Psychology of Men & Masculinities

Hegemonic Masculinity, Intersectional Stigma, and Intimate Partner Violence Among Young Sexual Minority Men: A Qualitative Study

Jaeeun Kwak, Jamie Taber, and Christopher B. Stults

Online First Publication, December 30, 2024. https://dx.doi.org/10.1037/men0000513

CITATION
Kwak, J., Taber, J., & Stults, C. B. (2024). Hegemonic masculinity, intersectional stigma, and intimate partner violence among young sexual minority men: A qualitative study. *Psychology of Men & Masculinities*. Advance online publication. https://dx.doi.org/10.1037/men0000513

Psychology of Men & Masculinities

© 2024 American Psychological Association
ISSN: 1524-9220 https://doi.org/10.1037/men0000513

Hegemonic Masculinity, Intersectional Stigma, and Intimate Partner Violence Among Young Sexual Minority Men: A Qualitative Study

Jaeeun Kwak[1], Jamie Taber[2], and Christopher B. Stults[1, 2]
[1] Department of Psychology, Baruch College, City University of New York
[2] Department of Psychology, The Graduate Center, City University of New York

Intimate partner violence (IPV) is a pervasive global public health concern characterized by physical, sexual, or psychological harm inflicted by an intimate partner. A growing body of evidence highlights the prevalence of IPV among young sexual minority men (YSMM) and its association with a range of adverse biopsychosocial health outcomes. Research shows that masculinity is a precarious status reliant on heteronormativity that must be actively maintained and socially accepted, and that YSMM may use IPV to reassert hegemonic masculinity. Yet, little research has explored how intersectional sexual minority stigma and hegemonic masculinity jointly impact the intimate relationships of YSMM. This study aims to explore the influence of stigma on IPV through interviews with a demographically diverse sample of ($n = 26$) YSMM living in New York City. Consistent with previous research, participants described how intersectional sexual minority stigma and pressures to conform to hegemonic norms adversely affected their intimate relationships. Key themes that emerged include (a) sexual minority stigma, (b) hegemonic masculinity, and (c) cultural/intersectional issues (i.e., race and religion). The narratives gathered from this study are considered within the scope of the current literature, and implications for research, practice, and policy are discussed to reduce sexual minority stigma and masculine discrepancy stress among YSMM to thereby reduce incidences of IPV in this population.

Public Significance Statement
The present study found that stigma associated with intersectionality and masculinity significantly influences experiences of intimate partner violence among young sexual minority men. These findings indicate that gender socialization and stereotypes may create adverse psychological health risks and affect how young sexual minority men perceive and handle intimate partner violence, potentially increasing their risk of revictimization and comprising their well-being.

Keywords: intimate partner violence, masculinity, stigma, sexual minority men

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Intimate partner violence (IPV) is a major public health concern referring to physically, sexually, or psychologically violent behavior by an intimate partner. The risks associated with IPV encompass a variety of long-term behavioral (e.g., depression, suicidal ideation, substance use) and sexual (e.g., HIV, sexually transmitted infections) health outcomes (Kubicek, 2018; Trombetta & Rollè, 2023). A growing body of evidence has demonstrated that sexual minority men (SMM) are particularly vulnerable to IPV, with equal or higher rates compared to women (Finneran & Stephenson, 2013). According to a recent meta-analysis (Liu et al., 2021), one in three SMM will experience some form of IPV in their lifetime, with 33% reporting emotional, 17% reporting physical, and 9% reporting sexual IPV. Perpetration rates are similarly elevated with 41% of SMM reporting perpetrating emotional, 12% physical, and 4% sexual IPV.

Despite alarming rates of IPV in SMM, systematic literature reviews revealed that an overwhelming majority of IPV-related studies largely recruited cisgender heterosexual couples, with even fewer samples exclusively of SMM (Edwards et al., 2015; Trombetta & Rollè, 2023). Of the relatively few studies focused on SMM, participants were predominantly older and White (Finneran & Stephenson, 2013). Kubicek (2018) identified young SMM (YSMM) as especially vulnerable to IPV due to the elevated risk-taking and violence, emotional immaturity, and exploration of

Sarah Seymour-Smith served as action editor.
Jaeeun Kwak https://orcid.org/0000-0001-9432-2753
Jamie Taber https://orcid.org/0000-0002-7768-7037
Christopher B. Stults https://orcid.org/0000-0003-0310-5732
The qualitative study that provides the data for this article has also been used to inform other articles (e.g., Brandt & Stults, 2024; Stults et al., 2022). However, the themes, domains, categories, and quotations that serve as the basis for this article have not been published or presented elsewhere.
The authors have no conflicts of interest to disclose. This project was funded by the principal investigator's (Christopher B. Stults) startup funds. The authors thank the participants of this study for their time and efforts.
Correspondence concerning this article should be addressed to Christopher B. Stults, Department of Psychology, Baruch College, City University of New York, 55 Lexington Avenue, New York, NY 10010, United States. Email: Christopher.Stults@baruch.cuny.edu

intimate relationships that characterize this developmental period. For YSMM of color, male gender and sexual minority status coincide with race/ethnicity, culture, and immigration status to produce intersectional stress that influence IPV (D. Brooks et al., 2021; Kubicek, 2018). Considering these unique risks based on age and race/ethnicity, more research is needed using an intersectional perspective with diverse YSMM to illuminate IPV experiences among vulnerable populations of SMM (D. Brooks et al., 2021; Kubicek, 2018).

Sexual Minority Stigma

The prevalence and health consequences of IPV among SMM necessitate prevention efforts that incorporate thorough investigations of factors that contribute to IPV in this population, such as *sexual minority stigma*. According to the minority stress model, exposure to distal stress (e.g., discrimination, victimization) can lead sexual minorities to incorporate sexual prejudice into their self-concept (i.e., internalized homophobia/heterosexism) and to expect additional stigma in the future (i.e., anticipated stigma); these proximal stressors create problems in intimacy and mental health (V. R. Brooks, 1981; Harris & Mahalik, 2023; Meyer, 2003). Racial/ethnic minority and religious SMM experience elevated risk and unique forms of intersectional stigma, highlighting the importance of intersectional analyses (McConnell et al., 2021; Price & Gibbs, 2021).

Systematic reviews have generally shown both enacted and internalized sexual minority stigma to predict IPV victimization and perpetration (Longobardi & Badenes-Ribera, 2017; Trombetta & Rollè, 2023). Specifically, sexual minority stigma increases hostility toward queer partners and reduces help-seeking due to expectations of discrimination, producing an increased risk for IPV (Jessup et al., 2024; Kubicek, 2018; Stults et al., 2021). There is less research exclusively focusing on YSMM, but initial studies have identified similar correlations between enacted/internalized homophobia and IPV perpetration (Kubicek, 2018; Stults et al., 2015) and sexual IPV victimization (Stephenson et al., 2023).

Hegemonic Masculinity

Hegemonic masculinity refers to the endorsement of traits (e.g., bravery, brawn, dominance, aggression, self-sufficiency) that maintain patriarchal power over women and sexual minorities and that are socially linked to the state of being a "real man" (Di Bianca & Mahalik, 2022). The conditionality of being viewed as a "real man" indicates that masculinity must be continually reasserted and acknowledged by others through outward demonstrations of socially accepted characteristics of masculinity (Di Bianca & Mahalik, 2022; Kimmel, 1997; Vandello & Bosson, 2013). Supporting the theory of precarious manhood, previous studies with heterosexual men have found that perceived or real threats to masculinity provoked anxiety, negative affect, and impulsivity, producing defensive reactions to reinstate manhood through physical aggression and homophobic behavior (Bosson et al., 2009; Cohn et al., 2009; Talley & Bettencourt, 2008; Weaver et al., 2013). In addition, the stress caused by deviating from traditional masculine gender norms (i.e., masculine discrepancy stress) has been shown to predict poor mental health outcomes (Di Bianca & Mahalik, 2022) and increase perpetration of psychological, physical, and sexual IPV against female partners (Moore & Stuart, 2005; Sileo et al., 2022).

Though there has been extensive research on the relationship between masculinity and violent behavior in heterosexual men (Di Bianca & Mahalik, 2022; Moore & Stuart, 2005), studies on this link among YSMM have been relatively sparse. Hegemonic masculinity is dependent on heteronormativity, such that SMM are viewed as inherently violating traditional masculine norms; to avoid ridicule and stigma, SMM might overconform to other dominant masculine norms (Kimmel, 1997; Kubicek, 2018). This is supported by qualitative research demonstrating that some SMM suppress gender nonconformity as a safety tactic to avoid being visible as a sexual minority (McConnell et al., 2021), as well as quantitative findings that internalized heterosexism, anticipated stigma, and concealment of sexuality were associated with greater conformity to some dimensions of hegemonic masculinity among SMM (Harris & Mahalik, 2023).

Based on findings regarding the dependence of precarious manhood on both heteronormativity and violence, it is feasible that sexual minority stigma and hegemonic masculinity intersect in unique ways to produce IPV among SMM. In fact, SMM in several studies have identified masculine norms as important contributors to IPV in this population (Cruz & Firestone, 1998; Finneran & Stephenson, 2014; Jessup et al., 2024), with participants in one qualitative study explicitly describing using IPV to establish masculinity (Jessup et al., 2024). Quantitative research supports this relationship, including findings that conformity to some traditional masculine norms predicted physical IPV perpetration in a sample of mostly older SMM (Oringher & Samuelson, 2011) and physical and sexual IPV perpetration in bisexual male adolescents (Lin & Liu, 2024). Beyond IPV perpetration, hegemonic masculinity could prevent SMM from recognizing or reporting IPV victimization due to the requirements of stoicism, strength, and heteronormativity (Cruz & Firestone; Oliffe et al., 2014). Only one study that we are aware of has explored the role of culturally specific conceptualizations of masculinity in IPV among SMM, finding that greater conformity to machismo (i.e., hypermasculinity, male dominance, and power) predicted sexual assault perpetration in Latino SMM (Iturri Mariaca, 2020). These results and gaps in the existing literature underscore the need to investigate sexual minority stigma and hegemonic masculinity as facilitators of IPV in diverse YSMM (Kubicek, 2018).

The Present Study

There is a small, but growing, body of research on the precipitants of IPV in YSMM, such as sexual minority stigma and hegemonic masculinity. Many of the studies to date have utilized quantitative methods, including measures of IPV designed to capture violence within heterosexual relationships (Finneran & Stephenson, 2013; Trombetta & Rollè, 2023). Qualitative methodology allows participants to provide detailed narratives, which is a critical step in gathering comprehensive and nuanced data on minorities that have been underrepresented in the existing literature. Little research has examined how intersectional marginalization influences the roles of sexual minority stigma and hegemonic masculinity in IPV, with a few exceptions (Iturri Mariaca, 2020; Stephenson & Finneran, 2017). One recent qualitative study (Jessup et al., 2024) combined many of these components, finding that SMM described weaponizing intersectional social identities (e.g., sexuality, race/ethnicity, immigration status, skin color) in IPV, using IPV to reaffirm their masculinity, and expressing

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

internalized stigma through violence against their partner; however, this study did not focus on YSMM specifically. We aimed to address the aforementioned literature gaps by qualitatively examining how sexual minority stigma and hegemonic masculinity contributed to IPV experiences among a diverse sample of ($n = 26$) YSMM living in New York City (NYC).

Method

Procedure and Participants

Participants for the present study were recruited from a longitudinal cohort study of ($n = 665$) YSMM (Project 18; P18), which began recruitment in NYC in 2009 (see Halkitis et al., 2015, for full details). Eligibility for the referring study was contingent upon the following criteria in alignment with its study objectives: (a) age 18 or 19 at the time of enrollment, (b) assigned male at birth, (c) have engaged in sexual activity with a male partner in the last 6 months, and (d) reported an HIV-negative serostatus.

Recruiting from an established cohort of YSMM efficiently identified potential participants who met some of the present study's eligibility criteria and might be interested in participating in the present research. Participants from P18 who consented to receiving information about research opportunities received an email invitation for the present study. Interested individuals completed an online screening questionnaire to ascertain eligibility: (a) enrolled in P18, (b) self-reported IPV victimization or perpetration in the last 5 years, (c) identified as a sexual minority and cisgender male, and (d) agreed to an in-person interview in NYC. From the total of ($n = 144$) people who had completed the screening questionnaire, a final sample of ($n = 26$) participants were eligible and scheduled for interviews. These individuals ranged from ages 23 to 28 ($M = 26.4$, $SD = 1.0$), and most were non-White ($n = 23$) and gay ($n = 21$). All sociodemographic characteristics are summarized in Table A1.

Upon arrival at the research lab, participants verified their eligibility and provided written informed consent. Participants self-reported sociodemographic information before completing semi-structured interviews conducted by the third author. The interview protocol was comprised of open-ended prompts regarding IPV experiences (e.g., *Please tell me about the relationship in which you first experienced IPV*), including types (e.g., *What forms of IPV were you a victim/perpetrator of—verbal, psychological, physical, and/or sexual*?), chronicity (e.g., *To what extent have you experienced IPV in any subsequent relationships?*), and other relevant experiences. The nature of semistructured interviews permitted the interviewer to ask follow-up questions for clarity, additional information, or to explore novel lines of inquiry introduced by participants. Each interview was approximately 1 hr and audio-recorded for transcription purposes. Participants received $40 for participation and IPV-related resources at the end of the interview.

Analysis

All data were collected using the same protocol prior to analysis to ensure consistency of methodology. Audio-recorded interviews were transcribed by a third-party service and verified for accuracy by a team of five researchers. Data were analyzed using a modified version of the consensual qualitative research (CQR) method (Hill et al., 1997, 2005) that has previously been used in YSMM research (Stults, 2019). The CQR approach involves segmenting data into rationally derived domains, abstracting core ideas within domains, and conducting a cross-analysis to construct common themes across cases (Hill et al., 1997).

The CQR highlights using a consensus process among multiple researchers to determine similarities between cases and capture the essence of the phenomenon in words. This consensus method through open dialogue is suitable for studies examining stigmatized populations (e.g., YSMM) and associated behaviors (e.g., IPV), as it requires discussions of potential biases toward the population or behaviors under study prior to coding or analysis. After completing these discussions, the research team developed a preliminary codebook that corresponded to the larger themes outlined in the semistructured interview protocol. ATLAS.ti software was used to tabulate the frequency of codes across transcripts and identify and extract quotations.

After independently coding a batch of four transcripts, the researchers met to discuss adding new codes and adjusting or removing existing codes. Categories were derived from data and continually refined as researchers gained more familiarity with the data, rather than drawing limited conclusions from testing a preconceived hypothesis. The codebook was finalized after several iterations of this inductive process, and two researchers independently coded each transcript to ensure consistent application of the codebook before convening to discuss discrepancies. If consensus could not be reached, a third team member was consulted to help resolve the disagreement. In a secondary analysis, one code was added (i.e., anticipated stigma) based on consensus between the first and second authors to account for the growing literature on sexual minority stress (B. D. Brooks et al., 2023; Diamond & Alley, 2022). Hill et al. (1997, 2005) recognized potential initial differences from ambiguities in human communication and established the consensus method to explore such ambiguities through collaboration and diverse viewpoints, thereby yielding more accurate conceptualizations and shared understandings of phenomena.

Results

Three thematic domains emerged related to stigma in IPV experiences: (1) sexual minority stigma, (2) hegemonic masculinity, and (3) cultural or intersectional issues. Each domain was further divided into subdomains to better portray the nuances within these categories. The frequencies of each theme are displayed in Table A2 and summarized in the article using the following labels: "general" responses (80% or more; $n = 20$–25), "typical" responses (50%–79%; $n = 13$–19), "variant" responses (20%–49%; $n = 5$–12), and "rare" responses (less than 20%; $n = 1$–4). Sociodemographic characteristics (i.e., age, race/ethnicity, sexual orientation) of participants are identified for representative examples and statements that illustrate their respective subdomains.

Sexual Minority Stigma

Statements from 23 participants were identified within the sexual minority stigma domain, making it a general response. This domain captured stigmatization related to sexual identity, including enacted (i.e., stigma from others), internalized (i.e., stigmatizing beliefs about oneself), and anticipated stigma (i.e., expectations of future enacted stigma). Five subdomains emerged: (1) enacted sexual minority stigma experienced by participant, (2) enacted sexual minority

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

stigma experienced by partner, (3) internalized sexual minority stigma experienced by participant, (4) internalized sexual minority stigma experienced by partner, and (5) anticipated sexual minority stigma.

Enacted Sexual Minority Stigma Experienced by Participant

Fourteen participants reported experiencing enacted sexual minority stigma, making it a typical response. Almost all shared being brought up in communities that pushed masculine ideals onto them, which they felt pressured to uphold. The most commonly reported source of enacted stigma was family—many immediately upon learning about their sexuality—in physically (e.g., beaten with plywood, 27, Black, gay) and psychologically abusive ways (e.g., threats of disownment, 27, Black, gay; being told to die from AIDS, 25, Black, bisexual). These accounts of family violence illuminate the threats of rejection to YSMM's economic, physical, and psychological well-being after coming out to their families. Some participants voluntarily left home after their families' disapproval; threats of nonacceptance therefore place YSMM without familial support at greater risk of codependence for housing security, thereby increasing the risk of IPV to meet basic living requirements.

The second most reported source of enacted stigma was peer victimization. Though mainly from schoolmates or neighbors, several reported that their YSMM partners' enacted stigma and made them lose confidence for being feminine (e.g., having a "squeaky" voice, 25, Black, gay; criticized for wearing shorts, 26, Black, gay). The hostility toward YSMM extended beyond immediate relationships with many participants reporting resistance to being openly queer from fear of continued maltreatment, including microaggressions (e.g., asking if people are born gay, 27, Native American/Black, gay; being told "to not become gay," 27, Black, bisexual). One participant reported facing microaggression when he tried to report his IPV experience:

> I went and attempted to file a police report with [Location] PD. That didn't go well at all, so I decided not to move forward with that. I guess it was very new for my town to have a partnership like ours. … But they weren't too receptive to the idea, so I had them record it but I just took the paper and I left, and that was that. (27, Black, gay)

The negligence on the part of law enforcement depicts the systemic discrimination YSMM are prone to face, in which insufficient investigations or protective measures place them at risk of revictimization and decrease their likelihood of reporting future IPV.

Enacted Sexual Minority Stigma Experienced by Partner

The deleterious psychological impact of gender socialization among YSMM was mutually experienced by participants and former partners. Five participants discussed their partner's experiences, making this a variant response. YSMM partners allegedly encountered enacted stigma from family members similarly to participants. One partner was a victim of family violence and cast out of his home, from which he sustained pervasive thoughts of being unwanted anywhere he went as a result of the trauma:

> He was always his father's punching bag for a lot of homophobic remarks. … There are many times when he had shared with me his mom threatening to throw him out. So the idea of being thrown out of the house, I believe carried with him as being thrown out from other places. (26, Black, gay)

The common theme of discrimination by parents highlights the long-lasting effects of trauma YSMM endure if family members, who are meant to protect and provide refuge, conversely reject and cast them out. Without a safe home to return to, compounded with rejection, YSMM face dire consequences to both their economic and psychological safety.

Statements about YSMM partners' experiences of enacted stigma show how peer victimization exacerbated negative self-esteem. For one partner, this ultimately pressured him to overcompensate and engage in sexual acts incongruent with his sexuality to lessen the bullying he had been experiencing (e.g., "He didn't want other people to basically claim his sexual orientation for him. … He had sex with a girl and he didn't like it"; 25, Black, gay). Such decreased feelings of self-acceptance have severe consequences on intimate relationships with other YSMM, thereby increasing the likelihood of IPV. For example, one participant enacted stigma onto his partner when he felt vulnerable with his own queerness:

> He had high waisted jeans on. … I began to get very uncomfortable, because I was seeing myself, and I told him, I said, "You need to chill out". … I repeated the same behavior that I got from the past relationship. … That trend of dismantling someone else's experience because you're uncomfortable with yourself, I carry that through. (26, Black, gay)

Although this participant had experienced IPV in connection with feminine qualities himself, he still rebuked his partner for presenting his femininity by emulating abusive behavior learned from a past relationship. This shows how IPV can stem from bearing enacted stigma and is a public health risk as it can be emulated when insecurities stemming from stigma go untreated.

Internalized Sexual Minority Stigma Experienced by Participant

Fifteen participants reported internalized sexual minority stigma, making it a typical response. More so than due to shame, most participants who internalized stigma did so out of fear. Several participants recounted feeling afraid of the consequences of their sexuality for reasons ranging from interpersonal violence (e.g., bullying, 26, biracial, gay) to spirituality (e.g., going to hell, 28, Black, gay). One participant recounted feeling targeted for his sexuality while growing up in Jamaica, which prompted him to isolate himself at home:

> It got to a point where I would pray I wasn't gay. Pray that they would take whatever this is from me, because it was like why would I want this thing that causes me to be hated by everyone around me? Causes me to be a target. … I never went anywhere. … No one saw me, no one spoke to me, it was always me just hiding from the world. (26, Black, gay)

This self-imposed seclusion indicates that some YSMM lack social support as a result of internalized stigma, which could pose a barrier to help-seeking.

While self-harming behavior such as isolating oneself, substance dependence, and feeling regret was common in several participants in response to a negative self-perception, other participants projected internalized homophobia in overt forms of violence against YSMM.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

For example, one participant admitted previously rejecting the queer community due to internalized homophobia:

> I grew up knowing I was gay, hating myself because of it, hating transgender people, hating my people, my own community, because of everything they taught me. So I didn't want gay friends. I didn't want anything. … I was an asshole, I was bad. I used to joke around saying "I'm the most homophobic homo you'll ever meet." (26, Hispanic, gay)

The hostility toward one's own community depicts how social stigma, when incorporated into one's self-perception, can manifest into antagonism toward other YSMM, including YSMM partners. This is portrayed in statements from participants who described feeling shame, which was the second most reported emotion associated with internalized stigma. For these individuals, their distress from internalizing sexual minority stigma limited their ability to be openly affectionate and contributed to issues in intimate relationships with other YSMM (e.g., avoiding public displays of affection, 23, White, bisexual; stereotyping all gay men as overly sexual, 28, Asian, gay).

Internalized Sexual Minority Stigma Experienced by Partner

Eight participants reported their partner's experiences of internalized sexual minority stigma, making it a variant response. Similarly to participants who experienced internalized homophobia, reports of their partners' experiences revealed that fear was more significantly tied to internalized stigma than shame. For example, one participant reported his partner's struggle to come to terms with his sexuality after witnessing his father attacking his older brother for coming out (26, Black, gay). YSMM partners countered internalized homophobia by engaging in stereotypically masculine behaviors that caused harm, not only to themselves but to others as well. For some, this meant exhibiting aggressive and risky behaviors associated with hegemonic masculinity (e.g., brawling, heavy drinking, and using homophobic slurs, 27, Hispanic, gay).

Several participants reported how this type of behavior deteriorated the quality of their relationships. For example, one participant reported being psychologically traumatized by his partner who resented him for being openly gay and became violent upon learning that his own sexuality was revealed:

> I just remember him saying, "I can't be gay like you are. I can't be out the way you are". … He asked me if I had told anyone and I said that I had told [redacted]. … I remember him smashing his head into the wall. (26, Black, bisexual)

Feeling unseen or mistreated by partners struggling with self-acceptance was common across statements (e.g., "I was being ignored at work. … Pretty much every day after I went back home, I was just in this dark headspace," 26, Black, pansexual; "It seemed like he was battling his own demons, and he was sort of taking that out on me," 26, Black, gay). Additionally, most partners had remained closeted while simultaneously rejecting other YSMM. By purposefully distancing themselves from other YSMM with disparaging remarks or stereotypes about gay culture (e.g., criticizing drag shows, 26, Black, gay; generalizing gay men as "super feminine, or flamboyant," 26, Hispanic, gay), these partners acted violently against participants through criticism of their group identity. Ultimately, IPV was a clear outcome of internalized sexual minority stigma whether through direct stonewalling or indirectly through antigay attitudes, all of which left many participants with a decreased sense of self-worth.

Anticipated Sexual Minority Stigma

Ten participants reported fears of how others would react to their sexuality, making anticipated sexual minority stigma a variant response. Most in this category connected their expectations of social rejection to being visibly queer, with references to vicarious experiences of fear from dating closeted partners or witnessing other YSMM "getting shit" for coming out (26, biracial, gay). One participant explained the rationale behind his embarrassment in his sexuality as such:

> I think a weird thing that I internalized was—and especially from dating two closeted men—was being sexually active with men and hiding it is acceptable. But dating and being public about it is not. (23, White, bisexual)

This quote encapsulates the sentiment other participants shared that their anticipation of being shunned by society was learned vicariously through observations of their YSMM partners' concealment of their queerness out of fear of being outed (e.g., correcting their demeanor, 26, Black, bisexual; "straight acting," 25, Black, bisexual). The compulsion among partners to suppress suspicions about their sexuality largely emerged from socially instilled beliefs that being queer was wrong and in need of correction (e.g., acting straight, 25, Black, bisexual).

One participant admitted that he had adopted such beliefs and began feeling conflicted about his preference to keep his intimate relationship private:

> I loved [our relationship] being behind closed doors because I was scared of what would happen if [the] two of us were in the street together. … The same protection that I was yearning for was the same protection that was also killing me. (26, Black, gay)

Some participants felt compelled to reject public displays of affection after seeing others attacked for presenting their queer identity and withheld affection from fear of assault and judgment (e.g., "I regret being gay because you are judged a lot," 28, Black, gay). The transference of anticipated stigma between partners reveals the harmful effects of anticipated stigma on intimacy between partners. In particular, IPV may stem from a perceived need to conceal and protect from hate crimes.

Hegemonic Masculinity

Statements from 11 participants were categorized under the domain of hegemonic masculinity, making it a variant response. Three subdomains related to hegemonic masculinity emerged: (1) fear of femininity, (2) hegemonic masculinity in participant, and (3) hegemonic masculinity in partner.

Fear of Femininity

Six participants reported experiences related to fear of femininity that either they or their partners underwent, making it a variant response. Feelings of insecurity and a desire for ingroup acceptance engendered this aversion to femininity, sometimes to the point of self-rejection (e.g., "I felt like [masculinity] ideas may have

conflicted with his being able to fully accept being gay," 27, Black, gay). One participant described how rejecting femininity and exhibiting a masculine persona was a means of security for YSMM:

> It's a brutal cult of masculinity where it's like men feel their safety's in danger if they don't, not just identify as male, but it's the security behind the identity. (26, Black, bisexual)

Notably, many of the statements were made by Black YSMM who drew connections of culturally perpetuated gender socialization with their experiences of aversion to femininity:

> A lot of African American males who identify as homosexual, especially coming from the Caribbean, they feel that they have to match up with this heteronormative, hypermasculine idea of what a man is supposed to be and are always subduing softness or what is considered to be femininity. (26, Black, gay)

The discussions surrounding Black masculinity underscored how intersectionality exacerbated stigma-induced IPV and will be further discussed. Some participants recalled that their partners' fear of femininity was often expressed through controlling behaviors and how their partners oppressed effeminate traits in their appearance (e.g., feminine outfits, 26, Black, bisexual) or behavior (e.g., "I couldn't be emotional. I was told to suck that shit up. … I couldn't be weak around him," 27, Black, bisexual). Thus, responses describing antifemininity exemplified how manhood is relationally constructed, such that their partners' perceptions reinforced participants' own fears of femininity.

Hegemonic Masculinity in Participant

Four participants reported instances of personally upholding hegemonic masculinity, making this a rare experience. They described violence as an expected part of relationships between men as a means of resolving disagreements (e.g., "Sometimes men just gotta hash it out," 26, Hispanic, gay; "Because we're both dude[s], we're going to end up fighting each other," 26, Black, gay). The normalization of brawling exemplifies the characteristic trait of aggression associated with hegemonic masculinity, demonstrating how subscribing to this ideology contributed to IPV in YSMM relationships.

Additionally, the internalization of the belief that men should be dominant and that "every man wants to be in control" (26, Hispanic, gay) resulted in feelings of shame for victims of physical IPV. The following statements alluded to a cycle of physical abuse in YSMM's intimate relationships; to avoid becoming emasculated and the victim in a relationship, participants reported retaliating and perpetrating violence against their partners:

> I probably would've felt too ashamed to talk about that I was attacked. … I also put my hands on him as well. (28, Asian, gay)

> I felt a little bit weak because I'm like, "Okay, I'm a dude. I'm letting another dude overpower me". … I told myself I would never let a dude put his hands on me and think I'm not going to fight back. (26, Black, gay)

The shame of being overpowered by another man shows how hegemonic masculine behaviors, namely asserting dominance, contribute to IPV. When YSMM participants engaged in bidirectional IPV to combat shame and align with hegemonic masculinity, this inhibited them from seeking help or even viewing themselves as someone in need of help.

Hegemonic Masculinity in Partner

Eight participants reported that their partners exhibited hegemonic masculinity, making this a variant experience of IPV. The most prevalent characteristics of partners were high levels of aggression and a desire for dominance, both of which are associated with hegemonic masculinity (e.g., "He's a violent person period. … He definitely sees himself as a gangster," 27, Black, bisexual). Beyond physical aggression, participants described other forms of hegemonic masculinity that their partners exhibited to assert their manhood. For example, one participant identified his partner's homophobic remarks and risky behavior:

> He was a very aggressive guy apart from those instances of actual violence, and just, like, toxic and overly masculine, dominant awfulness. … He would call me faggot to people. … He was always the one very pumped up to drink as much as he possibly can compared to everyone else. … You can tell he was not comfortable with being gay, or bi, or whatever. (27, Hispanic, gay)

This quote demonstrates how hegemonic masculinity is dependent on heteronormativity, resulting in internalized stigma and homophobic rhetoric to reassert masculinity.

In regard to dominance, one participant described how his partner constantly expressed a desire of being dominant in their relationship, saying how "he just always wanted to think that aggression and violence is what's going to make him the alpha" (25, Black, bisexual). Some partners carried out their goals of dominating often at the expense of the participants (e.g., receiving versus giving sex, 23, White, bisexual).

A common theme across responses was how social groups that partners identified with shaped their propensity for the aforementioned stereotypically masculine behaviors and attitudes, indicating how the social context they are in contributed to IPV among YSMM (e.g., "Some of the frat guys in our university have been accused of sexual assault. … Those are the kind of people he hung out with more than others," 27, Hispanic, gay). One participant reported his partner's association with a fraternity affecting the way he was treated:

> He was still trying to fit in with that heteronormative hypermasculine, even how I dare say, this hip-hop image that Black men feel that they have to claim. … He couldn't protect me from [his fraternity brothers] because he was using them as his own protection for what he was afraid to show them. (26, Black, gay)

This disregard and neglect in defending one's partner resulted in this participant feeling isolated and emotionally vulnerable. Quotes like this substantiate how men invoked masculinity as a safety measure due to fear of stigma from social groups they continue to identify with, which proved to cause detrimental effects on relationship dynamics among YSMM.

Cultural or Intersectional Issues

Statements from 18 participants were categorized under the domain of cultural or intersectional issues, making it a typical response. Two subdomains emerged from the data: (1) religion-related stigma and (2) race- or culture-related stigma.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Religion-Related Stigma

Ten participants reported religion-related stigma, making it a variant response. Many expressed that they felt suppressed by their religious upbringing, with several believing that their queerness was sinful. The insecurities tied to queer identity largely stemmed from Christian and Catholic teachings, where being queer was demonized and regarded as morally wrong (e.g., "[My partner's mom] thought of me as some kind of devil," 23, White, bisexual; "They told me it was a sin," 25, Black, gay). One participant reported his family's weaponization of religion against his sexuality that it ultimately ruined his relationship:

> I kept getting blasted with religious texts as a weapon against the relationship and as a weapon against me. … My family got involved in the relationship that I was building up, in which I was very happy. And it was always the demonization of my sexuality that broke that apart. (26, Black, pansexual)

To rectify deviations from heterosexuality, some family members inflicted extreme forms of psychological and physical abuse (e.g., conversion therapy, 26, Black, bisexual; public beating at church, 27, Black, bisexual), only to take a severe toll on the mental health and executive functioning of YSMM participants and partners (e.g., self-disgust, 27, Black, bisexual; poor academic performance, 26, Black, bisexual; illicit activity, 27, Native American/Black, gay). Religious teachings were ingrained so deeply into some YSMM's beliefs that they felt unworthy and apologetic to their parents. These experiences highlight how religion was used to invalidate YSMM's intimate relationships and sexual identity, resulting in the enacted and internalized stigma that contributed to IPV. For example, one participant reported bidirectional IPV when he called his partner "a wicked, evil man" during an altercation, which ended in his partner hitting him until his neck bruised (28, Asian, gay).

Some participants reported vicarious religion-related stigma. For example, one participant reported how his YSMM friend was rejected by devout parents and sent to conversion therapy, where he was sexually assaulted for being gay (26, Black, bisexual). Learning about his friend's suffering attributed to his depression and drug dependency (e.g., antidepressants, alcohol), portraying how violence enacted by religious institutions exacerbates mental disorders and substance use that can increase the likelihood of IPV among YSMM.

Race- or Culture-Related Stigma

Eight participants reported that race- or culture-related stigma impacted their intimate relationships, making it a variant response. Notably, statements regarding nonacceptance of diverse sexual orientations predominantly came from Black YSMM (e.g., "A lot of black gay men … they'll never admit that they're gay," 26, Black, gay). The connection between growing up in a Black community and the inclination to adopt hypermasculine ideals indicated that race intersected with ideals of traditional masculinity in the Black community both in the United States and abroad, and how these norms were sometimes violently upheld:

> When he was coming out, he said that he had three or four fights with family members when he would go home and that they were very viscerally just disgusted and threatening and very violent towards him about being outwardly gay. … This sort of repulsion has always taken a toll on me psychologically. … Especially in African American community, of course, it's so outward. They feel they can psychologically stamp it out with violence. (26, Black, bisexual)

> Coming from Jamaica where I dealt with a lot of homophobes. … What [my partner] said was I should have stayed in Jamaica so they would have killed me or something like that. (26, Black, gay)

These recollections shed light on how masculinity is culturally situated, such that Black men conform to hegemonic masculine ideals in order to reassert dominance in a disempowering context of racism. Statements that family members would try to "stamp [homosexuality] out with violence" and fears of being murdered for being queer emphasized how violence may be used to subdue gender expressions deviating from traditional masculinity.

Another participant (27, Black, gay) reflected on the treatment of sexual and gender minorities in his home country, Guyana, where same-sex sexual activity and nontraditional gender expressions have been criminalized and hate crimes against queer people (e.g., tarring and feathering) legalized. Overall, widespread and cross-cultural prejudice against YSMM reported by participants elucidated the systemic marginalization that queer people continue to endure globally. The IPV described by participants makes clear that the intersectional influences of multiple forms of stigma intersect with hegemonic masculinity in ways that have detrimental impacts on the intimate relationships of YSMM.

Discussion

We sought to explore the impact of stigma on IPV among a sample of ($n = 26$) YSMM living in NYC. Consistent with previous research, participants described how sexual minority stigma (Jessup et al., 2024; Kubicek, 2018; Longobardi & Badenes-Ribera, 2017; Stephenson et al., 2023; Stults et al., 2015, 2021; Trombetta & Rollè, 2023) and pressures to conform to hegemonic masculine norms (Cruz & Firestone, 1998; Finneran & Stephenson, 2014; Iturri Mariaca, 2020; Lin & Liu, 2024; Oringher & Samuelson, 2011) were associated with their IPV experiences. We identified three interrelated domains encountered by either the participants themselves or their partners: (1) sexual minority stigma, (2) hegemonic masculinity, and (3) cultural or intersectional issues.

Nearly all participants ($n = 23$) reported sexual minority stigma in discussions about their IPV experiences, making it the most common theme. Enacted stigma within the family and local community contributed to IPV and reduced the likelihood of help-seeking. Specifically, loss of family support increased the risk of homelessness and codependence on an abusive partner (Cruz, 2003; Stephenson et al., 2023) and reluctance to seek professional support due to the risk of negligence and mistreatment by institutions such as the police (Oliffe et al., 2014; Santoniccolo et al., 2023). Enacted stigma can contribute to proximal minority stress (V. R. Brooks, 1981; Harris & Mahalik, 2023; Meyer, 2003)—such as internalized and anticipated stigma—which were often described as major stressors in these accounts. Internalized homophobia from masculine discrepancy stress (i.e., between the ideal heteronormative masculinity determined by society and participants' or their partners' actual self) placed YSMM at risk for poor mental health (Di Bianca & Mahalik, 2022; Harris & Mahalik, 2023) and resulted in antagonism (e.g., IPV perpetration) toward other YSMM (Stults et al., 2021; Trombetta & Rollè, 2023).

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

These results validated prior literature on anticipated stigma (B. D. Brooks et al., 2023; Diamond & Alley, 2022), as both directly and vicariously enacted stigma led participants and their partners to expect social rejection and conceal their sexual minority identity. Several participants reported that their partners failed to defend them from homophobic attacks and asked them to instead suppress their gender nonconformity and public displays of affection. This finding supports prior studies on closeted partners and how threats to "out" a partner were commonly reported in SMM's IPV experiences (Finneran & Stephenson, 2014; Jessup et al., 2024). Participants detailed self-rejection (e.g., heterosexual activity, isolation from the queer community, self-harm) as a common avoidance-oriented coping strategy to prevent future enacted stigma. Avoidance strategies to cope with IPV are common among YSMM and increase the likelihood of revictimization (Brandt & Stults, 2024; Goldberg-Looney et al., 2016). In particular, social isolation resulting from internalized and anticipated stigma could pose a barrier to help-seeking for SMM, who tend to prefer informal sources of help (e.g., friends) for IPV victimization (Santoniccolo et al., 2023).

About half of all participants (n = 11) reported hegemonic masculinity impacting their IPV experiences. The current findings provided evidence suggesting that SMM use acts of violence to assert their masculinity in similar ways to heterosexual men (Di Bianca & Mahalik, 2022; Jessup et al., 2024; Moore & Stuart, 2005; Sileo et al., 2022; Vandello & Bosson, 2013). Participants identified fears of confirming stereotypes of femininity among YSMM to be an important precipitating factor for IPV, supporting prior research and theory suggesting that SMM experience threats to their manhood due to failure to conform to heteronormative demands of hegemonic masculinity (Harris & Mahalik, 2023; Jessup et al., 2024; Kimmel, 1997; Kubicek, 2018). Many participants described how their partners would criticize their femininity or emotionality as weak, withhold affection in public, or physically hit them in order to maintain a masculine image and conceal their sexual minority identity. Our study extends Jessup et al.'s (2024) recent findings with SMM in general to YSMM in particular, demonstrating that YSMM leverage "outness" to manipulate their partner and use physical IPV to establish masculinity through violent dominance over their partner. These processes additionally demonstrate that masculinity is relationally constructed through interpersonal dynamics of social and physical punishment for deviation from hegemonic masculinity (McConnell et al., 2021).

Hegemonic masculinity influenced help-seeking behavior, as several participants (n = 6) noted that their ability to seek help for IPV victimization was deterred by social expectations of men to be stoic, self-reliant, and dominant. For example, participants discussed the normalization of physical violence among men and expressed shame about being labeled a victim of IPV, prompting them to put their safety and well-being at risk to maintain the image of masculinity (Cruz & Firestone, 1998; Oliffe et al., 2014; Santoniccolo et al., 2023). This finding is consistent with prior literature on precarious manhood and the pressure men feel to overtly display masculine traits of toughness and independence (Di Bianca & Mahalik, 2022; Kimmel, 1997; Vandello & Bosson, 2013). Additionally, participants' reports of anticipated stigma and unproductive interactions with law enforcement underscore how IPV may persist for YSMM due to fear of deviating from learned hegemonic masculinity norms and/or not being believed (Oliffe et al., 2014; Santoniccolo et al., 2023).

Over half of the participants (n = 18) reported cultural or intersectional issues influencing their IPV experiences. Many participants discussed how religious (n = 10) and/or racial/cultural (n = 8) upbringing contributed to stigma and conceptualizations of masculinity, which had lasting effects on how they navigated relationships with other SMM. Consistent with prior research, several participants attributed both family rejection and their own internalized stigma to religion (Price & Gibbs, 2021). As discussed above, both family rejection (Cruz, 2003; Stephenson et al., 2023) and internalized stigma (Jessup et al., 2024; Longobardi & Badenes-Ribera, 2017; Stults et al., 2021; Trombetta & Rollè, 2023) increased the risk for IPV. YSMM also described detrimental effects of seeing peers experience religious stigma, such as depression and substance use, which are known risk factors for IPV in SMM (Edwards et al., 2015; Trombetta & Rollè, 2023).

Finally, the interplay of hegemonic masculinity with race/ethnicity across Black participants' narratives demonstrates how hegemonic masculinity is dependent not only on heteronormativity but also on Whiteness. Specifically, Black men experience unique barriers to achieving precarious manhood due to historical oppression, economic deprivation, the expectation that they perform stoicism in the face of systemic racism and violence, and stereotypes of Black men as uneducated, criminal, and sexually deviant (Di Bianca & Mahalik, 2022; hooks, 2004; McConnell et al., 2021). Black men may respond by overconforming to hegemonic masculine ideals in order to reassert dominance in disempowering contexts of racism, while at the same time experiencing barriers to help-seeking such as shame and violence against Black men by service providers and police (D. Brooks et al., 2021; Di Bianca & Mahalik, 2022; hooks, 2004). IPV issues are compounded for Black SMM, who experience intersectional emasculation based on their Blackness and queerness and internalize both stigma (D. Brooks et al., 2021; Fields et al., 2015; McConnell et al., 2021). Similar to existing work on masculinity in Latino SMM (Iturri Mariaca, 2020), participants in the present study described how their perception of Black masculinity and experiences with intersectional stigma affected their intimate relationships.

Strengths and Limitations

The present study is one of the first to explicitly address how sexual minority stigma and hegemonic masculinity contribute to IPV among YSMM. The majority non-White sample allowed us to address the intersection of racism with sexual minority stigma and hegemonic masculinity in producing IPV. Additionally, our qualitative methods provided data richer in detail and nuance than could be obtained using quantitative methods alone. The CQR approach added methodological rigor to our study design by directly incorporating self-reflexivity into the data analysis process to consider researchers' biases and relationships to power structures (Hill et al., 1997, 2005). Our examination of SMM in emerging adulthood is noteworthy due to characteristic challenges and transitions associated with gaining independence and forming interpersonal connections, particularly in a city as heavily populated as NYC (Kubicek, 2018; Stults, 2019). By emphasizing this developmental stage, we have extended Jessup et al.'s (2024) findings with SMM adults and answered Kubicek's (2018) call for additional research on IPV at the intersection of masculinity, sexual minority status, race/ethnicity, and emerging adulthood.

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

The findings should be considered in light of the study's limitations. First, they may not generalize to broader SMM populations such as adolescents or older adults, transgender men, or those from less diverse, nonurban settings with fewer IPV- and queer identity-related resources. Another limitation is that participants were asked to recall past stigma and IPV experiences, which could create recall bias. Though YSMM were not excluded from the study based on current IPV, no participants discussed IPV in a current relationship—this may suggest that YSMM in actively abusive relationships chose not to participate due to fear of partner retaliation. Participants may have withheld information due to legal concerns surrounding rape or domestic violence. Finally, while open-ended questions provided considerable narrative data, participants' stigmatization experiences cannot be quantified in terms of frequency, chronicity, or severity.

Conclusion

The present study shows that intersectional sexual minority stigma and hegemonic masculinity have adverse interpersonal consequences for YSMM. Our findings have pertinent implications for understanding and preventing IPV among this population, indicating that IPV prevention efforts should focus on the roles of hegemonic masculinity socialization and internalized stigma in engendering distress and IPV in YSMM. Despite living in the relatively diverse context of NYC, participants' reports of continued stigma, masculine discrepancy stress, and IPV showed that interventions with younger populations may be necessary to unlearn the hegemonic masculinity that is instilled early in life through gender socialization. These programs may take the form of relational men's groups that emphasize the formation of growth-fostering connections between men and the rejection of harmful interpersonal dynamics (Di Bianca & Mahalik, 2022). In addition, advocacy efforts are needed to reduce exposure to enacted stigma across the intersections of sexuality, religion, and race/ethnicity. As it stands, IPV is a significant health problem among YSMM that continues to warrant immediate attention from researchers, clinicians, and policymakers.

References

Bosson, J. K., Vandello, J. A., Burnaford, R. M., Weaver, J. R., & Arzu Wasti, S. (2009). Precarious manhood and displays of physical aggression. *Personality and Social Psychology Bulletin*, *35*(5), 623–634. https://doi.org/10.1177/0146167208331161

Brandt, S. A., & Stults, C. B. (2024). Coping with intimate partner violence among young sexual minority men: A qualitative approach. *Sexual and Gender Diversity in Social Services*, *36*(2), 170–207. https://doi.org/10.1080/10538720.2023.2251142

Brooks, B. D., Kaniuka, A., Job, S. A., Hodgkinson, N., Kelliher Rabon, J., Williams, S. L., & Hirsch, J. K. (2023). Anticipated sexual minority stress and mental health after the 2016 presidential election: Examining a psychological mediation framework. *Journal of Homosexuality*, *70*(13), 3125–3148. https://doi.org/10.1080/00918369.2022.2087481

Brooks, D., Wirtz, A., Celentano, D., Beyrer, C., Arrington-Sanders, R., & Hailey-Fair, K. (2021). Gaps in science and evidence-based interventions to respond to intimate partner violence among Black gay and bisexual men in the U.S.: A call for an intersectional social justice approach. *Sexuality & Culture*, *25*(1), 306–317. https://doi.org/10.1007/s12119-020-09769-7

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.

Cohn, A. M., Seibert, L. A., & Zeichner, A. (2009). The role of restrictive emotionality, trait anger, and masculinity threat in men's perpetration of physical aggression. *Psychology of Men & Masculinity*, *10*(3), 218–224. https://doi.org/10.1037/a0015151

Cruz, J. M. (2003). "Why doesn't he just leave?": Gay male domestic violence and the reasons victims stay. *The Journal of Men's Studies*, *11*(3), 309–323. https://doi.org/10.3149/jms.1103.309

Cruz, J. M., & Firestone, J. M. (1998). Exploring violence and abuse in gay male relationships. *Violence and Victims*, *13*(2), 159–173. https://doi.org/10.1891/0886-6708.13.2.159

Di Bianca, M., & Mahalik, J. R. (2022). A relational-cultural framework for promoting healthy masculinities. *American Psychologist*, *77*(3), 321–332. https://doi.org/10.1037/amp0000929

Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neuroscience and Biobehavioral Reviews*, *138*, Article 104720. https://doi.org/10.1016/j.neubiorev.2022.104720

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence*, *5*(2), 112–121. https://doi.org/10.1037/a0038656

Fields, E. L., Bogart, L. M., Smith, K. C., Malebranche, D. J., Ellen, J., & Schuster, M. A. (2015). "I always felt I had to prove my manhood": Homosexuality, masculinity, gender role strain, and HIV risk among young Black men who have sex with men. *American Journal of Public Health*, *105*(1), 122–131. https://doi.org/10.2105/AJPH.2013.301866

Finneran, C., & Stephenson, R. (2013). Intimate partner violence among men who have sex with men: A systematic review. *Trauma, Violence, & Abuse*, *14*(2), 168–185. https://doi.org/10.1177/1524838012470034

Finneran, C., & Stephenson, R. (2014). Antecedents of intimate partner violence among gay and bisexual men. *Violence and Victims*, *29*(3), 422–435. https://doi.org/10.1891/0886-6708.VV-D-12-00140

Goldberg-Looney, L. D., Perrin, P. B., Snipes, D. J., & Calton, J. M. (2016). Coping styles used by sexual minority men who experience intimate partner violence. *Journal of Clinical Nursing*, *25*(23–24), 3687–3696. https://doi.org/10.1111/jocn.13388

Halkitis, P. N., Kapadia, F., Bub, K. L., Barton, S., Moreira, A. D., & Stults, C. B. (2015). A longitudinal investigation of syndemic conditions among young gay, bisexual, and other MSM: The P18 cohort study. *AIDS and Behavior*, *19*(6), 970–980. https://doi.org/10.1007/s10461-014-0892-y

Harris, M. P., & Mahalik, J. R. (2023). Dominant masculinity and marginalized sexuality: Extending minority stress theory for gay and bisexual+ men. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. https://doi.org/10.1037/sgd0000656

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, *52*(2), 196–205. https://doi.org/10.1037/0022-0167.52.2.196

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist*, *25*(4), 517–572. https://doi.org/10.1177/0011000097254001

hooks, b. (2004). *We real cool: Black men and masculinity*. Routledge.

Iturri Mariaca, F. (2020). *Culture, gender, and sex: Sexual assault perpetration in a sexually diverse sample of Latino men* (Publication No. 28093555) [Doctoral dissertation, Palo Alto University]. ProQuest Dissertations Publishing. https://www.proquest.com/docview/2504345962

Jessup, O., Nacht, C. L., Amato, M., Reynolds, H. E., Felner, J. K., Hong, C., Muthuramalingam, S., Siconolfi, D. E., Wagner, G. J., Stephenson, R., & Storholm, E. D. (2024). How intimate partner violence is influenced by social identity among sexual minority men. *LGBT Health*, *11*(6), 465–474. https://doi.org/10.1089/lgbt.2023.0129

Kimmel, M. S. (1997). Masculinity as homophobia: Fear, shame and silence in the construction of gender identity. In M. M. Gergen & S. N. Davis (Eds.), *Toward a new psychology of gender* (pp. 223–242). Taylor & Frances/Routledge.

Kubicek, K. (2018). Setting an agenda to address intimate partner violence among young men who have sex with men: A conceptual model and review. *Trauma, Violence, & Abuse*, *19*(4), 473–487. https://doi.org/10.1177/1524838016673599

Lin, K., & Liu, L. (2024). Dating violence perpetration among sexual minority youths in the US: Exploring the effects of masculinity ideology. *Crime and Delinquency*, *70*(10), 2701–2731. https://doi.org/10.1177/00111287231178676

Liu, M., Cai, X., Hao, G., Li, W., Chen, Q., Chen, Y., & Xiong, P. (2021). Prevalence of intimate partner violence among men who have sex with men: An updated systematic review and meta-analysis. *Sexual Medicine*, *9*(6), Article 100433. https://doi.org/10.1016/j.esxm.2021.100433

Longobardi, C., & Badenes-Ribera, L. (2017). Intimate partner violence in same-sex relationships and the role of sexual minority stressors: A systematic review of the past 10 years. *Journal of Child and Family Studies*, *26*(8), 2039–2049. https://doi.org/10.1007/s10826-017-0734-4

McConnell, E. A., Tull, P., & Birkett, M. (2021). Embodied, situated, and co-constructed: Young sexual minority men's experiences of intersectional identity and minority stress. *Sex Roles*, *85*(9–10), 606–624. https://doi.org/10.1007/s11199-021-01238-1

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Moore, T. M., & Stuart, G. L. (2005). A review of the literature on masculinity and partner violence. *Psychology of Men & Masculinity*, *6*(1), 46–61. https://doi.org/10.1037/1524-9220.6.1.46

Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., & MacMillan, H. (2014). Gay men and intimate partner violence: A gender analysis. *Sociology of Health & Illness*, *36*(4), 564–579. https://doi.org/10.1111/1467-9566.12099

Oringher, J., & Samuelson, K. W. (2011). Intimate partner violence and the role of masculinity in male same-sex relationships. *Traumatology*, *17*(2), 68–74. https://doi.org/10.1177/1534765610395620

Price, L., & Gibbs, J. J. (2021). Religion and violence against sexual and gender minorities: A cyclical minority stress model. In E. M. Lund, C. Burgess, & A. J. Johnson (Eds.), *Violence against LGBTQ+ persons* (pp. 283–300). Springer. https://doi.org/10.1007/978-3-030-52612-2_22

Santoniccolo, F., Trombetta, T., & Rollè, L. (2023). The help-seeking process in same-sex intimate partner violence: A systematic review. *Sexuality Research & Social Policy*, *20*(1), 391–411. https://doi.org/10.1007/s13178-021-00629-z

Sileo, K. M., Luttinen, R., Muñoz, S., & Hill, T. D. (2022). Mechanisms linking masculine discrepancy stress and the perpetration of intimate partner violence among men in the United States. *American Journal of Men's Health*, *16*(4), https://doi.org/10.1177/15579883221119355

Stephenson, R., & Finneran, C. (2017). Minority stress and intimate partner violence among gay and bisexual men in Atlanta. *American Journal of Men's Health*, *11*(4), 952–961. https://doi.org/10.1177/1557988316677506

Stephenson, R., Washington, C., Darbes, L. A., Hightow-Weidman, L., Sullivan, P., & Gamarel, K. E. (2023). Sexual relationship violence among young, partnered sexual minority men in the United States. *Journal of Interpersonal Violence*, *38*(11–12), 7804–7823. https://doi.org/10.1177/08862605221149091

Stults, C. B. (2019). Relationship quality among young gay and bisexual men in consensual nonmonogamous relationships. *Journal of Social and Personal Relationships*, *36*(10), 3037–3056. https://doi.org/10.1177/0265407518809530

Stults, C. B., Brandt, S. A., Hale, J. F., Rogers, N., Kreienberg, A. E., & Griffin, M. (2022). A qualitative study of intimate partner violence among young gay and bisexual men. *Journal of Interpersonal Violence*, *37*(3–4), NP2251–NP2287. https://doi.org/10.1177/0886260520936365

Stults, C. B., Javdani, S., Greenbaum, C. A., Barton, S. C., Kapadia, F., & Halkitis, P. N. (2015). Intimate partner violence perpetration and victimization among YMSM: The P18 cohort study. *Psychology of Sexual Orientation and Gender Diversity*, *2*(2), 152–158. https://doi.org/10.1037/sgd0000104

Stults, C. B., Javdani, S., Kapadia, F., & Halkitis, P. N. (2021). Determinants of intimate partner violence among young men who have sex with men: The P18 cohort study. *Journal of Interpersonal Violence*, *36*(15–16), 7018–7042. https://doi.org/10.1177/0886260519831374

Talley, A. E., & Bettencourt, B. A. (2008). Evaluations and aggression directed at a gay male target: The role of threat and antigay prejudice. *Journal of Applied Social Psychology*, *38*(3), 647–683. https://doi.org/10.1111/j.1559-1816.2007.00321.x

Trombetta, T., & Rollè, L. (2023). Intimate partner violence perpetration among sexual minority people and associated factors: A systematic review of quantitative studies. *Sexuality Research & Social Policy*, *20*(3), 886–935. https://doi.org/10.1007/s13178-022-00761-4

Vandello, J. A., & Bosson, J. K. (2013). Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity*, *14*(2), 101–113. https://doi.org/10.1037/a0029826

Weaver, J. R., Vandello, J. A., & Bosson, J. K. (2013). Intrepid, imprudent, or impetuous? The effects of gender threats on men's financial decisions. *Psychology of Men & Masculinity*, *14*(2), 184–191. https://doi.org/10.1037/a0027087

(*Appendix follows*)

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.

Appendix

Demographic Characteristics and Frequencies of Stigma Experiences within Participant Sample

Table A1

Sociodemographic Characteristics of (n = 26) Young Sexual Minority Men With Last 5-Year Intimate Partner Violence

Characteristic	*n* (%)
Age[a]	26.4 (1.2)
Race/ethnicity	
Black	16 (61.5)
Biracial/multiracial	4 (15.4)
White	3 (11.5)
Hispanic	2 (7.7)
Asian/Pacific Islander	1 (3.8)
Sexual orientation	
Gay	21 (80.8)
Bisexual	4 (15.4)
Pansexual	1 (3.8)
Perceived socioeconomic status	
Lower	17 (65.4)
Middle	8 (30.8)
Upper	1 (3.8)
Education	
High school	6 (23.1)
Some college	7 (26.9)
College	8 (30.8)
Graduate school	5 (19.2)

[a] Values are mean (standard deviation).

Table A2

Frequencies of Domains and Subdomains of Stigma Experiences in Intimate Partner Violence Among (n = 26) Young Sexual Minority Men

Stigma experience	*n* (%)
Sexual minority stigma	23 (88.5)
Enacted stigma experienced by participant	13 (50.0)
Enacted stigma experienced by partner	6 (23.1)
Internalized stigma experienced by participant	15 (57.7)
Internalized stigma experienced by partner	8 (30.8)
Anticipated stigma	10 (38.5)
Hegemonic masculinity	11 (42.3)
Fear of femininity	6 (23.1)
Hegemonic masculinity in participant	6 (23.1)
Hegemonic masculinity in partner	8 (30.8)
Cultural or intersectional issues	18 (69.2)
Religion	10 (38.5)
Race or culture	8 (30.8)

Received June 25, 2024
Revision received September 13, 2024
Accepted October 24, 2024 ■

This document is copyrighted by the American Psychological Association or one of its allied publishers.
This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.