
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 show how recognising IPV was based on an array of participant experiences, including the emotional, physical and sexual abuse inflicted by their partner, which in turn led to three processes. Normalising and concealing violence referred to the participants' complicity in accepting violence as part of their relationship and their reluctance to disclose that they were victims of IPV. Realising a way out included the participants' understandings that the triggers for, and patterns of, IPV would best be quelled by leaving the relationship. Nurturing recovery detailed the strategies employed by participants to mend and sustain their wellbeing 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 the divide between male and female as well as between homosexual and heterosexual.

Keywords: intimate partner violence, gay men, masculinities, gender analysis

Introduction

Intimate partner violence (IPV) is predominately understood as a women's health issue emerging within heterosexual relationships. Yet IPV can impact on people regardless of their gender and sexual orientation (Freedberg 2006). For example, in 2005, 7 per cent of Canadian women reported being exposed to either physical or sexual abuse by their current or previous intimate partners, while similar rates of 6 per cent were reported among Canadian men (Statistics Canada 2005). Though disaggregated Canadian data are not available, it is also proposed 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 US-based report, gay men in the lesbian, bisexual, gay and transgender (LGBT) subgroup are most often impacted on by IPV (accounting for 31.5 per cent 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 (for example, counselling or 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 efforts in seeking help (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 occurs among gay men. Using a gender analysis, the current study describes connections between masculinities and IPV among gay men as a means to better understand their experiences and to inform gender-sensitive interventions for this under-served population.

Gender and IPV

In some feminist perspectives informing gender and IPV research, IPV is principally seen as an outcome of patriarchy and the 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 *et al.* 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 that sexuality mediates gendered experiences of violence.

Although to date there have been few empirical studies on which to base an understanding, 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 *et al.* (2003) suggest 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 *et al.* 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 in reporting IPV has been linked to factors such as that gay men do not their experience as IPV, the dual stigma about being gay and in a violent relationship, and challenges to them in accessing support services 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 making this link 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 White, Western, middle-class heterosexual men. According to Connell (1995), homosexual masculinities are oppressed and 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 subgroups operate. By definition, subordinate forms of masculinity represent practices associated with weakness, domesticity and a lack of authority.

However, more recently discussions about the plurality of hegemonic masculinities have emerged, showing that specific context-dependent circumstances and interactions can afford power to men within and across diverse subgroups (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 the existence of a hierarchy within a hierarchy based on gay men's ability to measure up in relation to other homosexual men, including measuring up as sexual objects. In the context of gay men's IPV, motivations for men using violence in the first instance requires a close examination of the relations within and between men, because that is where many tensions and struggles over masculinities occur (Coles 2009, McCarry 2007).

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

A total of 14 gay men ranging in age from 37 to 64 years ($M = 48.5$ years) who had experienced IPV within a same-sex relationship participated in the study. The participants self-identified as homosexual ($n = 9$), bisexual ($n = 4$), and other ($n = 1$), and four men disclosed that they were HIV-positive. The 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 fliers describing the study and inviting potential participants to contact the male interviewer were posted to Craigslist and distributed at locations where gay men were known to access support (that is, community-based support

and professional health care services specialising in gay men's health). Potential participants contacted the interviewer (Terry Howard) by telephone, a gay male with a graduate degree in population and public health and extensive community-based research experience working with groups of vulnerable men. The potential participants were screened by asking them if they identified as gay and had experienced violence within an intimate same-sex 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 the potential risks associated with participating in the study and were told that they could withdraw at any time and that 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 was concluded; however, he refused that help, amid providing assurances that he 'felt better after getting it all out' and knowing that the information might help others in similar circumstances. Some interview questions focused on the men's resilience – defined as their inner ability and processes for effectively adapting in the face of adversity, trauma, tragedy and threats (American Psychological Association [APA] 2011) – as a means to understanding how men coped 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 they had 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 to 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 the 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 8. 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, John Oliffe, Christina Han and Estephanie Sta. Maria 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 that IPV, which

described the overarching experiences of IPV, was evident in all the men's narratives. In responding to recognising IPV, participants detailed three processes to map their actions, normalising 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 presented as chronological steps or mutually exclusive pathways but rather illustrate some of the contextual complexities that arose from the participants' experiences of IPV.

Recognising IPV

The core category recognising IPV was characterised by a range of incidents that participants explained as predictable patterns of abuse which emerged and often intensified across time. As Saltzman *et al.* (2002) previously showed, the participants' accounts revealed that IPV was inclusive of threatened and actual physical violence as well as emotional and sexual abuse. Being overpowered, controlled or ridiculed were central to much of the IPV that the men described, as the participants chronicled the ways in which 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 ditzzy 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.

In this and other men's interviews, references were made to how goading and disrespect fuelled their resentment, establishing the 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 to 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 (for example, inciting, yelling and threatening) in which emotional abuse was delivered.

In some instances, the IPV was limited to verbal abuse; however, most participants also experienced physical or sexual abuse. A 48-year-old man explained that 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.

The participants also experienced sexual abuse, and a 46-year-old man described how his partner:

[L]iked 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 or concealing violence and strategising plans for realising a way out and nurturing recovery.

Normalising or concealing violence

The participants described how violence could be normalised or concealed and explained away as a tolerable characteristic of their relationship. At one extreme, some participants had long histories of family violence and, this subgroup were reconciled to IPV being part of their lives. A 49-year-old man expressed his lack of concern about physical IPV, suggesting it posed relatively little threat compared with 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 explained that 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 by explaining that 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, in the gay club scene, where:

[P]eople are looking around and there's a lot of jealousy ... 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 the widespread reluctance 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 in specific gay cultures in reconciling abusive interactions as a feature of their own couple dynamics, rather than suggesting that IPV

should be the impetus for ending a relationship. 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 the violence in their relationship might be understood as complicit in sustaining masculine ideals that accept and sometimes celebrate aggression and competitiveness as manly virtues. It might also be argued that bidirectional IPV consists of actions to assert oneself in the context of competing masculinities. The explanation that violence as 'just part of being a couple' and the ups and downs of relationships is similar to Ferraro's (2013) findings in women's IPV. The contrast to this research with women is, however, even more striking. For the participants, the violence was often normalised as being endemic to manhood and intimate gay relationships, thus legitimising both partners' violent behaviour and blurring the boundaries between victim and aggressor.

The men also denied or concealed the 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 physical hardship (Connell 1995). Consistent with Letellier's (1994) findings, the participants also struggled to understand their experiences as IPV. This, too, gave rise to men drawing on masculine discourses around their 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:

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

Participant: 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

Researcher: So, OK so, when you say physical, what do you mean by physical?

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

Furthermore, the 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 itself in these circumstances, fuelled by structural influences that affirmed that being gay and in an abusive relationship required stoicism as the least risky option.

Negative interactions with support services also influenced gay men's silences in relation to IPV, and the 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.

The participants' potential to self-blame was also evident; a finding that Kay and Jeffries (2010) suggest emerges from pervasive societal homophobia, which leads to men feeling alone and isolated. For example, a 41-year-old man acknowledged he had 'some scars' as a result of IPV, cryptically assuring us 'that everything happens for a reason'; while a 43-year-old participant was more explicit, suggesting that, in part, he caused his partner to act aggressively towards 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 or from authorities and healthcare services influenced men to normalise or conceal rather than report the violence they suffered. Our findings also help to contextualise the assertion by Finneran *et al.* (2012) that heteronormativity can manifest itself 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 was 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. The participants also recognised that they were being driven to actions that they may not have previously considered or associated themselves with, and that was the point at which they realised that they had to exit the relationship. A 39-year-old man recalled how, despite drawing on the notion of 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 becoming 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 the participants, rather than a cowardly choice; in large part

because the IPV was understood to be cyclic and the relationship to be unsalvageable. The power and control exerted over the victims by their partners could only be addressed by leaving. There was also resistance to being marginalised and a recognition that it was futile to stay and try to contest that dynamic with their partner.

While participants said that alcohol and illicit drug use were cultural norms in specific gay communities, in the context of realising a way out, these practices were questioned. The 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 the 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 that alcohol 'doesn't help, and when I do that, it just brings me down more'. Courtenay (2011) has noted that while many men do not perceive excessive drinking to be a high-risk activity, many men may suffer from alcohol-related violence, rape and death. Our study found, however, that repeated exposure to IPV led participants to reduce or abstain from alcohol and illicit drug use in order to fully understand the triggers and patterns of IPV, as well as to avoid the most severe episodes of it.

The key to realising a way out, however, was acting on one's concerns and strategising 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, the participants asserted their lead in leaving and ending the relationship. They also described how caring for the other person in the relationship at the expense of oneself had to stop, as a 39-year-old man explained:

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 a victim of 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 the masculine aggression and retribution-based actions typically used, threatened or mobilised by men who are wronged by another. Even a 37-year-old man who had endured physical assaults as well as unwittingly contracting HIV from his partner, was reluctant 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, the participants reported they took comfort in talking to their friends or with healthcare 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 to 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 healthcare 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 the time they spent thinking. A 41-year-old man highlighted the therapeutic benefits of meditation in:

[L]etting 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.

In our study, the 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, the 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 they were hopeful, most participants were cautious. A 49-year-old man's propitious self-discovery garnered in him 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 led the men to proceed 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 in 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 under-studied 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 – and of taking it like a man. As a consequence, the men in this study frequently normalised or concealed IPV as part of male and manly sexual relationships and covered up their 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, drawing on discourses of embodied masculine aggression to rationalise IPV and especially the bidirectional nature of the violence. Connell and Messerschmidt's (2005) concept of hegemonic masculinity may be used to explain this as a way for gay men (both IPV perpetrators and retaliating victims) 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 it, 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 suggest that while many gay men's individual and micro-social IPV factors, such as family violence experiences and power dynamics, are similar to that in heterosexual IPV (for example, family violence experiences and power dynamics), macro-social dynamics, including homophobia and a lack of IPV services offered to gay men (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 the IPV identified in this study was a perception by the participants that IPV services were designed for women. Thus, in common with that of 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 mutual aggression blurred the boundary between victim and perpetrator, making it difficult for the men to align themselves with IPV victim-support services. These discourses suggest there is a 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 the need for gender relation analyses to unravel hegemonic masculinities suggest that 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 offer. In concrete terms, the case of IPV demonstrates a hierarchy of physical and cultural power of some men over other men within the marginalised subgroup of gay men. Yet the men in this study were ambivalent about acknowledging they were in 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 batterers 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 it is not always acceptable, violence is routinely accepted as a way of being a man (Hearn 2012) and as a perpetrator of IPV among gay men, *the man*. In line with this, though there is often no clear distinction between the perpetrator and the victim, complicity in condoning and normalising violence reproduces elements of patriarchal relations. For those able to move away and strategise 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 on 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 (Jeffries 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. The potential for serious the long-term psychological and emotional damage of IPV victims including their lowered self-esteem and negative self-perception, was highlighted, pointing to parallels in the literature on the IPV experienced by women (Dutton *et al.* 2006, Eckstein 2011, Rolling and Brosi 2010, Woods *et al.* 2008). In common with researchers 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 that 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 the assertions of Bullock and Beckson (2011) and Wall (2011), 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 the key to engaging men with their health (Oliffe *et al.* 2012) and the findings detailed in the current study remind us that coaching men (whether 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. In the context of the health services there may also be efficiencies through training that coaches clinicians to ask questions about patient safety within their relationships 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.

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