	0.98	-.10	0.48**	(0.35, 0.61)
Child sexual abuse	0.28	(-0.03, 0.58)	1.32	.11	-0.91	(-2.02, 0.21)
Depression	0.001	(-0.03, 0.03)	1.00	.01	-0.25**	(-0.34, -0.15)
Polysubstance use	0.01	(-0.27, 0.29)	1.01	.004	-0.92	(-2.06, 0.23)
Age	-0.02*	(-0.04, -0.001)	0.98	-.20	0.04	(-0.03, 0.12)
Race (ref = non-white)	0.22	(-0.11, 0.54)	1.25	.09	0.49	(-0.84, 1.82)
HIV status	-0.11	(-0.51, 0.29)	0.90	-.04	-0.37	(-1.97, 1.22)
Income (ref = < \$40,000)	-0.08	(-0.38, 0.23)	0.92	-.03	0.05	(-1.21, 1.30)
Relationship length	0.001	(-0.001, 0.003)	1.00	.09	-0.01*	(-0.02, 0.00)

* $p < .05$

** $p < .01$