



# Intimate Partner Violence in Male Same-Sex Couples

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## Abstract

The vast majority of research on intimate partner violence has focused on opposite-sex relationships. There is evidence that suggests that the experience of male same-sex couples is very similar to opposite-sex couple populations. Rates of intimate partner violence occurring in male same-sex relationships occur at levels equal to or greater than rates in heterosexual relationships. The systemic factors encompassing male same-sex intimate partner violence are multifaceted, permeating the individual throughout many levels of his ecological environment. While existing research and evidence-based prevention intervention programs are still limited or in development, efforts to operationalize organizational and governmental policies and practices are underway to accommodate, rather than ignore, the unique needs, issues, and concerns of gay/bisexual male survivors of intimate partner violence.

**Keywords:** Intimate Partner Violence; Male Couples; LGBTQ; Ecological Systemic Factors

## Introduction

Until fairly recently, the vast majority of research on intimate partner violence (IPV) has focused on opposite-sex relationships, i.e. between men and women [1-2]. Since then, IPV research in the LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) communities has begun to recognize the growing seriousness of this problem. It is important to understand the various issues that pertain to these communities, one example being issues that pertain to contributing factors in male same-sex couples. While IPV among male same-sex relationships has been perceived as less of an issue in terms of the severity and types of abuse when compared to opposite-sex couples, there is evidence that suggests that the experience of male couples is very similar to opposite-sex couple populations [2-3]. Indeed, this is in contrast to the historical assumption that same-sex couples inherently operated under a different dynamic compared to opposite-sex couples [4]. Further, mental health concerns are amplified for LGBTQ survivors of IPV as

mental health issues are major concerns for LGBTQ people in general, with individuals experiencing higher rates of traumatic events as well as potentially developing higher rates of symptoms of PTSD, depression, anxiety, suicidality, and isolation [5].

IPV can be defined as a “pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship” [6]. This definition includes current and past intimate partners, recognizing that partners in abusive relationships employ a variety of tactics and strategies to establish and maintain control over their partners, manifesting in various forms, such as: psychological, emotional, economic, physical, verbal, sexual, and cultural abuse, as well as isolation, and intimidation. Rates of IPV occurring in LGBTQ relationships occur at levels equal to or greater than rates in heterosexual relationships [5,7,8]. In regard to male couples, these rates continue to hold with various studies estimating that the prevalence



rate ranges from approximately 30-78% [7-8]. In terms of agencies where gay or bisexual partners in male couples can seek assistance, there appear to be few avenues for support—in one study, 94% of 648 organizations contacted stated that they do not serve LGBTQ survivors of IPV [6]. Of the seemingly few agencies that offer assistance to male survivors, a heteronormative understanding of IPV has further limited the perception of availability. Furthermore, not being able to locate help may have contributed to the fatality of certain male partners involved in IPV as recent data finds that 4 out of 13 LGBTQ IPV-related homicide victims were cisgender males.

### Ecological Systemic Factors of Male Same-Sex IPV

The systemic factors encompassing male same-sex IPV are multifaceted, permeating the individual throughout many levels of his ecological environment. In terms of gender roles and inherent bias, male couples tend to have limited insight and awareness of IPV, perhaps reflecting a defense mechanism to minimize the experience [4]. For example, cognitively distorting the emotional burden of their experience, male couples may assign certain meanings to these experiences, such as, a threat or an insult is perceived as “just a joke” or a fight is characterized as a “boy fight” [4]. Further, these individuals may face systemic barriers to seeking assistance that pertain to sexual orientation, especially when intersecting with gender identity [9]. Some of these barriers for same-sex couples are compounded by various factors, including: being excluded from legal definitions of IPV and therefore potential legal protections (i.e., they may differ from state to state), fear and related danger of “outing” [9] oneself when seeking assistance from agencies, police, friends or family, lack of LGBTQ-friendly staff in terms of knowledge or assistance, risk of homophobia from service providers, and insensitivity of law enforcement or the court system.

In terms of societal constructs [10], masculine gender norms strongly infer that males should not allow themselves to be perceived as vulnerable and consequently should be capable to protect themselves against other men. Males have historically been socialized to find it difficult to view themselves or other males as victims. Further, homonegativity among law enforcement and other social service professionals may indicate that gay men are viewed as having lower moral character compared to their heterosexual counterparts. For example, male-male rape is taken less seriously than male-female rape with legal court judgments reflecting lighter sentencing. In addition, heterosexism may lead individuals, including law enforcement personnel, to believe that same-sex IPV occurs at lower rates than opposite-sex IPV. Further, heterosexism may also pervade individuals’ perceptions by

viewing the victim as the “wife” and the abuser as the more masculine “husband” [10].

The other systemic components that fit under the larger societal umbrella parlay themselves in distinct ways [10]. For example, homonegativity may play a role wherein the victim may have a fear of “outing” themselves to the community (i.e., friends, family, etc.) and to the legal system, potentially feeling shame, a sense of ostracism, and loss of support. However, this may be less of an issue as same-sex intimate relationships have gained greater social acceptance, e.g., via same-sex marriage [11]. Further, there may be confusion when the police attempt to identify the victim, i.e., the abuser may try to convince the police that he is the victim, creating confusion for law enforcement and fear for the actual victim [10,12]. For example, dual arrests of both male partners in IPV-related disputes resulted in arrest 61.9% of the time compared to 2.9% with opposite-sex couples, wherein it is clearer that the male is most likely the abuser and the female is the victim [13]. In terms of victims seeking help from domestic violence and abuse support via shelters, 71% of LGBTQ individuals reported that they were refused access to shelter because of their gender identity [6]. Thus, gay/bisexual male victims do not find shelters to be a particularly helpful resource as most shelters appear to be for female survivors of IPV [6,9,12]. Also, some gay/bisexual men reported that they had insufficient knowledge about how to access shelters. Therefore it appears reasonable that shelters were the least frequently utilized support resource among gay male survivors of IPV, and, among those who did utilize shelters, 100% reported that the shelter was “a little helpful” or “not helpful at all” [9].

While the preceding discussion seems to discuss the negative or harmful attributes of the system surrounding gay/bisexual male partner victims of IPV, there are also positive qualities and aspects within the system [9]. For example, 90% of mental health clinicians have been noted as particularly helpful. This appears to be due to clinicians in general being trained to be sensitized to the multicultural, psychosocial, sociopolitical, and additional legal issues and stressors that complicate IPV in the lives of gay/bisexual men. Also, programs for domestic violence among gay men, HIV-related organizations, and other social service agencies were given high marks for helpfulness [10,14].

In terms of remediating the challenges, recommendations include training staff to be more knowledgeable, aware, and sensitive of LGBT IPV issues [15]. For example, such training should be offered to diverse agencies/organizations, it should be directed toward staff working at all levels – from front desk personnel, service providers, and management, catering to the needs of clients and staff, and incorporating training sessions scheduled at regular intervals. This is

critical as inadequately trained staff would be likely to provide ineffective, inappropriate, or even harmful aid to LGBTQ victims seeking help. Also, staff needs to know basic competency skills regarding sexual orientation while simultaneously not segregating LGBTQ survivors. Further, mental health counselors tend to misdiagnose LGBTQ IPV, which may lead to inappropriately making referrals to couples counseling instead of individual counseling. Resources, funds, and space should be provided to improve and enhance IPV prevention for LGBTQ populations. The availability and ease of access of LGBTQ-specific services and resources (e.g., intake forms, referral guides, and brochures/pamphlets) should be increased. Intakes are a vital part of the process for assessing sexual orientation so that services can be tailored to the individual (e.g., awareness of concerns related to being “outed”). Shelters and safe housing for LGBTQ housing should be established. For example, these facilities need to ensure that they are not housing the abuser at the same time as the victim. Also, partners in male same-sex relationships may not perceive intimate violence as a problem or as detrimental to the relationship, therefore educational materials need to factor in this possibility or it may reduce the likelihood of gay/bisexual men attempting to access available services [16].

Findings suggest that agencies/programs have felt least capable of providing services to gay/bisexual men and need to address this issue via training as discussed above [15]. Thus gender-neutral policies, which indicate equal access, have the unintended consequence of neglecting concerns and issues unique to LGBTQ populations, specifically gay/bisexual men. While referrals to LGBTQ centers, such as the Los Angeles LGBT Center, is a tremendous resource for same-sex IPV victims, agencies/programs need to widen their knowledge base as there may be LGBTQ individuals who prefer seeking help from resources outside the LGBTQ community. Some reasons for this preference may include whether the individual resides in a small community, if they are a part of the same social network as the abuser, or if the individual lacks IPV-related assistance from the LGBTQ community.

## Conclusion

While existing research and evidence-based prevention intervention programs are still limited or in development, efforts to operationalize organizational and governmental policies and practices are underway to accommodate, rather than ignore, the unique needs, issues, and concerns of gay/bisexual male survivors of IPV. Using the lens of the ecological model, IPV is a multifaceted issue that begins with the individual and extends throughout various levels of society via relationships and its associated community. Increasing awareness and knowledge regarding same-sex IPV will help

providers to better recognize abuse, learn why it occurs, how to ask the victims about it, and how to best help these victims when they seek assistance, ultimately providing an improved level of care. Efforts are underway to address and implement prevention interventions for same-sex IPV victims, continued research assessing its success would be useful and beneficial to this vulnerable population.

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