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Gay Men and Intimate Partner Violence: A Gender Analysis

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Abstract

Though intimate partner violence (IPV) is predominately understood as a women's health issue most often emerging within heterosexual relationships, there is increasing recognition of the existence of male victims of IPV. In this qualitative study we explored connections between masculinities and IPV among gay men. The findings highlight how 'recognising IPV' was based on an array of participant experiences including emotional, physical and sexual abuse inflicted by their partner, which in turn led to three processes. 'Normalising and/or concealing violence' referred to participants' complicity in accepting violence as part of their relationship and reticence for disclosing that they were victims of IPV. 'Realising a way out' included participants' understandings that the triggers for, and patterns of, IPV would best be quelled by leaving the relationship. 'Nurturing recovery' detailed strategies employed by participants to mend and sustain their well-being in the aftermath of leaving an abusive relationship. In terms of masculinities and men's health research, the findings reveal the limits of idealising hegemonic masculinities and gender relations as heterosexual, while highlighting a plurality of gay masculinities and the need for IPV support services that bridge male/female as well as the homo/heterosexual divides.

Word count: 192

Introduction

Intimate partner violence (IPV) is predominately understood as a women's health issue emerging within heterosexual relationships. Yet, IPV can impact people regardless of their gender and sexual orientation (Freedberg 2006). For example, in 2005, 7% of Canadian women reported exposure to either physical or sexual abuse by their current or previous intimate partners, while similar rates of 6% were reported among Canadian men (Statistics Canada 2005). Though disaggregated Canadian data are not available, proposed also is that IPV in heterosexual and homosexual relationships are similar in terms of the rates and types of violence (Freedberg 2006). In particular, according to a U.S.-based report, gay men in the lesbian, bisexual, gay and transgender (LGBT) sub-group are most often impacted by IPV (accounting for 31.5% of LGBT IPV) (National Coalition of Anti-Violence Programs [NCAVP] 2010). Moreover, a British survey by Donovan *et al.* (2006) concluded that gay men who had experienced IPV were more likely than women to be victimised sexually. However, LGBT individuals, particularly gay men, are less likely than heterosexual women to report or seek help for IPV (e.g., counselling, law enforcement) fearing heterosexism and homophobic violence (Bartholomew *et al.* 2008b, Freedberg 2006, Merrill and Wolfe 2000). The lack of LGBT-targeted IPV services further complicates gay men's help-seeking efforts (Helfrich and Simpson 2006, St. Pierre and Senn 2010) as do misconceptions that same-sex IPV is always bidirectional or mutual (Bartholomew *et al.* 2008a). Indeed, as Stanley *et al.* (2006) reported, a wide range of mild to severe violence and situations of unilateral and bidirectional IPV occur among gay men. Using a gender analysis, the current study describes connections between masculinities and IPV among gay men as a means to better understanding their experiences and to inform gender-sensitive interventions for this underserved population.

Gender and IPV

Some feminist perspectives informing gender and IPV research argue that IPV is principally an outcome of patriarchy and mechanisms complicit in maintaining gender inequity between men and women (Ferraro 2006). The importance of ‘gender symmetry’ in positioning men and women as equally likely to be perpetrators and victims of IPV has also been highlighted (McHugh, Livingston and Ford 2005). While these and other viewpoints are much debated, Ferraro (2013) has lobbied for intersectional approaches to capture the many dimensions that shape people’s experiences of IPV, thus acknowledging sexuality as mediating gendered experiences of violence.

Although to-date there have been few empirical studies on which to understand, let alone develop, targeted IPV services for gay men (Randle and Graham 2011), the nascent scholarship on this topic has provided some interesting comparisons and insights. For example, similarities between straight-identifying and gay men’s perceptions that physical or sexual rather than emotional abuse constitutes IPV have been reported (Toro-Alfonso and Rodriguez-Madera 2004, Moore and Stuart 2005). Richards and colleagues (2003) suggested that in nature and expression, IPV among gay male couples was similar in pattern and psychological consequences to that found in heterosexual couples. Factors associated with gay men’s exposure to IPV include dependency, jealousy, substance abuse and power imbalance (McClennen, Summers and Vaughan 2002). Connections between gay men’s IPV, internalised homophobia, mental illnesses and the presence of, or risk for, HIV have also been reported (McKenry *et al.* 2006). Reticence for reporting IPV has been linked to factors including gay men not perceiving their experience as IPV, dual stigma about being gay and in a violent relationship, and challenges accessing support services and/or communicating with care providers (Letellier 1994). While these empirical

insights galvanise IPV as a gay men's health issue, the research to date has not been linked to broader theoretical work in the field of gender and more specifically masculinities. We propose that this linkage would help to draw out the intersectional relationships between gender and sexuality in gay men's experiences of IPV.

Gay men's health and masculinities

Connell's (1995) masculinities framework has guided research in an array of men's health and illness issues, although few empirical studies have focused on gay men beyond the topic of sexually transmitted diseases. Connell's (1995) concept of hegemonic masculinity, imbued with patriarchal power, vigour and strength, has historically been understood as embodied and sustained by Western, White, middle-class heterosexual men. According to Connell (1995), homosexual masculinities are oppressed, subordinate and reside at the bottom of the gender hierarchy, and gayness is understood as the repository of whatever is symbolically expelled from hegemonic masculinity. From the gender order that flows from the dominance of hegemonic masculinities, 'othered' subordinate sub-groups operate. By definition, subordinate forms of masculinity represent practices associated with a lack of authority, weakness and domesticity.

However, more recently discussions about the plurality of hegemonic masculinities have emerged, whereby specific context-dependent circumstances and interactions can afford power to men within and across diverse sub-groups (Coles 2009, Connell and Messerschmidt 2005, Creighton and Oliffe 2010). As Coles (2009:36) asserts "within the field of masculinity, there are sites of domination and subordination, orthodoxy (maintaining the status quo) and heterodoxy (seeking change), submission and usurpation." Connell and Messerschmidt's (2005) rethinking of hegemonic masculinity to explicitly acknowledge a plurality of hegemonic masculinities amid

recommending analyses at and between the local (constructed in arenas of face-to-face interactions), regional (constructed at the cultural, society-wide level) and global (constructed in such transnational arenas including world politics and media) levels has provided important direction to masculinities and men's health researchers. Renewed calls have also been made to define hegemonic masculinities in terms of power relations and patriarchy (Messerschmidt, 2012). For example, Messerschmidt, (2012) argued that dominant and dominating masculinities can be non-hegemonic, especially when they fail culturally to legitimate patriarchal relations. Operationalising gender as relational also confirms that gay men do not neatly fit within a subordinate category. In line with this, Numer (2008) highlighted a 'hierarchy within a hierarchy' based on gay men's ability to measure up in relation to other homosexual men, including as sexual objects. In the context of gay men's IPV, motivations for men using violence in the first instance requires close examination of the relations within and between men, because that is where many tensions and struggles over masculinities occur (McCarry 2007; Coles 2009).

Responding to Numer's (2008) assertion about the need to reset the gender stage if gay men's health is to be understood outside the boundaries of heterosexism, we explored connections between masculinities and IPV among gay men.

Methods

Sample

Fourteen gay men ranging in age from 37 to 64 years ($M = 48.5$) who had experienced IPV within a same-sex relationship participated in the study. Participants self-identified as homosexual ($n = 9$), bisexual ($n = 4$), and other ($n = 1$), and four men disclosed that they were HIV positive. Participants resided in Vancouver, a city of 600,000 in Western Canada. Most

participants had never been married ($n = 13$), currently lived alone ($n = 10$), self-identified as Anglo-Canadian ($n = 13$) and were unemployed ($n = 9$) at the time of the interview. The five employed men worked in hospitality, sales and marketing, and management.

Data collection

Following university ethics approval, postcards and flyers describing the study and inviting potential participants to contact the male interviewer were posted to CraigslistTM and distributed at locations where gay men were known to access support (i.e., community-based supports and professional health care services specialising in gay men's health). Potential participants contacted the interviewer (5th author) by telephone, a gay male with a graduate degree in population and public health, and extensive community-based research experience working with vulnerable groups of men. Potential participants were screened by asking if they identified as gay and had experienced violence within a same-sex intimate relationship. All but one participant, who had issues with mobility, chose to be interviewed at the interviewer's downtown office. The aims of the study were explained to the participants and, following completion of a written consent form and a demographic survey, individual, in-depth, semi-structured digitally recorded interviews lasting between 20 and 90 minutes were conducted during 2011 and 2012.

Prior to being interviewed, the men were advised about potential risks associated with participating in the study and told that they could withdraw at any time, and free counselling support was available. One participant cried during the interview but declined repeated offers to cease the interview. Counselling support was also offered to this participant when the interview concluded; however, he refused that help amid providing assurances that he "felt better after getting it all out" and knowing that the information may help others in similar circumstances. Some interview questions focused on men's resilience – defined as the inner ability and

processes for effectively adapting in the face of adversity, trauma, tragedy and threats (American Psychological Association [APA] 2001) – as a means to understanding how men coped and/or sought help for, or to heal from IPV (Rolling and Brosi 2010). Although an interview guide was used, participants were encouraged to share details about what was most relevant to them, and conversations were encouraged. Participants received an honorarium of C\$30 to acknowledge the time spent and their contribution to the study. The audio records of the interviews were transcribed verbatim excluding any identifying information, reviewed for accuracy and labelled with an identifier code (P1 through P14).

Data analysis

Analyses of the interview data were broadly guided by the constant comparative methods applied in grounded theory. The analytical process involved coding and constant comparison as described by Strauss and Corbin (1998). These ‘tools’ have been widely used in exploratory qualitative research studies seeking to explore and describe social situations and to understand social phenomena. The overarching research aim was to describe connections between masculinities and IPV among gay men. As data collection progressed, interview questions were refined to address and test the emergent findings derived from the analyses. Data were uploaded and organised using NVivo 8TM. Initial coding involved making comparisons between transcripts, searching for similarities and differences, and then labelling similar phenomena as open codes. Second-level coding focused on making propositions about connections between open codes and reassembling them into ‘tentative themes’ to form a more precise and complete explanation of the phenomena. The tentative themes were developed by the first three authors and subsequently discussed among the seven-member research team, which included the interviewer, and expert IPV and gender and health researchers. The analyses were discussed until

consensus on the interpretation of patterns in the data was reached, and these conversations continued in the team's write up of the findings.

Findings

Guided by the research question, what are the connections between masculinities and IPV among gay men?, we inductively derived the core category; *recognising IPV*, which described the overarching experiences of IPV evident in all the men's narratives. In responding to recognising IPV, participants detailed three processes to map their actions, *normalising and/or concealing violence*, *realising a way out* and *nurturing recovery*. Though presented here as distinct, it is important to note that most participants oscillated between the three processes described. In this regard the processes are not espoused as chronological steps or mutually exclusive pathways, but rather illustrate some of the contextual complexities that arose from participants' experiences of IPV.

Recognising IPV

The core category recognising IPV was characterised by a range of incidents participants explained as predictable patterns of abuse that emerged and often intensified across time. As Saltzman *et al.* (2002) previously delineated, the participants' accounts revealed IPV to be inclusive of threatened and actual physical violence as well as emotional and sexual abuse. Being overpowered, controlled and/or ridiculed were central to much of the IPV that the men described, whereby participants chronicled how they were consistently marginalised by their partner. When asked about the IPV he had endured, a 49-year-old man explained:

It was emotional, also, you know, intellectual. Being called a “dummy” doesn't sit well for a brainiac, you know...Sort of like he's always questioning, “well what are

you talking about?”, “Really?”, like “that’s just stupid”, and it was delivered in that tone, as well. Or kind of like, “Ugh, you’re such a ditzy fag”. You know, being called that by a partner doesn’t get you any tonight sport (laughs). It was just that little bitchy repartee – that erodes why people go into relationships in the first place.

Within this and other men’s interviews, references were made to how goading and disrespect fuelled resentment, establishing power dynamics that participants suggested wore them down over time. In distinguishing these interactions from occasional or benign bickering, emotional abuse was described as constant and intentionally hurtful partner actions. A 39-year-old HIV-positive man linked his low affect and depressive symptoms to his partner’s emotional abuse:

He said I could never do anything; I can never get anyone better than him. Yeah, he was the best that I could actually do, because nobody would want me. And eventually I started to believe that.

As reported by McKenry *et al.* (2006), this participant’s HIV positive status heightened his vulnerability for being demeaned by a derisive partner. That said, our finding also ran counter to reports by Toro-Alfonso and Rodriguez-Madera (2004) and Moore and Stuart (2005) that gay men tend to understand IPV as physical and sexual rather than emotional abuse. Indeed, a key component of participants’ experiences was the assortment of ways (e.g., inciting, yelling, threatening) that emotional abuse was delivered.

In some instances, IPV was limited to verbal abuse; however, most participants also experienced physical and/or sexual abuse. A 48-year-old man explained how IPV escalated in his relationship, ‘verbally first and after that it became physically abusive and after that there was no

more respect and then the police became involved'. A 53-year-old man recalled receiving medical attention following his partner's unprovoked physical attacks:

Physical abuse is like, like being pushed around, shoved down ... it's like getting smashed across the face and what have you. I've experienced a lot and I had to go to [hospital] emergency after these physical attacks.

Participants also experienced sexual abuse, and a 46-year-old man described how his partner, 'liked to be rough, you know, a little rough sex, and I wasn't into that. There were points I was scared...I was scared to sleep. I was always keeping myself awake'. Amid recognising varying levels and configurations of emotional, physical and sexual abuse as IPV, participants responded by *normalising and/or concealing violence* and/or strategizing plans for *realising a way out* and *nurturing recovery*.

Normalising and/or concealing violence

Participants described how violence could be normalised and/or concealed and explained away as a tolerable characteristic of their relationship. At one extreme, some participants had long histories of family violence and, for this sub-group, IPV was reconciled as part of their lives. A 49-year-old man expressed his lack of concern about physical IPV, suggesting it posed relatively little threat, compared to the violence he had been exposed to in other environments:

As far as getting hit or physically abused, in my case I would just be trying to like, you know, not to make light of it but, you know, man up, it's not that big of a deal, you know, I was in maximum security prison, I mean guys got hurt really bad there...If a person does something to you and you let it linger and affect you emotionally, it's almost like they're constantly still winning...it's like them having an edge over you that they shouldn't have.

This participant said that men routinely use force with one another, when explaining that physical fights were part of his relationship. He described how these fights were not one-sided, nor were they assertions of power, ‘it’s not like one person is all dominant and domineering...I mean I have my explosive moments too’. In a similar vein, a 51-year-old man provided an example detailing his partner’s ‘mental gymnastics’ for withholding information about their forthcoming vacation, a situation that led the participant to retaliate by hitting and spitting in his partner’s face. This man justified his actions explaining he was provoked and enraged at the time, before emphasising his loyalty and commitment to the relationship, ‘so to me, he’s the biggest bully I have met, but he’s also my partner’. This excerpt exemplifies the complexities that Hearn (2012) highlighted in unravelling the knots between intimacy and violence.

There were assertions that violence was also common in gay relationships. A 57-year-old man described how, within the gay club scene, ‘people are looking around and there’s a lot of jealousy’ in suggesting that, ‘the violence starts in the bar, you meet them in the bar and you take it home but the bar is still at home’. This participant went on to explain widespread reticence among his gay friends to leave their similarly troubled relationships:

People told me to get out of it, and you know, “do this”, “why are you there?”, “why are you staying?”, but again, you know, I look at them and they’re staying in their relationships too, battering up.

In these examples, participants normalised violence within specific gay cultures in reconciling abusive interactions as a feature of *their* couple dynamics, rather than suggesting that IPV should be the impetus for ending relationships. In terms of gender relations, although we relied on one partner’s perspective, most of the participant accounts suggested jointly constructed norms around the use of bidirectional violence. In this regard, couples who

normalised violence within their relationship might be understood as complicit in sustaining masculine ideals that accept and sometimes celebrate aggression and competitiveness as manly virtues. Bidirectional IPV might also be argued as actions to assert oneself within competing masculinities. Explaining violence as ‘just part of being a couple’ and the ups and downs of relationships has similarities to Ferraro’s (2013) work in women’s IPV. The contrast to this research with women is, however, even more striking. For participants, the violence was often normalised as being endemic to manhood and intimate gay relationships, thus legitimising both partners’ violent behaviours and blurring the boundaries between victim and aggressor.

Men also denied and/or concealed evidence of IPV. A 39-year-old man explained how he would offer detailed yet false explanations to others to account for the injuries he sustained as a result of IPV:

Violence took the form of physical, mental, and emotional, but mostly physical... he would bruise my legs, he would like to kick me and then I would get bruised, then it would be hard for me to walk. And then, of course, I would have to lie to my boss and to my roommates.

In this excerpt, and within many participant interviews, men aligned with masculine ideals characterised by the strength and power to stoically absorb emotional and/or physical hardship (Connell 1995). Consistent with Letellier’s (1994) findings, participants also struggled to understand their experiences as IPV. This too gave rise to men drawing on masculine discourses around the resilience to ‘man up’. As illustrated by a 48-year-old man, physical altercations could be [re]framed to avoid directly referencing some events as IPV:

R: And, did it, was it physical? Were either of you ever hurt?

P: Oh well, it was physical but not really deeply hurt. It's just only umm a little, physical, but not extremely but very physical yes, and verbally

R: So, ok so, when you say physical, what do you mean by physical?

P: Like punching in the face, thrown out of the apartment, and all that.

Furthermore, participants' shame and fear of being seen as weak prohibited them from seeking help. A 49-year-old participant explained why men do not seek help for IPV:

If a guy's like in a more abusive relationship, you know, he's not gonna like be talking about it much. It's gonna be more like kept inside, so, his resilience is gonna be something that he kinda has to develop himself and deal with, you know, because it might be embarrassing to be talking about it.

Within the context of having transgressed idealised heterosexual masculinities by virtue of their homosexual identities, being oppressed by a male partner afforded additional and perhaps unexpected sources of marginality. Self-blame could manifest in these circumstances, fuelled by structural influences that affirmed stoicism about being gay and in an abusive relationship as the least risky option.

Negative interactions with support services also influenced gay men's silences in relation to IPV, and participants confirmed that soliciting help can muster additional vulnerabilities relating to being gay and a victim of IPV. A 46-year-old man recalled the ridicule that accompanied being arrested following a fight with his partner:

A lot of these cops don't like gays...I remember when I went to jail for this, and I didn't do anything, and the lady cop said to me, 'I'm sorry, yeah, I have to do this', and she says, 'you don't belong here' and I heard the three or four other policemen say, they were like, 'gay, the faggot got beaten up by his boyfriend'. That hurt and

she heard it too. She's just, 'don't listen to them', you know, and then she put me in a private cell.

Similarly, a 57-year-old man found little solace or sympathy when he was brought into a hospital emergency room following a fight with his partner:

They were calling me a drug addict...they had me handcuffed to the chair...I wouldn't get respect from them...there was no compassion... and the looks I was getting from the nurses...I was really agitated from that.

Participants' potential to self-blame was also evident, a finding that Kay and Jeffries (2010) suggest emerges from pervasive societal homophobia, which leads men to feel alone and isolated. For example, a 41-year-old man acknowledged 'some scars' as a result of IPV in cryptically assuring us, 'that everything happens for a reason'; while a 43-year-old participant was more explicit in suggesting that, in part, he caused his partner to act aggressively toward him:

I don't even know how it developed to that...sometimes I think that I turned him into that, because it was, everything was fine in the beginning (...). You know, I kind of almost let it happen. I was trying to punish myself I guess, I was sad at my dad dying and...I guess I just didn't want to be, I just wanted to be slapped a bit, I guess as they say.

Thus, in addition to aligning with dominant discourses of masculinity that resist help-seeking, contextually, the homophobia and heterosexism that can flow internally and/or from authorities and health care services influenced men to normalise and/or conceal rather than report violence. Our findings also help to contextualise the assertion by Finneran *et al.* (2012) that

heteronormativity can manifest as internalised homophobia to silence reports of IPV in gay men's relationships.

Realising a way out

Realising a way out involved a breaking point or epiphany for participants whereby they came to understand their relationship as toxic and untenable. This process typically included participants questioning the frequency of the IPV, deconstructing the triggers for those events and evaluating the patterns as unchangeable and harmful to their health. Participants also recognised that they were being driven to actions that they may not have previously considered or associated themselves with, and that was an end-point at which they realised that they had to exit the relationship. A 39-year-old man recalled how, despite drawing on manly virtues in standing up for himself, he eventually was no longer willing to fight with his partner:

Whatever he did to me, I wanted to do back, but I knew that it would just bring me down to his level. So, you know, basically, I didn't feel very good that I let that happen to me... but I just got tired of being hit so I just started hitting myself, I started hitting back so, and then it just kept getting worse.

This participant wanted to end his retaliation and being a perpetrator himself but recognised that he could only achieve that by leaving the relationship. Choosing not to fight back was laid out as a rational decision by participants, rather than a cowardly choice; in large part because IPV was understood as cyclic and the relationship unsalvageable. In this regard, the power and control exerted over victims could only be accosted by leaving. There was also resistance to being marginalised and/or recognition that it was futile to stay and try to address or contest that dynamic with their partner.

While participants detailed alcohol and illicit drug use as cultural norms within specific gay communities, in the context of *realising a way out*, these practices were questioned. Participants explained that co-using alcohol and drugs with partners while enhancing their connectedness could also trigger IPV. A 57-year-old described how alcohol fuelled the IPV for which he sought refuge:

I started drinking a lot and that was one of the problems... and the only thing that was going in our relationship, was the sex, that was it. And then after that the battles came back on, umm, the fighting and then alcohol, he drank, he'd get violent... alcohol seems to be one of the biggest problems in our relationship.

Connections between alcohol overuse and IPV were recursive in that they could also be used to blunt experiences and comorbidities associated with IPV. A 41-year-old man explained, 'I really think I've been using alcohol and drugs to escape the, those bad relationships that I was involved in'. While providing some short-term relief from IPV, alcohol was an ineffectual strategy, as a 53-year-old man asserted, 'It [alcohol] doesn't help, and when I do that, it just brings me down more'. Courtenay (2011) has highlighted that while many men do not perceive excessive drinking as a high-risk activity, alcohol-related violence, rape and death impact and implicate many men. Our study findings qualify such commentaries by detailing how repeated exposures to IPV led participants to reduce or abstain from alcohol and illicit drug use as a means to fully understand triggers and patterns of IPV, as well as avoid the most severe episodes.

Key to *realising a way out* however, was acting on one's introspection, and strategizing efforts for self-preservation. A 57-year-old man detailed his need to be self-reliant, decisive and strong in leaving his partner:

I had no choice, so I fought for myself and I got what I needed...I couldn't go on anymore...I figured I better get something done. Don't lay down, crawl under a rock... you gotta get out there and do it for yourself or nothing gets done.

Drawing on masculine ideals of strength and independence, participants asserted their lead in leaving and ending the relationship. Described also was how caring for others within the relationship at the expense of oneself had to stop, as a 39-year-old man detailed:

It was difficult because our relationship is all I had...I would think...for a long time...why did it have to happen to me...it just made me work even harder on myself to get over what happened. So, I put myself first instead of everyone else.

There was steadfast commitment to ending the relationship, though many men detailed how it took at least a couple of attempts to leave their partner and the IPV. Both in his self-talk and in offering advice to others, a 57-year-old man was adamant that one should never return to a violent partner:

The next morning, they suddenly feel sorry...that's another thing I told my friends, just don't go back... you might forgive, but don't forgive and forget because it's just gonna come back once again the next day.

Responding to interview questions about how women and men victims of IPV compare, participants drew on humanitarian ideals to suggest that no one should be victim to IPV. This positioning avoided what Broom (2009) labels a competing victim discourse; yet there were also assertions that the lack of men-centred services imposed additional challenges for *realising a way out*, as a 57-year-old man suggested:

With women...they're taken care of more, they are seen as more vulnerable and in need of more help...but we do too. For men it's just the same... we're all human... we all have feelings... we get beat, they get beat.

Nurturing recovery

Nurturing recovery characterised strategies that men used to heal from IPV after they had left an abusive relationship. Central to men's recovery was letting go of the anger and resentment they harboured for what had occurred within the relationship. As a 39-year-old man concluded, accepting that what had happened could not be changed was critical because, 'if you can't accept, then you can't move on'. These philosophical standpoints broke with masculine aggression and retribution-based actions typically threatened and/or mobilised by men who are wronged by another. Even a 37-year-old man who had endured physical assaults amid unwittingly contracting HIV from his partner, was reticent to take legal action because, 'it's been a heavy burden to carry, and I think it would be stressful'. In further discussing his situation, the participant indicated that conserving and proactively directing his energy to move past his anger would benefit him most:

It's a choice right? Like you can be a victim and you can continue in the victim role, or you can move on and...overcome it, by talking about it, and there's so many different ways to do that.

In terms of strategies, participants reported comfort in talking with friends and/or health care providers about what they had experienced and how they felt in the aftermath of leaving their relationship and the IPV. A 39-year-old man remarked that talking with friends about his problems, 'let the bitterness inside me out, and that helps a lot'. A 48-year-old participant

recognised the benefits of following a health care provider's guidance to effectively self-manage the depression that had emerged from his abusive relationship. He also explained that since leaving the relationship, 'I started feeling much better, more positive, more comfortable, because I was doing something for myself'. Some men became involved in more solitary pursuits and artistic endeavours to limit their rumination. A 41-year-old man highlighted the therapeutic benefits of meditation in 'letting go of everything that is not positive... instead of just focusing on what is, not what is not...when it comes up, I let it go'. A 46-year-old man described boosting his self-esteem by rekindling his former interest in photography:

That's what it's done. It's transformed me back into my art. You know, and I've got photographs down by [Arts College], I've taken it on a bunch of shows, and I'm pretty proud of that. And, it's, it's a good feeling that people like your art, you know.

Within our study, participants embraced a wide range of strategies, perhaps in part because they were less restricted by, or responsive to heterosexual masculine norms that might dismiss such introspection or activities as unmanly. Through these strategies, participants regained their sense of self, and bolstered their self-esteem and well-being, often referring to a 'changed' or 'new' self.

The subject of future intimate relationships was also discussed and, while hopeful, most participants were cautious. A 49-year-old man's propitious self-discovery garnered strong beliefs that his next partner and relationship would be free of the IPV he had left behind:

I'm looking forward to a relationship again. I'm excited to see who I have become...

This next wonderful human being is going to be the right human being. He's going to be the right man...a man of integrity...a man of values and love, and friendship, and

passion, and these are all things that I think I'm also becoming... That's the exciting part. I am just discovering a whole new self!

The need for self-protection and safety however, also gave rise to men proceeding with caution. A 37-year-old man listed the questions he routinely asked himself to gauge whether or not to be with a potential partner:

Does this feel safe? Am I having a good time? Am I enjoying myself? Is this fun?

Am I getting something out of this? What is my energy level like? Do I feel drained as opposed to feeling exhilarated, or comfortable, or happy, or sad?

Some men offered advice to others – taking on mentoring roles and providing counsel to those experiencing or at risk of IPV. A 57-year-old man explained that he was 'able to help [his] friends that are in the same situation', while a 37-year-old man shared the specificities of his advice to others, 'I tell them to ask questions, ask a lot of questions... and to not take things at face value per se, and sort of scratch the surface of things to see if things are really as accurate as they seem'.

Overall, the men's strategies for a full and sustained recovery from IPV were provisional, contingent on their ability to self-soothe, learn from their experiences and anticipate and avoid risky situations. For a few participants, there was also a strong desire to share these life lessons with other gay men as a means to protecting individuals and promoting awareness of the need to act against IPV within the broader gay community.

Discussion and Conclusion

The findings from this study are important because, by drawing out some of the connections between gender (masculinities) and IPV among gay men, they shed light on an

understudied aspect of gay men's health. The research reported here elaborates understandings of how gay men do not just normalise violence as being typical of couples' close and turbulent relationships, but also normalise physical and mental injuries as part of being a man – men's physical strength and power, and manliness – taking it like a man. As a consequence, the men in this study frequently normalised and/or concealed IPV as part of male/manly sexual relationships and covered up the experience of violence through masculine stoicism. Furthermore, in common with Stanley et al.'s (2006) qualitative study of gay men's experiences of IPV in Canada, the men in our study described situations of unilateral and bidirectional IPV within their relationships. Discourses of embodied masculine aggression were drawn upon by the men to rationalise IPV and especially the bidirectional nature of the violence. Drawing on Connell's (2005) concept of hegemonic masculinity this may be explained as a way for gay men (both IPV perpetrators and victims retaliating) to ratify or attempt to validate their purchase on hegemonic masculinity (Cruz 2000). That said, the recovery processes described in our study relied on men recognising the limits of mutual aggression. Ending the violence, rather than managing the violence, required the men to actively withdraw from the relationship and purposefully avoid violent encounters more generally.

Our findings also resonate with those of Jeffries and Ball (2008), who suggested that while many gay men's individual and micro-social IPV factors are similar to heterosexual IPV (e.g., family violence experiences, power dynamics), macro-social dynamics including homophobia and a lack of gay men-centred IPV services (St. Pierre and Senn 2010) add to the complexities and challenges in assisting gay men who experience IPV. For instance, among the barriers to gay men accessing services to overcome IPV identified in this study was a perception by participants that IPV services were designed for women. Thus, in common with Cruz (2003), our study

shows that feelings of isolation among men experiencing IPV may be exacerbated by the lack of structural support available to gay men. In addition, by focusing on gender, our study provides evidence of gay men's resistance to engaging with IPV victim-support services because of their alignments to hegemonic heterosexual discourses of male strength and stoicism, as described above. Similarly, the discourse of normalised embodied masculine aggression used to rationalise the mutual aggression blurred the boundary between victim and perpetrator, obviating the men's alignment with IPV victim-support services. The presence of these discourses suggests the need to develop gender-sensitive services for gay men that move beyond the gendered heterosexual binary division of victim and aggressor and to identify with gay men's constructions of themselves and their relationships.

The findings of this study also contribute to broader research on masculinities and men's health work by responding to recent critiques of the concept of hegemonic masculinity in studies of men (Connell and Messerschmidt 2005, Messerschmidt 2012). Specifically, those arguing for gender relation analyses to unravel hegemonic masculinities suggest relationships between hierarchies of power over women and hierarchies of power between men need to be more fully theorised. The power of marginalised masculinities, for example, can contest or stabilise hegemonic masculinities and the processes through which this might be achieved require further attention (Coleman and Lohan 2009). Indeed, the relational aspects and performativity of masculinities confirm that men can inhabit numerous communities of practice (Creighton and Oliffe 2010), some of which may subordinate, marginalise and reflect practices synonymous with hegemonic masculinities (Coles 2009).

The embodied nature of the power relationships implicit in IPV makes our case study especially interesting in terms of understanding what Edley and Wetherell (1997) termed

‘jockeying for position’ within masculine hierarchies, whereby men compete for power and the patriarchal dividends that it can afford. In concrete terms, the case of IPV demonstrates a hierarchy of physical and cultural power of some men over other men within the marginalised sub-group of gay men. Yet, there was ambivalence among the men in this study to acknowledge themselves within a subordinate position. The men in this study vacillated between hegemonic heterosexual discourses of masculine strength and stoicism as a coping strategy to live within violent relationships, and discourses of marginalised masculinities that acknowledged their embarrassment and shame of being victims of disapprobation and violence and their need to regain the mental strength to recover. In this regard, the findings support Numer’s (2008) assertion that gay men inhabit a range of hierarchical gendered positions through specific practices, some of which might be understood as hegemonic.

The empirical weight afforded by the current study findings also goes some way toward disrupting the categories by which marginalised, subordinate, protest, complicit and hegemonic masculinities have been defined. Applying Messerschmidt’s (2012) framework, we might best understand gay male perpetrators of IPV as dominant and dominating but non-hegemonic, batterer’s who embody locations devoid of legitimate patriarchal power. As Hearn (2012) asserts, batterers rarely boast of their violence nor are they cultural heroes. That said, while not always acceptable, violence is routinely accepted as a way of being a man (Hearn 2012) and as a perpetrator of gay men’s IPV, *the man*. In line with this, though often lacking clear distinction between perpetrator and victim, complicity in condoning and normalising violence reproduces elements of patriarchal relations. For those able to move away and strategize recovery from IPV, however, power and control can be claimed by avoiding relations that impose such oppression. While this analysis accounts for locally produced masculinities, dominant discourses of

masculinity were also at play at regional and global levels. For example, positioning IPV as a heterosexual issue most often impacting women has the potential to ‘other’ gay male victims on two counts – gender and sexual identity. Heteronormativity and homophobia also prevail at regional and global levels to govern the actions (and non-actions) of gay men (Jefferies and Ball 2008, Richards et al., 2003).

Although a formal comparison with women’s IPV data was not possible, the findings we report draw attention to a continuum of some experiences among gay men and women experiencing IPV. Highlighted was the potential for serious long-term psychological and emotional detriments on IPV victims including lowered self-esteem and negative self-perception, and in this respect point to parallels in the literature on IPV experienced by women (Dutton et al. 2006; Eckstein 2011, Rolling and Brosi 2010, Woods et al. 2008). In common with research on women (Anderson 2010), we also found that many gay men normalise their male partner’s violence and that leaving an abusive relationship was reliant on de-normalising abuse, letting go of an abusive partner, and moving on from the harmful relationship. The men drew on discourses and ideals of renewed self-reliance and strength to break with IPV. Conspicuous by its absence, however, among the gay men was a discourse of ‘leaving him for the sake of the children’, frequently reported in studies of women and IPV (Meyer 2011, Zink et al. 2003). In addition, our findings suggest gay cultures that normalise substance overuse can overshadow the connectedness (both as a trigger and remedy) of such practices to IPV.

While acknowledging that descriptive research, such as the current study, is limited in what can be reasonably said about the specificities of gender-sensitive and specific interventions, there is some advantage in highlighting a few potential ways to intervene to support gay male victims of IPV. For example, in line with Bullock and Beckson (2011) and Wall’s (2011) assertions,

there is a need to raise public awareness that male victims legitimately exist, not as competing victims with women, but as a humanitarian issue that requires targeted gay men-centred services. Building in men's voices to end IPV can inform gender-inclusive approaches (Annandale and Riska 2009) that may benefit both men and women (Flood 2011). More specifically, strength based approaches have been touted as key to engaging men with their health (Oliffe, Bottorff and Sarbit 2012) and the findings detailed in the current study remind us that coaching men (gay and straight identifying) about mustering the strength to leave relationships imbued with IPV may be a strategic communication strategy for helping men out of IPV. Within the context of the health services, there may also be efficiencies through training that coaches clinicians to ask questions about patient safety within their relationship[s] when consulting on issues of mental and physical as well as sexual health, as previously suggested by McKenry et al. (2006) and Ford et al. (2012). Finally, this study also suggests the willingness and potential benefits of some IPV male survivors to become involved as therapeutic agents in support of other gay men.

References

- American Psychological Association. (2011) The road to resilience.
<http://www.apa.org/helpcenter/road-resilience.aspx>
- Anderson, K.M. (2010) Enhancing Resilience in Survivors of Family Violence. New York: Springer Publishing Company.
- Annandale, E. and Riska, E. (2009) New Connections: Towards a gender-inclusive approach to women and men's health, *Current Sociology*, 57, 123–33.
- Ball, M.J. and Hayes, S.L. (2010) Same-sex intimate partner violence: exploring the parameters. In Scherer B. (ed) *Queering Paradigms*. Bern, Switzerland: Peter Lang AG.
- Bartholomew, K., Regan, V.K., Oram, D. and White, A.M. (2008a) Correlates of partner abuse in male same-sex relationships, *Violence and Victims*, 23, 3, 344–60.
- Bartholomew, K. Regan, K.V., White, M.A. and Oram, D. (2008b) Patterns of abuse in male same-sex relationships, *Violence and Victims*, 23, 5, 617–36.
- Broom, D.H. (2009) Men's health and women's health – deadly enemies or strategic allies, *Critical Public Health*, 19, 3–4, 269–78.
- Bullock, M. and Beckson, M. (2011) Male victims of sexual assault: phenomenology, psychology, physiology, *Journal of American Academy of Psychiatry and the Law*, 39, 2, 197–205.
- Coleman, C. and Lohan, M. (2009) Men who have sex with men and partner notification in Ireland, *Current Sociology*, 57, 211–30.

- Coles, T. (2009) Negotiating the field of masculinity: the production and reproduction of multiple dominant masculinities, *Men and Masculinities*, 12, 1, 30–44.
- Connell, R.W. (1995) *Masculinities*. Berkeley: University of California Press.
- Connell, R. and Messerschmidt, J. (2005) Hegemonic masculinity: rethinking the concept, *Gender and Society*, 19, 829–59.
- Courtenay, W. (2011) *Dying To Be Men: Psychosocial, Environmental, and Biobehavioral Direction in Promoting the Health of Men and Boys*. New York: Routledge.
- Creighton, G. and Oliffe, J.L. (2010) Theorising masculinities and men’s health: a brief history with a view to practice, *Health Sociology Review*, 19, 409–18.
- Cruz, M.J. (2000) Gay male domestic violence and the pursuit of masculinity. In Nardi P. (ed) *Gay Masculinities: Research on Men and Masculinities*. Thousand Oaks, CA: Sage.
- Cruz, M.J. (2003) ‘Why Doesn’t He Just Leave?’ Gay male domestic violence and the reasons victims stay, *Journal of Men’s Studies*, 11, 3, 309–23.
- Donovan, C., Hester, M., Holmes, J. and McCarry, M. (2006) *Comparing Domestic Abuse in Same Sex and Heterosexual Relationships*. Bristol: University of Bristol.
- Dutton, M.A., Green, B.L., Kaltman, S.I., Roesch, D.M., Zeffiro, T.A. and Krause, E.D. (2006) Intimate partner violence, PTSD, and adverse health outcomes, *Journal of Interpersonal Violence*, 21, 7, 955–68.
- Eckstein, J.J. (2011) Reasons for staying in intimately violent relationships: comparisons of men and women and messages communicated to self and others, *Journal of Family Violence*, 26, 1, 21–30.

- Edley, N. and Wetherell, M. (1997) Jockeying for position: the construction of masculine identities, *Discourse and Society*, 8, 2, 203–17.
- Ferraro, K.J. (2006) *Neither Angels nor Demons: Women, Crime and Victimization*. Lebanon NH: Northeastern University Press.
- Ferraro, K.J. (2013) Gender matters in intimate partner violence. In Russell, B.L. (ed) *Perceptions of Female Offenders: How Stereotypes and Social Norms Affect Criminal Justice Responses*. New York NY: Springer. pp. 133–50.
- Finneran, C., Chard, A., Sineath, C., Sullivan, P. and Stephenson, R. (2012) Intimate partner violence and social pressure among gay men in six countries, *Western Journal of Emergency Medicine*, 13, 3, 260–71.
- Flood, M. (2011) Building men's commitment to ending sexual violence against women, *Feminism and Psychology*, 21, 262–67.
- Ford, C.L., Slavin, T., Hilton, K.L., and Holt, S.L. (2012) Intimate partner violence prevention services and resources in Los Angeles: Issues, needs and challenges for assisting lesbian, gay, bisexual and transgender clients, *Health Promotion Practice*, doi:10.1177/1524839912467645
- Freedberg, P. (2006) Health care barriers and same-sex intimate partner violence: a review of the literature, *Journal of Forensic Nursing*, 2, 1, 15–41.
- Griffith, D. M. (2012). An intersectional approach to men's health. *Journal of Men's Health*, 9(2), 106–112.
- Hearn, J. (2012) The sociological significance of domestic violence: tensions, paradoxes and implications, *Current Sociology*, doi: 10.1177/0011392112456503

- Helfrich, C.A. and Simpson, E.K. (2006) Improving services for lesbian clients: what do domestic violence agencies need to do? *Health Care for Women International*, 27, 4, 344–61.
- Jeffries, S. and Ball, M. (2008) Male same-sex intimate partner violence: a descriptive review and call for further research, *eLaw Journal*, 5, 1, 134–79.
- Kay, M. and Jeffries, S. (2010) Homophobia, heteronormativism and hegemonic masculinity: male same-sex intimate violence from the perspective of Brisbane service providers, *Psychiatry, Psychology and Law*, 17, 3, 412–23.
- Letellier, P. (1994) Gay and bisexual violence victimization: Challenges to feminist theory and responses to violence, *Violence and Victims*, 9, 95–106.
- McCarry, M. (2007) Masculinity studies and male violence: critique or collusion? *Women's Studies International Forum*, 30, 404–15.
- McClennen, J.C., Summers, B. and Vaughan, C. (2002) Gay men's domestic violence: Dynamics, help-seeking behaviours and correlates, *Journal of Gay and Lesbian Social Services*, 14, 1, 23–49.
- McHugh, M.C., Livingston, N.A. and Ford, A. (2005) A postmodern approach to women's use of violence: Developing multiple and complex conceptualizations, *Psychology of Women Quarterly*, 29, 323–36.
- McKenry, P.C., Serovich, J.M., Mason, T.L. and Mosack, K. (2006) Perpetration of gay and lesbian partner violence: a disempowerment perspective, *Journal of Family Violence*, 21, 233–43.

- Merrill, G.S. and Wolfe, V.A. (2000) Battered gay men: an exploration of abuse, help seeking, and why they stay, *Journal of Homosexuality*, 39, 2, 1–30.
- Messerschmidt, J.W. (2012) Engendering gendered knowledge: Assessing the academic appropriation of hegemonic masculinity, *Men and Masculinities*, 15, 1, 56–76.
- Meyer, S. (2011) ‘Acting in the children’s best interest?’: Examining victims’ responses to intimate partner violence, *Journal of Child and Family Studies*, 20, 4, 436–43.
- Moore, T.M. and Stuart, G.L. (2005) A review of the literature on masculinity and partner violence, *Psychology of Men and Masculinity*, 1, 46–61.
- National Coalition of Anti-Violence Programs [NCAVP] (2010) A Report From the National Coalition of Anti-Violence Programs. New York: NCAVP, <http://www.ncavp.org>
- Numer, M. (2008) The sexual health of gay men: exploring the intersections of identities, masculinities, and health promotion, *The International Journal of Diversity in Organisations, Communities, and Nations*, 8, 3, 249–54.
- Oliffe, J.L., Bottorff, J.L., & Sarbit, G. (2012). Fathers’ Efforts to be Smoke-Free: Program Principles. *Canadian Journal of Nursing Research*, 44(3), 64-82.
- Randle, A.A. and Graham, C.A. (2011) A review of the evidence on the effects of intimate partner violence on men, *Psychology of Men and Masculinity*, 12, 2, 97–111.
- Richards, A., Noret, N. and Rivers, I (2003). Violence and Abuse in Same-Sex Relationships: A Review of the Literature, *Social Inclusion and Diversity Paper Research into Practice*. York: School of Sports Science and Psychology.

- Rolling, E.S. and Brosi, M.W. (2010) A multi-leveled and intergrated approach to assessment and intervention of intimate partner violence, *Journal of Family Violence*, 25, 3, 229–36.
- Saltzman, L.E., Fanslow, J.L., McMahon, P.M. and Shelley, G.A. (2002) *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, http://www.cdc.gov/ncipc/pubs/res/ipv_surveillance//Intimate%20Partner%20Violence.pdf
- St. Pierre, M. and Senn, C.Y. (2010) External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: an application of the barriers model, *Violence and Victims*, 25, 4, 536–52.
- Stanley, J.L., Bartholomew, K., Taylor, T., Oram, D. and Landolt, M. (2006) Intimate violence in male same-sex relationships, *Journal of Family Violence*, 21, 1, 31–41.
- Statistics Canada (2005) *Family Violence in Canada: a Statistical Profile 2005*. Catalogue no. 85-224-XIE <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2005000-eng.pdf>
- Strauss, A. and Corbin, J. (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd edition). Thousand Oaks, CA: Sage.
- Toro-Alfonso, J. and Rodriguez-Madera, S. (2004) Domestic violence in Puerto Rican gay male couples, *Journal of Interpersonal Violence*, 19, 639–54.
- Wall, B.W. (2011) Commentary: causes and consequences of male adult sexual assault, *Journal of the American Academy of Psychiatry and the Law*, 39, 2, 206–8.

Woods, S.J., Hall, R.J., Campbell, J.C. and Angott, D.M. (2008) Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence, *Journal of Midwifery and Women's Health*, 53, 6, 538–46.

Zink, T., Elder, N. and Jacobson, J. (2003) How children affect the mother/victim's process in intimate partner violence, *Archives of Pediatrics and Adolescent Medicine*, 257, 6, 587–92.