

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

Robert L. Peralta · Jodi Ross

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

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

In this paper we present a review of the research on intimate partner violence (IPV) which highlights intersections of health and behavior risk factors (i.e., alcohol-related-intimate-partner-violence (ARIPV) and HIV/AIDS risk) for Hispanic men-who-have-sex-with-men (MSM<sup>1</sup>). We then present the reader with a synthesis and

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<sup>1</sup> We employ the term “MSM” to capture sexual behavior between men which can occur among individuals not identifying as “gay.”

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R. L. Peralta (✉) · J. Ross  
Department of Sociology, The University of Akron, Olin Hall 260, Akron, OH 44325-1905, USA  
e-mail: rp32@uakron.edu

J. Ross  
e-mail: jar48@uakron.edu

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

Researchers interested in IPV have consistently reported differences across racial and ethnic groups with respect to rates of violence, risk factors for violence (e.g., alcohol use<sup>3</sup> and HIV risk behaviors), consequences of violence and patterns of victimization and violence perpetration [4, 7, 9, 16, 48, 51]. Hispanics<sup>4</sup> and MSM appear to be at increased risk for suffering health problems associated with violence, alcohol use and HIV/AIDS [2, 6, 8, 13, 15–17, 19, 25, 36, 38, 45, 51]. Researchers from across disciplines are increasingly disentangling the overlapping issues of violence, alcohol use and risky sexual behavior among Hispanic populations. These studies underscore the continued need for culturally sensitive research on Hispanic MSM who may be disproportionately at-risk for ARIPV associated with risky sexual behavior (RSB). A critique of this body of literature, however, reveals that gender, ethnicity, and sexuality are often examined separately. Cultural and empirical sensitivity to the complexities of gender, ethnicity, and sexuality becomes especially critical given that Hispanics as a group have eclipsed African Americans as the largest racial minority group in the U.S.

### **What We Know: The Intersectionality of IPV, Alcohol Use, HIV, and Sexuality Among Hispanic Men**

While sociological research has made significant strides in documenting IPV as a social issue, research connecting violence in relationships to specific aspects of gender, ethnicity and sexuality among Hispanics is still in its infancy. This has resulted in the prevalence of stereotypes and concern that public policies and programs may not be culturally appropriate [28, 51]. Knowledge on how the intersection between ARIPV, gender, sexuality, ethnicity and HIV occurs is

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<sup>2</sup> While African Americans have been studied in terms of ARIPV, similarly little research has focused on African American ARIPV among MSM. While this area is in need of attention, it is beyond the scope of the current paper.

<sup>3</sup> Alcohol, instead of drug use in general, is the focus of this paper given its pronounced association with violence found in the literature. Examining other forms of substance use and abuse is beyond the scope of this paper.

<sup>4</sup> Difficulties with the precision of “Hispanic” as a category are telling of the infancy of research on Hispanics. It is beyond the scope of this paper to address the variations within and between Hispanics of differing national or regional descent or to address the level of acculturation among Hispanics. Finally, “Hispanic” is adopted as a term in this paper as opposed to Latino as a matter of cultural preference.

necessary for not only theoretical purposes, but also to advance effective public health interventions. To date, a disconnected body of literature exists which hints at the complex interactions between health behavior and IPV but largely treats these issues in isolation from one another. Table 1 below is intended to provide concise, critical information on recent IPV research which addresses the intersectionality (either directly or indirectly) of the aforementioned issues for Hispanic MSM.

In general, the literature establishes that socialization factors such as childhood abuse, victimization, and witnessing parents engaging in IPV [8, 48, 49] as well as impulsivity and drinking problems [17] increase the propensity toward violent behavior for the population at large with important variations between whites and Hispanics. Alcohol use among perpetrators and victims, for example, both appear to contribute to IPV; however, this relationship may be more robust among Hispanic couples. Studies have reported increased risk for IPV [8, 17] as well as alcohol use [7, 16, 24] among adult Hispanic men and women. A study examining IPV among Hispanic couples in particular found the drinking rate of victims has an impact on IPV with higher rates of victimization being reported by drinkers compared to abstainers [7]. A limitation of this body of literature is the relative neglect of sexuality as it relates to the behaviors under study.

One recent exception to this heterosexual focus (or heteronormative paradigm) reifies the importance of empirically considering sexuality. Relf et al. [41] analyzed a probability sample of urban MSM drawn from four large metropolitan cities in the US. Their findings established high incidence of sexual battery and IPV. Additionally, they report that having an HIV-positive status appears to increase the probability of being a victim of battering and that attempts by IPV victims to converse about using safe sexual practices may trigger battering. Alcohol use appears to make it more difficult to resist coercion because the physiological properties of alcohol use may impair a person's focus, coordination and consciousness [41]. This research underscores the inter-connectedness between IPV, alcohol use and HIV risk. While this work is exemplary in more fully contextualizing the dynamics of IPV, the results were not specific to Hispanics and are thus not readily generalizable to Hispanic populations.

Other authors have also highlighted the overlap between alcohol use, risky behaviors and IPV [15, 23, 37]. For example, high rates of alcohol use can lead to social and physical risks such as lowered self-esteem, higher rates of attending drinking establishments and engaging in risky sexual behavior [44]. Contexts involving alcohol use may also foster disinhibiting behavior which may increase the odds of an individual to engage in risky sexual behavior and other risky health behavior [8, 24]. This effect is exemplified by the fact that heavy drinkers are more likely to report having multiple partners and are less concerned with the use of protection [24]. With regard to HIV/AIDS risk, Hispanic young men who have sex with men (MSM) are two times more at risk for contracting HIV than young white MSM [35]. Similarly, others have found that there is a disproportionate incidence of AIDS found in MSM of "Latin American" ancestry [10]. Reifying these findings, official prevalence rates of HIV/AIDS per 100,000 for 2006 were 224.3 for Whites, 585.3 for Hispanics and 1,715.1 for Blacks [11]. Furthermore, there are clear gender differences in HIV rates with males accounting for 74.8% of all cases and nearly

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

| Author, year        | Hypothesis/Purpose  | Critical concepts                                  | Population   | N     | Methods/Instruments/<br>Analysis  | Findings   | Limitations   | Critical unresolved issues   |
|---------------------|---|--|--|-------|---|--|---|--|
| Feldman et al. [15] | Examines the relationship between difficult sexual situations, IPV history and HIV risk behavior among Hispanic MSM | Situational variables; difficult sexual situations | Probability sample of Hispanic gay and bisexual men at bars in 3 US cities who were connected to both the Hispanic and gay community | 912   | Quant-Qual (Survey questions derived from focus group interview data); English and Spanish measures: HIV sexual risk behavior; IPV victimization (psychological, physical, sexual); Participation in difficult sexual situations; Childhood sexual abuse. Factor analysis, Bivariate associations; Mediation models | 52% reported lifetime IPV victimization, 45% reported psychological abuse, 33% physical, 10% sexual; all IPV types contribute to greater participation in sexual situations with circumstantial restraints; circumstantial constraints mediate the difference attributable to psychological and sexual IPV               | Exclusively urban participants; results not generalizable to Hispanic gay men who do not frequent gay bars/clubs or Hispanic gay men in small or rural cities; limited questions to past 2 partners only, IPV assessment limited to 3 questions; no within group differentiation of Hispanics; no data collected on employment status, income | The order effects between IPV, HIV sexual risk behavior, and HIV infection remain unknown; the severity of violence experienced and its impact on sexual behavior remains unknown for Hispanic MSM; the role of Hispanic masculinity, religion, homophobia, and heteronormativity remain unclear |
| Galvan et al. [20]  | Examines the rate of HIV+ adults that are victims and/or perpetrators of IPV and differences by ethnicity           | CTS; unknown partner                               | Diverse nationally representative sample of HIV+ men and women from the Cost and Services Utilization Study (13% Hispanic)           | 1,421 | Quantitative; retrospective and cross sectional data; primary and secondary data analysis; computer assisted surveys; abuse defined as perpetration and victimization; questions modeled after CTS; bivariate and multivariate logistic regression  | Full sample: 27% self reported abuse; 48% was mutual; respondents in same sex relationships less often involved in IPV; no relationship between Hispanic identity and IPV when controlling for other variables; respondents with HIV+ more often perpetrators compared to respondents whose partner's status was unknown | Based on self report data without partner verification; no data on frequency/severity of or response to abuse; no way of knowing whether sero-conversion or disclosure of HIV status initiated abuse; alcohol use was not assessed concurrently with abuse  | No analysis of Hispanic MSM IPV perpetration/victimization; The context and meaning of abuse co-occurring with alcohol use by the perpetrator and or victim not fully explored   |

**Table 1** continued

| Author, year          | Hypothesis/Purpose   | Critical concepts   | Population   | N     | Methods/Instruments/Analysis  | Findings   | Limitations   | Critical unresolved issues  |
|-----------------------|--|---|--|-------|---|--|---|---|
| Greenwood et al. [21] | Measures the prevalence and characteristics of IPV victimized MSM  | Symbolic violence, sexual battering                                     | Probability-based sample of MSM living in 4 cities (Hispanic n = 273)        | 2,881 | Quantitative: telephone interview; modified version of Conflict Tactics Scale (past 5 years); Bivariate, Multivariate logistic regression, X <sup>2</sup> tests   | Within past 5 years IPV Hispanic victimization rates: Psychological/symbolic victimization 34.5%, physical 23.4%, sexual 8.5%, multiple 18.9%, any 41.3%; no significant differences in victimization by race/ethnicity. The strongest correlate independently associated with all forms of battering was age (40 or younger); HIV infected MSM more vulnerable to IPV victimization | Lack of data on substance use by the victim and/or perpetrator; standard recall period for IPV not used; sampling protocol likely missed disenfranchised MSM who may be at greater risk for IPV; no within group differentiation of Hispanics                               | Little known about the batterer, the frequency or intensity of victimization; no data on context and meaning (social, personal, situation, or cultural) of IPV and its associating with HIV |
| Mustanski et al. [32] | Examines whether psychosocial health problems exacerbated HIV risk | Young men who have sex with men; psychosocial health problems; syndemic | Ethnically diverse young men who have sex with men in Chicago (26% Hispanic) | 310   | Quantitative: cross sectional; recruited from flyers, snowball; CASI, AIDS risk behavior assessment, substance use assessed; 3 item measure of IPV; 3 item sexual assault measure; multivariate logistic regression | 34% reported IPV; 24% used street drugs; partner violence significantly related to IPV; no significant relationship between Hispanic status and multiple anal sex partners, unprotected anal sex and hiv positive status; YMSM w/4 or more psychosocial health problems had 3x the prevalence of HIV relative to those w/ fewer problems   | Cross-sectional, self report data; social desirability response potential; response items limited to survey questionnaire; HIV status not confirmed; limited to one geographic area and to a population using a community HIV support service; relatively small sample size | Risk and resiliency factors need to be assessed across the range of health disparities affecting Hispanic MSM   |

Table 1 continued

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

**Table 1** continued

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

Table 1 continued

| Author, year      | Hypothesis/Purpose  | Critical concepts   | Population  | N     | Methods/Instruments/<br>Analysis   | Findings  | Limitations  | Critical unresolved issues   |
|-------------------|---|---|---|-------|--|---|--|--|
| Stall et al. [44] | Measures the prevalence and independent associations of heavy alcohol use among MSM | Alcohol-related problems; problem drinking; drug use; connection to gay culture | Self identified gay men as part of the Urban Men's Health Study participants (San Francisco, New York, Chicago) | 2,172 | Quantitative: probability telephone sample; standard measures of alcohol use and problems associated with alcohol and recreational drug use; multivariate and hierarchical logistic regression | 18% of Hispanic MSM reported 3 or more alcohol-related problems; 85% used alcohol, 52% used recreational drugs; 12% had 3 or more alcohol-related problems; 8% reported heavy frequent alcohol use  | Self-report data; no confirmation data were collected; no standardized questions on IPV used; cross-sectional design   | An understanding of alcohol use and alcohol related problems such as IPV among MSM requires an understanding of MSM social contexts and cultures                     |
| Toro-Alfonso [47] | Examines the prevalence of IPV and substance use behavior                           | The need to please; lesbian and gay male abuse; isolation                       | Gay males (n=88) and lesbians (n=53) recruited from the gay and lesbian community in Puerto Rico                | 151   | Quantitative: translated adapted version of Nieves-Rosa's (1996) Gay and Lesbian Violence Survey; bivariate correlations   | 7-13% reported at least one instance of physical abuse; up to half reported frequent instances of verbal and emotional abuse; there was some indication that IPV is associated with HIV transmission; family histories of abuse were reported (24%); 33% of males reported previous or current alcohol abuse; 25% of all violent incidents occurred under the influence of alcohol; 15% of men reported being penetrated by force | Convenience sample of Puerto Rico gay men and women; did not examine severity of abuse; did not control for demographic factors in analysis (e.g., social class) | A better understanding of the relationship between ethnic identity, gay identity, alcohol use, and the meaning of childhood exposure to household violence is needed |

**Table 1** continued

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

Table 1 continued

| Author, year        | Hypothesis/Purpose   | Critical concepts                        | Population  | N     | Methods/Instruments/Analysis  | Findings  | Limitations   | Critical unresolved issues  |
|---------------------|--|--|---|-------|---|---|---|---|
| Zierler et al. [55] | Estimates the rate of HIV+ adults abused since HIV diagnosis to determine the role of HIV status on violence victimization | Stigma; HIV-based violence victimization | Nationally representative sample of HIV+ adults who have made at least one health service visit | 2,864 | Quantitative; cross sectional design; computer assisted interview; abuse determined by two questions; multivariate logistic regression; univariate analysis | Of men who reported sex with men as mode of HIV transmission, 11.5% reported physical abuse since HIV diagnosis; 4.5% of men linked HIV status as cause of abuse; risk for victimization among Hispanics higher compared to men of other race/ethnic groups; drug dependence strongly associated with IPV | Lacks information on disclosure patterns; no pre and post infection comparison data | Need to examine the role of disclosure in the risk of violence for HIV infected individuals; Because Hispanic men had the highest percentage of harm among all groups, a need for more attention for this group is needed |

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

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

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

There is no doubt that understanding the unique expression of violence in the lives of Hispanic MSM is a significant and worthwhile enterprise. White heterosexual women’s experience with IPV should not be the lone standard by which to understand the causes and consequences of IPV [54]. There are more studies on specific groups of women than there are about men as victims in general and fewer still on ethnic minority MSM. Defining women as victims of IPV and men as perpetrators obscures the variability in violence and contributes to the perpetuation of stereotypes and myths. Instead, analysis needs to be re-conceptualized so that groups are compared against each other in a linear fashion instead of a hierarchical one such that no one group is rendered normative or deviant. Generating data founded on gender, ethnic and sexual diversity allows for richer understanding of IPV both within and between social groups.

Research on IPV among Hispanic men who engage in same-sex behavior needs to increase its attention to the *meanings* (i.e., phenomenology) attached to masculinity, sexuality, violence and alcohol use (see Peralta and Cruz [37]). This epistemological shift would contextualize the Hispanic gay male experience so as to provide more culturally sensitive understandings of interpersonal violence. For example, we would ask, what are the experiences of men in the Hispanic culture who come to see themselves as gay? What are the variations and similarities by “Hispanic category” (i.e., across place of origin) or geographic region (e.g., Hispanics of Texas versus New Mexico)? What are the complexities of growing up Hispanic and male? How do Hispanic men learn about cultural standards of masculinity? What options are available to Hispanics for expressing masculinity? What does “doing gender” look like for Hispanic men [52]? What does it mean for these men to come out to their families/communities? Do some Hispanic men feel alienated from their Hispanic culture and families, especially fathers? Answers to these questions would provide richer data from which to draw conclusions about the dynamics between IPV-risk, violence, and alcohol use within a specific population.

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

### **Locating Participants: Hispanic MSM as Hidden Population**

Researchers interested in collecting data on high-risk behaviors have often noted the specific methodological difficulties associated with locating and recruiting members of various “hard-to-reach” or “hidden populations” [1, 3, 40, 43, 50]. In particular, researchers interested in illicit gang violence, drug use and behaviors related to the transmission of HIV have outlined the challenges associated with this kind of research. As such these challenges include: (1) studying behaviors which do not generally occur in public settings, (2) studying behaviors which may be illegal and/or highly stigmatized and (3) choosing a sample when there is generally no adequate sampling frame for probability sampling<sup>5</sup> [1, 3, 14, 39].

An impressive range of non-random sampling techniques have been introduced in the empirical literature including purposive sampling, chain-referral or snowball sampling, respondent driven sampling, targeted sampling, venue-based sampling, and ethno-epidemiology [cf. 12]. Researchers interested in studying the patterning of ARIPV among MSM must pay careful attention to the methodological issues brought forth in this literature. We suggest it is useful to apply these insights from the extant literature in any effort to study ARIPV among MSM, particularly among Hispanic MSM for four reasons.

First, although there has been considerable and varied research which includes members of the lesbian, gay, bisexual and transgender (LGBT) community as participants, considerable risk for stigmatization and further victimization renders this group a “hidden population” [48, 53]. There has been little concentrated focus on hidden populations based on sexuality. Approaching LGBT populations as “hidden” acknowledges the degree to which members of the community are “out” and how this variation is constructed and negotiated at both the individual and

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<sup>5</sup> See Stall, Paul, Greenwood, Pollack, Bein, Crosby, Mills, Binson, Coates & Catania [44] for an example of probability sampling with MSM and Peterson and Valdez [39] for random sampling of gang-affiliated adolescents.

community level. This is a point we will return to in the next section. Moreover, some research suggests that Hispanic males may be marginalized both within the gay community and within the Hispanic community [5, 43]. In this way, Hispanic MSM are potentially stigmatized on multiple levels and hence may be positioned as an even “harder”-to-reach population.

A second relevant factor here is that there has been little public or academic attention focused on the “problem” of IPV among MSM. This may be the result of any number of factors including the general lack of willingness to take problems of marginalized communities seriously, the hesitancy of marginalized community members to report problems and society’s general hesitancy to see men as “victims” of IPV in any relationship dynamic. Regardless of the reason, locating a sample of MSM involved in IPV (as victims or perpetrators) poses unique difficulties for researchers. Additionally, a theoretical focus on other risk factors for IPV including substance use and HIV-status introduces additional levels of risk with regard to illegal behaviors and stigmatization for potential participants [36]. This additional risk may compound the barriers to locating and recruiting participants.

Third, some research suggests that Hispanics in general may be less willing to participate in HIV research despite the fact that members of their community may be disproportionately affected by HIV [43]. Following this line of reasoning, it could also be the case that although IPV may be recognized as a “problem” within the larger Hispanic population, Hispanic men are hesitant to participate in IPV research. This suggests it is important to build trust with potential participants and to promote a better understanding of the importance of participation in public health research among Hispanics [40].<sup>6</sup>

Fourth, attention to research on “hard-to-reach” or “hidden populations” may greatly improve the ability to collect quality data from marginalized populations. In fact, the promising findings of Silvestre et al. [43] and Ramirez-Valles et al. [40] on HIV within hidden populations underscore the importance of explicit attention to overcoming barriers which generally result in low participation of Hispanic males in research on “hidden populations.”

We recommend that researchers utilize multiple methods (e.g., chain referral methods, purposive sampling, community collaborations, and ethnographic methods) to maximize their ability to locate and recruit Hispanic MSM for participation in research on violence and other health risk behaviors. Among the more practical concerns, this requires allotting more time and resources to the initial stages of research. Researchers should note however that this is consistent with recent changes in National Institutes of Health (NIH) policy regarding funding for recruiting minority men (as noted in Silvestre et al. [43, p. 1025]). This policy change reflects at least an implicit awareness of the greater difficulty in accessing marginalized groups and securing their participation in academic research. Having made the case that Hispanic MSM who engage in ARIPV and associated risk factors

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<sup>6</sup> One response to the list-serve announcement for this project aimed at gay men in the community was “should I beat my partner so I can get the money and participate in this study?” Given this response it may be the case that social science and public health researchers should consider more seriously the need to promote the importance of participation in research more generally as well.

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

### **Importance of Local Culture: Place Effect**

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

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

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

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

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

### **Researcher Positionality and Reflexivity**

Many social scientists engaged in qualitative research, particularly feminist researchers, reject the supposed "objectivity" of "value-free" positivist science. Instead, qualitative researchers accept, even welcome, the inescapable "situatedness" of the researcher within the very social world s/he attempts to understand. Researcher positionality, while acknowledged widely and critically reflected upon at length, is without resolve [18, 33]. That is, there is no standard, best-practice "solution" for addressing the ways in which the social location of the researcher facilitates and/or impedes the research process. We prefer not to ignore the social location of the researcher as has been the case in most positivist approaches. We suggest that researcher positionality must be addressed to better understand the patterns of behavior which lead to various health disparities, including ARIPV, particularly where there are convergences of multiple marginalities as is the case among Hispanic MSM.

The methodological literature which addresses the significance of the relationship between researcher identity and the research process alerts us to the often complex interplay involved here. These discussions include treatments of how the researcher's position vis-à-vis the population of interest (or the field site) affects his or her ability to gather valid and reliable data [1]. Some of this literature treats the variety of possible intersections between the "researcher" and the "participant(s)" by making reference to a common distinction in the qualitative literature between "insider" and "outsider" statuses [1, 30, 31, 33]. These statuses generally

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

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

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

## Conclusions and Goals for Future Research

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

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

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

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## Author Biographies

**Robert L. Peralta** is an Assistant Professor of Sociology at the University of Akron, USA. He earned his Ph.D. from the University of Delaware in 2002. His areas of interest and expertise include substance use and abuse, deviance, gender, social inequality, and interpersonal violence. Alcohol use in intimate partner violence and the association between alcohol use and the construction of gender are the focus of his current research. Some of his publications appear in the *Journal of Drug Issues*; *Sex Roles*; *Journal of Men's Studies*; *Gender Issues*; *Journal of the American Board of Family Practice*; *Deviant Behavior*, and *Violence and Victims*.

**Jodi Ross** is a doctoral student in Sociology at the University of Akron. Her research focus is employing ethnographic methods to study the relationships between women's lives, poverty, interpersonal violence, neighborhood organization and crime through ethnographic field methods.