'It's a People Problem': The Invisibility of Male Same-Sex Domestic Violence and Abuse in the UK

by
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Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not been previously been presented for an award at this, or any other, university.

Abstract

'Same-sex abuse also happens, it's not just a heterosexual problem – it's a people problem'
(Survey participant number 21)

It is now widely acknowledged that domestic violence and abuse (DVA) occurs within same-sex relationships, at least at the same rate as heterosexual relationships. Despite this, the scholarship pertaining to male same-sex abuse remains slight in comparison to literature which has examined heterosexual DVA. This research remedies the lack of knowledge by updating the small amount of previous research that has been conducted in the UK. Using an original mixed methods approach, this thesis seeks to examine the nature of male same-sex abuse in the UK, as well as the current service response to these victims. An online survey gathered responses from men who were in, or have previously been in a relationship with another man (n103). In-depth interviews with DVA professionals were also conducted (n11) either in person or via telephone, allowing for a well-rounded analysis of male same-sex DVA.

This thesis situates the experiences of male same-sex DVA within the wider sociocultural positioning of sexual minorities in the UK. Using a combination of queer and feminist perspectives, this thesis examines the impact that the context of sexual identity, heteronormativity, homophobia, and masculinity discourse has on experiences of DVA, and illustrates the invisibility of male same-sex DVA victims. Findings suggest that the nature of male same-sex DVA largely mirrors that of their heterosexual counterparts. Coercive control, physical abuse, and sexual abuse all manifest in similar ways to heterosexual DVA. When differences do arise, they are the result of sexual identity and the specific social milieu in which sexual minorities exist. By considering how male same-sex abuse compares to heterosexual abuse, this research contributes a deeper understanding of all DVA experiences.

Findings also suggest that the current service response in the UK is inadequate in addressing the specific needs of male same-sex victims. A number of structural and individual barriers means the formal services that do exist are scarcely accessed, with informal help sources favoured by male same-sex victims. This research has implications for policy and practice within the UK, which can ameliorate these issues and better support male same-sex DVA victims. This thesis advocates for a person-centred approach to policy and practice, which takes into account the ways in which sexual identity, and other identity factors, impact experiences of abuse.

Dedication

For my Grandad Colin… I finally finished it.

Joseph Colin McMahon
9th January 1933 – 13th August 2020

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This thesis is the culmination of many years work, which would not have been possible without the assistance and support of certain people. I would like to take the time to thank these people.

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Glossary

Chemsex: Chemsex describes intentional sexual activity under the influence of recreational drugs, particularly the use of mephedrone, GHB, GBL, and crystallised methamphetamine.

Cisgender/cis: An individual is cisgender or 'cis' when their gender identity is the same as their sex assigned at birth.

Cisnormativity: Refers to the assumption that all individuals are cisgender. Like heteronormativity, this is upheld by cultural and social systems.

Gender identity: Gender identity refers to a person's individual sense of their own gender. This may or may not correspond to assigned sex at birth.

Heteronormativity: This refers to the cultural and social systems which favour heterosexuality as the normative sexuality.

LGBTQ: Lesbian, gay, bisexual, transgender and queer. Often a plus sign (+) or asterisk (*) is used on the end, denoting other identities such as pansexual, asexual, or intersex.

Queer: An umbrella term used to describe anyone who identifies outside of or challenges binary gender and sexual constructs.

Same-sex domestic violence and abuse: This term is used to refer to the phenomenon of domestic violence and abuse that occurs within a same-sex intimate relationship. Using the term 'same-sex', rather than gay or lesbian, recognises the fluidity of sexual identity. It also recognises the distinction between sexual behaviours and sexual identity, as an individual can be in a same-sex relationship but not identify as gay. I therefore used this term in participant recruitment as to not exclude any of these individuals.

Sexual identity: Sexual identity is a person's individual sense of their sexuality. It denotes their emotional, romantic and sexual attraction to other people.

Trans: An umbrella term used to describe people whose gender is not consistent with that assigned at birth. Trans people may identify with a range of terms including, but not limited to: transgender, transsexual, gender-queer, gender-fluid, non-binary, two-spirit, bi-gender, trans man, trans masculine, trans woman, trans feminine.

List of Abbreviations and Acronyms

AIDS: Acquired immunodeficiency syndrome

BCS: British Crime Survey

CJS: Criminal justice system

CPS: Crown Prosecution Service

CSEW: Crime Survey for England and Wales

CTS: Conflict tactic scales

DA: Domestic abuse

DV: Domestic violence

DVA: Domestic violence and abuse

GHB: Gamma-Hydroxybutyrate[1]

GBL: Gamma-Butyrolactone[2]

GMP: Greater Manchester Police

HBV: Honour based violence

HIV: Human immunodeficiency virus

HMIC: Her Majesty's Inspectorate of Constabulary

ICD: International Classification of Diseases

IBSA: Image based sexual abuse

IDVA: Independent domestic violence advisor

IPV: Interpersonal violence / intimate partner violence

LGBTQ: Lesbian, gay, bisexual, transgender and queer[3]

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[1] Drug used in chemsex.
[2] Drug used in chemsex.
[3] Variations of this acronym are also used throughout the thesis, such as LGBT, LGBT+, LBT or GBT. When these are used it is to reflect the language and sample used in specific studies.

MARAC: Multi-agency risk assessment conference

MSM: Men who have sex with men

NISVS: National Intimate Partner and Sexual Violence Survey

NVAW: National US Violence Against Women Survey

ONS: Office of National Statistics

PeP: Post-exposure prophylaxis[4]

PrEP: Pre-exposure prophylaxis[5]

RSE: Relationship and sex education

VAWG: Violence against women and girls

WHO: World Health Organisation

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[4] Preventative medical treatment for HIV.
[5] Preventative medical treatment for HIV.

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Chapter 1
Introduction

1. Topic and context

Research into same-sex domestic abuse is "relatively new and, in terms of depth, relatively understudied" (Richards et al., 2003: 5). This is especially apparent when compared to literature pertaining to heterosexual male violence towards their female partners. Using an original mixed methods study, this thesis explores the experiences and nature of male same-sex domestic violence and abuse (DVA), highlighting their invisibility within the DVA discourse. The aim of this thesis is not to examine the prevalence of male same-sex DVA, as the existence of male same-sex DVA, and more widely LGBTQ DVA has now been extensively demonstrated both in the UK (eg. Donovan et al, 2006; Donovan and Hester, 2014) and US (eg. Messinger, 2017; Stiles-Shields and Carroll, 2014). Rather, this thesis aims to examine the extent to which the experience of DVA in male same-sex relationships reflects heterosexual experiences of DVA. In doing so, it draws attention to the wider sociocultural positioning of sexual minority men and how sexual identity compounds experiences of abuse, rendering them invisible as victims.

Although previous research has also noted the existence of female same-sex (Renzetti, 1992; 1996) and transgender (Rogers, 2017; Tesch and Bekerain, 2015; Walker, 2015) experiences of abuse, my research focuses on male same-sex abuse in the UK for three main reasons. Firstly, my research is underpinned by masculinity discourse, as it examines the impact that societal expectations of masculinity have on the perceptions and experiences of male same-sex abuse. Secondly, it contextualises DVA through the recognition that the LGBTQ community is not homogenous, and that gay, lesbian, bisexual, and trans people have their own specific and unique experiences. By choosing to focus on the gay male population, this research delves deeper into the specific experiences and nature of abuse. Finally, the scope of this research is bound by practical constraints of doctoral research, such as limited resources and timeframe.

This research focuses on DVA that occurs within male same-sex relationships in a UK context. All of the professional interviewees were UK based, alongside the majority of

survey participants. Despite the UK context of this particular research, it is widely acknowledged that DVA is a major global public health issue (World Health Organization, 2013), with significant health consequences (Itzin et al., 2010; ONS, 2018b) and wide-reaching social and economic costs (Wykes and Welsh, 2009). As a result, this research draws on and adds to previous literature from across the globe. Furthermore, DVA can be experienced by anyone, regardless of gender, sexuality, age, ethnicity, or socioeconomic background (United Nations, 2021). Despite this, both the public and criminological discourse focuses on DVA primarily as an issue affecting female victims and perpetrated by their male partners. As a result, the prevailing construction and study of DVA operates within a largely heteronormative framework (Donovan and Hester, 2014). This impedes recognition of DVA occurring outside the heteronormative binary, thus contributing to the invisibility of male same-sex DVA and the lack of services.

This thesis presents an original contribution to knowledge and understanding of the experiences of male same-sex DVA. It examines the impact that the sociocultural positioning of minority sexualities has on their DVA experiences, as well as the impacts of sexual identity and other identity factors. In doing so, it recognises the importance of transcending a gender based analysis of DVA in order to account for previously overlooked victims. Instead, this research uses a novel combination of queer and feminist perspectives. Whilst I recognise the importance that gender plays in experiences of abuse, it is not the only factor at play in male same-sex relationships. The current response to male same-sex DVA in the UK and victims' help seeking behaviours are also examined, aided by the perspective of UK-based DVA professionals, and this analysis directly correlates to recommendations set out in the final chapter.

This thesis begins by setting out the rationale, aims and significance of this research. This is followed by a discussion of key language and terminology. An overview of the socio-legal background of sexual minority men in the UK is then given, which provides a conceptual framework for the following analysis later on in the thesis. A brief overview of key DVA policy and legislation in the UK is also given. Finally, this chapter ends with an overview of the thesis chapters.

2. Rationale, research aims and significance of research

The motivation behind this research stems from the objective to make a difference to the well-being of individuals who face discrimination and exclusion in their daily lives. The invisibility of gay male victims of DVA and the lack of public and policy recognition of these individuals can impact their own recognition of abuse. This is compounded by the lack of services that are available to them, as this thesis will demonstrate. The resulting implications mean that victims of male same-sex DVA are often left without support for their experiences. Therefore the rationale for this research is to add to the discourse of male same-sex DVA and contribute to policy, practice, and legislation to improve the way these victims perceive themselves, are viewed by society and are responded to by the DVA sector and wider social policy.

This research aims to examine the experience of male same-sex DVA in the UK. By doing so, it situates the experiences of this abuse within the wider context of the sociocultural positioning of sexual minority men in the UK. It also strives to examine what impact sexual identity and other identities have on the experience of male same-sex DVA. Finally, this research aims to explore the current service response and any barriers to help seeking that these men experience. This analysis will help in developing key recommendations, aiming to impact policy and practice in the hopes of improving the service response to victims of male same-sex abuse.

2.1. Hidden and stigmatised population

Despite research demonstrating that sexual minority men experience DVA at least the same rate as female victims of male perpetrated abuse, in both a UK and US context, (Kay and Jeffries, 2010; McClennen, 2005; Messinger, 2011; SafeLives, 2015; Stiles-Shields and Carroll, 2015), male victims of same-sex abuse remain a largely invisible population within the DVA discourse. For these individuals, their experiences of abuse occur in a heteronormative society where they still face daily homophobic abuse and discrimination. This consequently influences their experiences of abuse, as well as their help seeking behaviours and the subsequent service response to them. This thesis seeks to explore how

these societal factors contribute to the invisibility of these victims, and how this impacts their experiences of abuse, in addition to addressing the current lack of literature pertaining to the male same-sex experience. In doing so, this research exposes a hidden, and stigmatised, population of DVA victims.

DVA is often perceived as a female problem, which exists in the 'epidemic' of male violence toward women (Heise, 1994). There is a societal reluctance when it comes to recognising male victims, the result of widespread gendered norms and ideals about masculinity and what it means to be a man. These same ideas of traditional masculinity that render men incapable of being victims belong to the same notions of masculinity which form the basis of men's violence. There is a current dearth of criminological attention on male victimisation, even though research has suggested that men constitute the majority of victims, as well as perpetrators (eg. Wojnicka, 2015). Despite this, little is known about male-on-male violence, including DVA, as male perpetrated violence against women and girls (VAWG) garners most of the attention. This research examines these ideas of masculinity and male victimisation, and their relationship to male same-sex DVA.

There are some exceptions to the lack of literature. However, when research into same-sex abuse has been conducted, the majority has focused either on female same-sex relationships (Little and Terrence, 2010; Renzetti, 1992; Ristock, 2002a; 2003; Stiles-Shields and Carroll, 2015), perceptions that crisis centre staff have on instances of same-sex abuse (Brown and Groscup, 2009), the police and service response to same-sex abuse (Kay and Jeffries, 2010; Younglove et al., 2002), or it is examined from a health perspective alongside analysis of HIV and AIDS (Letellier, 1996; Relf, 2001). My research offers a unique contribution to criminological knowledge about an area where little is known.

In addition to notions of masculinity and men not being viewed as victims, the sexual identity of my research population also denotes them as a stigmatised population (McClennen, 2003). In addition to male victims, LGBTQ populations have typically been ignored by criminological research (Buist and Lenning, 2016), with the exception of research on sexual deviance and the criminalisation of sexual minorities (Woods, 2015). As a result, LGBTQ populations remain largely hidden and overlooked within criminological discourse.

By placing non-normative sexuality at the heart of this research, this thesis 'queers' DVA research and therefore contributes to a growing, and vital, body of queer criminology literature.

2.2. Impact on policy and practice in the domestic violence and abuse sector

The original data and analysis presented in this thesis has the potential to impact policy and practice in the DVA sector. By highlighting the many similarities between male same-sex and heterosexual DVA, this research has the potential to influence policy and practice regarding all victims of DVA. Key recommendations for policy and practice are set out in the concluding chapter.

2.3. Significance of research methods

This research also has significance in its use of a unique mixed methodology to explore the experiences of male same-sex DVA. By using quantitative data from an online survey with victims alongside qualitative interviews with DVA professionals, extensive and unique insight into the experiences of male same-sex DVA has been developed. Within criminological scholarship research with professionals or practitioners is scarce, as DVA research and criminological studies tend to be targeted toward victims. Rarely does research combine the perspective of DVA professionals and DVA victims within criminological scholarship. As a result, this highlights the significance of the research design in this study. The resulting findings contribute to and add original examination to the criminological field of DVA research in the UK. An in depth examination of the research design and methodology is given in Chapter Four.

3. Language and terminology

Language is often at the centre of debate within criminological research, the DVA sector, and beyond. It has been cited as the 'most problematic aspect of queer criminology' (Buist and Lenning, 2016: 3). For that reason, the significance of language and terminology must be addressed. This is especially important due to the potentially vulnerable and stigmatised nature of the research population. The following sections discuss and define key language and terminology used throughout this research. Despite specifying the key terms used in this thesis, it is important to note that in some instances throughout the thesis other terminology will be used. This occurs when referring to or quoting previous scholarship, to reflect previous arguments as accurately as possible. In addition, the language that participants used has not been altered.

3.1.   LGBTQ and same-sex

LGBTQ stands for lesbian, gay, bisexual, trans and queer. I chose this term to best reflect the variety of identities within this overarching group. There are also variations of this acronym including, but not limited to, LGBT, LGBTQ+, LGBTQIA. Donovan and Barnes (2019) advocate for the use of language which most reflects dominant discourse within real-life settings. This influenced my use of the acronym LGBTQ due to its dominant use in UK society at this time.

Despite its common use, the term LGBTQ may also be problematic, particularly in its use in research as it treats the community as homogenous and therefore overlooks the unique experiences and differences between LGBTQ individuals. Furthermore to include transgender, which is not a sexual identity but a gender identity, with sexual identities, is cisnormative, meaning an assumption that every individual is cisgender. To combat this, Donovan and Barnes (2020a; 2020b) use the term 'LGB and/or T+' to recognise that not all trans (T) people identify as lesbian, gay or bisexual (LGB). When variations of this acronym are used, such as LGBT, LGB or GBT, this is to reflect the specific participants within ollowins studies or the specific language used by researchers.

In this research, I use the term 'same-sex' during my own analysis. This was to reflect its popular use within academic DVA research (eg. Donovan and Hester, 2014). Same-sex refers to men and women who are sexually attracted to someone of the same sex. This recognises

that not everyone in same-sex relationships identifies under the LGBTQ umbrella. This notion was integral to my survey participant recruitment, which recruited men that were in or had previously been in a same-sex relationship. Within the survey, they then had the opportunity to define their sexual identity. Furthermore, 'same-sex' differentiates between other-sex DVA, what I refer to throughout as heterosexual DVA with female victims and male perpetrators, or male victims and female perpetrators. However, the term gay men is used when I refer to previous literature to account for the sampling techniques and populations of these studies. The term 'sexual minority' is also used, to account for the various ways in which men can identify.

Although I have chosen the terms LGBTQ and same-sex to refer to my research population, it is also important to address outdated terminology pertaining to this population. Although the term 'homosexual' is now considered to be an offensive and stigmatising term (Messinger, 2017), due to its connection to the historical medicalisation and criminalisation of same-sex relations, it was predominately used in earlier scholarship and within a legislative context in the UK[6]. For that reason, the term is used on occasion within this thesis when referencing legislation, the decriminalisation of same-sex relations, or older literature. This was in order to best represent the thinking of that time and culture. Despite this, I recognise the stigmatising and negative connotations of this term.

3.2.   Queer

Queer was historically used as a homophobic slur, which referenced its etymology meaning 'strange' or 'peculiar' from 16th century English. By the 19th century, the word queer had a connotation of sexual deviance. Reclamation of the term began in the late 20th century when it became a positive self-identifier within the community. This was aided not only by its use within gay rights activist organisations, such as Queer Nation, and within their slogans, such as 'we're here, we're queer', but also within revolutionary queer theory and queer studies such as Butler (1990; 1991), de Lauretis (1991), and Sedgwick (1991). As a result, it now signifies 'a means of deconstruction and inclusivity' (Buist and Lenning, 2016:

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[6] For example, the Sexual Offences Act 1967 permitted 'homosexual' acts, and is often referred to as the 'decriminalisation of homosexuality'. This reflects the dominant terminology of the time.

3). The term queer is 'fluid and full of multiple meanings' (Weeks, 2011: 144), and is representative of a collective identity. It is often described as an 'umbrella term' (Messinger, 2017) for those who fall outside of the heteronormative binary, or who do not identify with existing labels. The lack of, or resistance to, a distinctive universal definition underpins the very philosophy of what queer and queer theory stands for, which is to challenge binary and normative systems.

3.3. Domestic violence and/or abuse

The DVA discourse developed from the battered women's and feminist movements, and as knowledge of DVA has advanced, so too has the language used. Much of the terminology used in early discourse is outdated and heteronormative, such as 'battered women', 'battered wives' and 'wife battering', as well as failing to account for individuals who are cohabitating (Donovan and Hester, 2014). Furthermore, the term domestic 'violence' evokes a (mis)conception that DVA is characterised only by physical violence, and therefore minimises the presence of other types of abuse, such as coercive control. Some contemporary research uses the term intimate partner violence (IPV) (eg. Messinger, 2017) as this differentiates between violence from partners or ex-partners and other types of violence within the domestic setting, such as child to parental violence. The term IPV also disregards marital status or gender (McClennen, 2005). However, this term appears to have its roots in US-based literature.

Taking the above into consideration, I chose the term 'domestic violence and abuse' (DVA) to use within my research. I felt this term reflected the majority of contemporary research and policy within the UK, as well as the widely used cross-governmental definition and new legal definition.

3.4. Victim/survivor

Another significant terminological debate relating to DVA is between the terms 'victim' and 'survivor'. It has been previously argued that the term victim implies powerlessness

(Muehlenhard et al., 1992), weakness or passivity (Gavey, 1999). On the other hand, the term survivor was made famous by Kelly in her 1988 seminal work *Surviving Sexual Violence* and emphasises the positive and heroic (Gupta, 2014), as well as evoking feelings of empowerment (Women Against Abuse, 2021).

Although the term victim can be the source of contention within DVA research, it remains more commonly used within the criminal justice system as well as criminological research, particularly in relation to victimology. Therefore, I use the term victim rather than survivor for this research, but this is not to infer weakness or diminish the strength shown by those who experience abuse.

4. Socio-legal background of minority sexuality in the UK

This section offers a brief overview of the socio-legal background of LGBTQ individuals in the UK, and their plight for recognition and rights. In doing so, it situates sexual minority men and their intimate lives and relationships within a wider contextual framework which, is valuable for this research as it provides background for my later analysis.

Legislation criminalising minority sexuality in the UK can be traced back to the 16th Century, with the introduction of the Buggery Act 1533. This was later repealed by the Offences Against the Person Act 1828, and by the Criminal Law Amendment Act 1885. It was not until 1967 that homosexuality[7] was finally decriminalised in England and Wales in the Sexual Offences Act. However, it is claimed that the law was not intended to seek equality, rather, it was designed to keep non-normative sexuality hidden (eg. Ashford, 2017); to divert attention away from punishing gay men towards pitying them (Holden, 2004) and preventing them (Gleeson, 2008). Furthermore, the decriminalisation in the Act was only partial as it did not apply to all equally and strict conditions still applied (Jowett, 2017). For example, the law only applied to two consenting adults and it remained a criminal offence for more than two men to have sex together, nor did it apply to those within the Navy or Armed Forces[8] (Jowett, 2017). Furthermore, the Sexual Offences Act 1967 set the age of

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[7] This reflects language used within the legislation at the time.
[8] This was not revoked until 2000 in the UK. Policy now stands that LGBTQ individuals can openly serve in the military, and discrimination based on sexual identity is forbidden.

consent for gay men at 21, five years higher than the age of consent for heterosexual individuals. The age of consent was later reduced to 18 by the Criminal Justice and Public Order Act 1994 and finally equalised to 16 in line with heterosexuals by the Sexual Offences (Amendment) Act 2000.

The medicalisation of minority sexuality also has a long history. The 20th century began to view previously immoral sexual behaviours as 'treatable', including same-sex relations (Hart and Wellings, 2002). Under the medicalisation model, 'sexual deviants' were coerced into undergoing 'treatment' for their sexual desires (Smith et al., 2004), which included electric shock therapy and chemical castration. 'Homosexuality' was placed in the International Classification of Diseases (ICD)[9] and was not removed until the 10th revision in 1992. However, the negative effects of the medicalisation model live on, as studies have shown the negative consequences that defining same-sex attraction as a medical illness and the subsequent 'treatments' has had on LGBTQ individuals (Smith et al., 2004).

In 2017, the UK Government introduced the 'Alan Turing Law' within the Policing and Crime Act which finally pardoned all men who had been previously prosecuted under historic sexual offences laws (Jowett, 2017). Despite its flaws, the decriminalisation of homosexuality is widely noted as the starting point for LGBTQ equality in the UK (Jowett, 2017). Other LGBTQ rights have been equally as slow to emerge. For example, civil partnerships between same-sex couples were only introduced in 2004 by the Civil Partnership Act. Nine years later, the Marriage (Same Sex Couples) Act 2013 introduced full marriage equality allowing same-sex couples to marry in England and Wales.

No discussion on the socio-legal background of sexual minorities is complete without addressing the infamous Section 28 of the Local Government Act 1988. Introduced by Margret Thatcher's Conservative government, this act prohibited the 'promotion of sexuality' by local authorities, which crucially included schools. According to Smith (1994:

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[9] The International Classification of Diseases is the foundation for the identification of global health trends and the diagnostic classification standard for clinical and research purposes. It has been developed by the World Health Organisation since 1948 and is regularly revised and updated (WHO, 2021). 'Homosexuality' was also included in the Diagnostic and Statistical Manual of Mental Disorders, a diagnostic tool published by the American Psychiatric Association until its removal in 1974.

184), the bill was 'effective in preparing the way for homophobic elements in the subsequent 1987 Conservative party election campaign'. Thatcher was vocal about her opposition to gay rights at the 1987 Conservative Party Conference, stating 'children who need to be taught to respect traditional moral values are being taught that they have an inalienable right to be gay' (Sommerlad, 2018). The Local Government Act was not repealed in England and Wales until 2003.

The abhorrent legacy of section 28 lives on, and its effects are still felt throughout the LGBTQ community. A recent report by Terrance Higgins Trust (2017) demonstrates this, as it found that just 5% of young people were taught about LGBTQ sex and relationships in schools. In 2017, the UK Government pledged to introduce statutory relationship and sex education (RSE) in schools. Guidance was set out in 2019 (Department for Education, 2019) and in September 2020, LGBTQ-inclusive RSE was introduced in English schools. This is due to be implemented in Scotland and Wales in September 2021 and September 2022 respectively. Donovan and Hester (2014) outline the importance of RSE since young people are found to be at higher risk of experiencing DVA. The lack of LGBTQ RSE has had an impact on how sexual minorities perceive their abusive relationships, which will be explored in Chapter Seven.

Despite developments in the rights and protections of LGBTQ individuals in the UK, they still face discrimination, stigmatisation, hostility, and violence daily. For example, hate crimes are commonplace. This is a term used to refer to a range of criminal behaviours where the perpetrator demonstrates hostility towards aspects of a person's identity, known as 'protected characteristics' (CPS, 2021), and includes sexual orientation and transgender identity. A recent report by leading LGBT+ charity Galop[10] found that three in five LGBT+ individuals experience hate crime in the UK (Hubbard, 2021). Even more troubling, are the reports demonstrating that LGBTQ hate crime has recently increased. One such report conducted by Stonewall found that between 2018 and 2019, there was an increase of 25% for homophobic and biphobic hate crimes and a 37% increase in transphobic hate crimes (Stonewall, 2019). As hate crime remains commonplace for LGBTQ individuals, legislation

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[10] Galop are a leading LGBT+ charity based in London. Their work covers three main strands: domestic abuse, sexual violence and hate crime.

laid out by sections 145 and 146 of the Criminal Justice Act 2003 allows for increased sentences for those convicted of a hate crime.

This examination of the socio-legal background of LGBTQ individuals in the UK gives important context to this research. It shows how sexual minorities grow up in a sociocultural context where they and/or members of their community are victimised by the state, its institutions, and private individuals. The prevailing societal background of homophobia and heteronormativity can inform the way sexual minorities experience intimate relations, and in turn how they conceptualise their experiences of abuse. This study provides the framework and context in which they experience DVA, which is the focus of this research.

5. Domestic violence and abuse policy and legislation

This section offers a brief overview of DVA policy and legislation in the context of England and Wales. In doing so, it outlines the framework in which male same-sex DVA victims are perceived and responded to.

An integral part of second wave feminism of the 1960s and 1970s in the UK was the aim to draw attention to widespread issues of domestic and sexual violence. It was argued that violence towards women is central in upholding patriarchal power over women and gendered social structures (McMillan, 2007). This consequently paved the way for women's shelters and rape crisis centres. The feminist movement also campaigned for social, political, and policy change (McMillan, 2007), which was somewhat achieved through various developments in legislation which increased the rights of women who had experienced domestic and sexual violence (Dobash and Dobash, 1992). One example is the Housing (Homeless Persons) Act of 1977, which gave women who had been made homeless as a result of domestic abuse the right to be rehoused by local authorities (Charles, 2000).

Despite its achievements, LGBTQ individuals did not seem to be visibly considered within that political movement. This solidified their invisibility within the emerging DVA discourse, and legislation did not address LGBTQ DVA for decades. It was not until 2004 that same-sex couples were recognised in DVA legislation, as the Domestic Violence, Crime and Victims

(Amendment) Act 2004 extended the definition of 'cohabitants' in part 4 to include same-sex couples. This can be considered substantial progress as it created the opportunity for same-sex DVA victims to be recognised by law, and their perpetrators prosecuted by it. On the other hand, it represented little progress as these victims remained hidden by wider DVA discourses, which is examined throughout this thesis. Support services and resources specifically for these victims also remained scarce. In 2010, the Conservative-Liberal Democrat coalition government developed a new strategy on VAWG (Home Office, 2010) and adopted a gender-based definition of DVA. Although the progression in the definition of DVA was significant in reframing conceptualisations of VAWG (Silvestri and Crowther-Dowey, 2016), it unfortunately excluded same-sex DVA (Donovan and Hester, 2014).

Another significant update of DVA policy came in 2013, as the Home Office adopted the use of the term 'domestic violence and abuse' rather than solely 'domestic violence', which represented a shift from an emphasis on physical violence. The definition was also expanded to include other types of abuse, such as coercive and controlling behaviour, although coercive control remained absent from any legislation. The cross-government definition was updated to (Home Office, 2012):

> Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial, emotional.

It is important to note that this definition was not statutory or a legal definition, rather it was used by Government departments to inform policy, and for criminal justice agencies to inform the identification of DVA.

The long-awaited coercive and controlling behaviour offence was introduced in section 76 of the Serious Crime Act 2015. New protection orders were also introduced for DVA, sexual violence, and female genital mutilation within the Act. This legislation represented an important shift in DVA discourse and was a response to criticism that the criminal justice response was failing victims. The discourse developed from incident-specific and physical violence focused, to recognising sustained patterns of coercion and control, which have been thoroughly demonstrated in research and personal testimonies (Stark and Hester,

2019). Although previous definitions of DVA were gender and sexuality neutral (Home Office, 2012), the guidance framework published alongside the new coercive and controlling offence stressed the importance of recognising gender within the context of power and control. It stated that coercive control is 'primarily a form of violence against women and girls and is underpinned by wider societal gender inequality' (Home Office, 2015: 7). In doing so, it overlooked any specific elements of coercive control that can be experienced within same-sex relationships. As a result, this legislation continued to contribute to the invisibility of same-sex victims within DVA policy and legislation. Findings from this research demonstrate same-sex specific behaviours of coercive control, which will be examined in Chapter Six.

The new Domestic Violence and Abuse Act (2021) came into force in April 2021, four years after it was promised in the Queen's Speech. The Act finally created a statutory definition of DVA, as well as other key pieces of legislation. These include, but are not limited to: establishing in law the office of Domestic Abuse Commissioner and setting out their powers, providing new powers for dealing with DVA (eg. Domestic Abuse Protection Notice and Domestic Abuse Protection Order), prohibiting perpetrators from cross-examining victims in courts, and creating a new offence of non-fatal strangulation or suffocation. The Act is the culmination of tireless years of activism and campaigning by a multitude of DVA organisations (Women's Aid, 2021).

During the Bill's consultation process, Galop submitted a joint briefing calling for the needs of LGBTQ DVA victims to be met (Galop, 2020). In the Home Office's consultation response, they recognised that few organisations currently offer specific support for LGBTQ victims. As a result, the Government pledged to address the funding disparity between victim populations by providing £500,000 to specialist LGBTQ DVA organisations. This is to increase support for LGBTQ victims, raise awareness within LGBTQ communities to address reporting rates, and improve monitoring and recording practices (Home Office, 2019). It is worth noting that this pledge was set out in a report addressing the needs of male victims within the Government's wider VAWG strategy, which speaks to the lack of specific recognition of LGBTQ DVA victims within current policy.

6. Thesis overview

This thesis has begun with an introduction to the key concepts and background of this research topic, alongside an overview of its rationale, significance and aims of the research. The importance of language has also been highlighted, with key terms defined.

Chapter Two sets the scene for this thesis. It begins with an overview of key literature pertaining to the traditional feminist scholarship of male perpetrated abuse and female victimisation. In doing so, it provides a framework from which contemporary DVA research was developed. This is significant as it provides background for the comparison of male same-sex DVA and heterosexual DVA, which is a key theme underpinning this thesis. The chapter then discusses theories of coercive control. Drawing significantly on Stark's (2007) coercive control theory, it considers whether it can be applied to male same-sex contexts. The ongoing gender a/symmetry debate is also addressed. In doing so, it examines the possibility that DVA occurs outside of the gendered binary of male perpetrator and female victim and therefore provides context for the emergence of male same-sex DVA literature. This chapter begins to explore another key theme of this thesis – the invisibility of male same-sex DVA. Chapter Two explores this idea using Donovan and Hester's (2014) public story theory, which argues that the prevailing notions of DVA are focused on male/female and masculine/feminine binaries, which frames later analysis within this thesis. Finally, previous literature pertaining to male same-sex DVA is explored. This research is in response to the largely heteronormative and gendered nature of DVA theories. The prevalence of male same-sex DVA in the UK is also examined, demonstrating that it occurs at a similar rate as heterosexual abuse. The particular nature of male same-sex DVA is also examined, including an overview of the nuanced experiences of abuse regarding sexuality. The chapter finishes by examining the help seeking behaviours of gay male victims, including addressing the question of why men stay in their abusive relationships.

Chapter Three situates the problem of male same-sex DVA within a theoretical framework. In doing so, this chapter underlines the theoretical framework of this research. This framework is unique in its application of both queer and feminist perspectives. These perspectives are inherently linked as both examine and seek to destabilise socially

constructed structures of oppression. This combination, therefore, allows for a comprehensive analysis of male same-sex DVA. The framework utilises four main theoretical approaches. Firstly, sexual identity and sexual identity formation are examined, including the way in which sexual identity is perceived by society, categorised by 'good' and 'bad' sex, and arranged in a hierarchical value system. The concept of heteronormativity is then examined as significant to the examination of male same-sex DVA, as it renders these victims invisible. The chapter then turns to an analysis of homophobia at both a societal level and the individual level of internalised homophobia, both of which can have an impact on the nature of same-sex abuse and victims' help seeking behaviours. Finally, attention is turned to the theory of masculinity. Specific focus is given to gay masculinity, and its perceived opposition to hegemonic masculinity, as well as the impact this has on same-sex DVA.

Chapter Four details the methodology employed in this research. It begins by outlining the research questions and aims which guide my study, before an overview of the research standpoint is given, including a reflexive account of the ontological and epistemological perspectives, and the connection between queer and feminist perspectives. Next, the research design is explored, demonstrating the suitability of a mixed methods approach for this research is investigated. The chapter also details the journey to the final research design, including the navigation of obstacles and the importance of methodological flexibility. The data collection methods of an online survey and in-depth interviews are examined respectively including the participant recruitment process and demographics. I also offer a reflexive account as to whether some interviews were more significant than others, as well as offering context on the experience of the professionals in the field. The chapter then explores the research process, including the concerns of sensitive topic research and how these may have impacted this particular research. Key ethical considerations of this study are also examined, before embarking on reflexive practice examining my own research identity as an 'outsider researcher', and its influence on this research. The chapter ends by detailing the analysis of each data set.

Key findings from my research are discussed throughout the next four chapters. The first of which, Chapter Five, examines the sociocultural positioning of sexual minorities and the

impacts this has on the experiences of male same-sex abuse. This chapter uses the theoretical framework set out in Chapter Three to address the influence that heteronormativity, homophobia, and masculinity have on sexual minority men. Using this theoretical framework, this chapter demonstrates the invisibility of male same-sex victims as well as sexual minority men's perceived incompatibility with victim status. This analysis provides a wider context within which their intimate relationships are perceived, both by themselves and by society, which subsequently impacts the way they experience DVA.

Chapter Six also examines the impact that sexual identity has on experiences of abuse in a more individualised way than Chapter Five. In doing so, it explores how sexual identity compounds the same-sex abuse experience and creates specific factors and tactics of abuse that perpetrators can use. The chapter begins by exploring what is meant by 'identity'. This is imperative as it informs the basis of this chapter's arguments, which is that sexual identity governs an individual's lived experience, including their intimate relationships and experiences of abuse. Using the data from my survey and interviews, this chapter explores the specific nature and characteristics of male same-sex DVA. Among several findings, it highlights the prevalence and nature of coercive control, physical abuse, and sexual abuse as aspects of DVA in my sample. Furthermore, similarities and distinctions in these aspects of abuse are drawn between heterosexual and same-sex DVA. By doing so, this thesis argues that key recommendations can impact policy and practice for the whole sector and improve the response to all victims, not just male same-sex victims.

Chapter Seven examines how the specific and personal identity factors of age and ethnicity mesh with sexual identity, and how these impact experiences of abuse and create specific needs for male same-sex DVA victims. Unfortunately, this analysis is done outside of the intersectional framework, however, examining these identities in isolation still contributes valuable knowledge to the understanding of male same-sex DVA and advocates for intersectional analysis in future research. This chapter also examines additional needs and vulnerabilities of male same-sex DVA victims, such as mental health issues and immigration status, and how these impact their experiences of abuse. As with fixed identity factors, these situational needs and vulnerabilities can also impact the way that sexual minority men perceive their intimate relationships and experience abuse. In this analysis, I present a novel

contribution of transient identities, which not only contributes a valuable understanding of male same-sex DVA but also offers a significant theoretical perspective for all research which is interested in lived experience. Similarly to Chapter Six, this chapter also compares my original findings to previous knowledge of heterosexual DVA, to address the overarching theme of similarities and differences between heterosexual and same-sex DVA.

Chapter Eight explores the current service response to male same-sex abuse, as well as victims help seeking behaviours. In doing so, this chapter considers the impediments to, and differences between, formal and informal sources of help seeking. As this chapter demonstrates, informal sources of help seeking are used more frequently than formal sources, which means that gay male victims may be suffering without access to professional support. However, this is not to say that barriers to help seeking only exist for formal sources of help seeking. Rather, barriers to help seeking can present at both formal and informal sources. This chapter also posits that these impediments to help seeking are the result of both structural and individualised issues, meaning that these barriers can be experienced twofold. However, as this chapter will demonstrate, despite offering a distinction between them they are also intrinsically related and uphold one another.

Chapter Nine is the concluding chapter of this thesis. It begins with a recap of the research aim and research questions. A summary of the key findings is then given, relating to each of the substantive findings chapters (Five to Eight). Implications for policy and practice are then discussed, which if implemented, have the potential to improve the responses not only to male same-sex DVA but to all victims of DVA. An overview of the original contributions of this thesis is then given, relating to both methodological contributions and contributions to knowledge. No research is without its limitations, therefore consideration of shortcomings relating to this research is given. Following this, I present some personal reflections on the research. The chapter ends with recommendations for further research.

Chapter 2
Setting the Scene of Male Same-Sex Domestic Violence and Abuse

1. Introduction

The literature presented in this chapter reviews the broad phenomenon of domestic violence and abuse (DVA) from traditional feminist literature, to contemporary literature covering different forms of DVA and its existence in same-sex relationships. The majority of literature relating to DVA has focused on heterosexual abuse, with women as victims and men as perpetrators. As research has overwhelmingly focused on heterosexual abuse, the 'public story' that surrounds DVA is heteronormative (Donovan and Hester, 2014), meaning it focuses on the experiences of heterosexual DVA with male perpetrators and female victims. However, this approach does not account for victims outside of the male perpetrator female victim binary, including male same-sex victims. Recent research has highlighted that DVA occurs in all types of relationships, and can be experienced by all sexualities and gender identities.

It should be noted that while this chapter cannot feasibly cover all literature pertaining to the widespread issue of DVA, it does draw on key pieces of literature that contribute to the overarching DVA discourse. In doing so, it demonstrates how male same-sex DVA is rendered invisible, in comparison to heterosexual DVA. More specifically it examines key theories, prevalence, and the nature of male same-sex abuse, to provide a framework for the aims of this research.

2. What is domestic violence and abuse?

It was second wave feminism and the related women's liberation movement in the UK and US that first drew widespread attention to the existence of DVA. These movements highlighted the role that physical and sexual violence toward women and girls has in upholding the patriarchy (Gottzén et al. 2021). For example, Dobash and Dobash (1992: 4) posit that the main sources of conflict leading to partner violence are:

> Men's possessiveness and jealousy, men's expectations concerning women's domestic work, men's sense of the right to punish 'their' women for perceived wrongdoing, and the importance to men of maintaining or exercising their position of authority.

Although any gender can experience DVA, it is widely acknowledged that women make up the majority of victims, this is demonstrated in the UK by official crime statistics such as the Crime Survey for England and Wales. In the year ending March 2020, for example, there were 1.6 million women and 757,000 men who had experienced domestic violence and abuse in their intimate relationships (ONS, 2020). It is also widely acknowledged that men commit the majority of all crime (Wykes and Welsh, 2009; Ellis, 2016). As a result, most literature and research pertaining to DVA examines the experiences of female victims, both in the UK and elsewhere. There is, however, an increasing body of literature examining the experiences of male victims of DVA (eg. Bates, 2020a; 2020b; Hine et al., 2020) as well as same-sex and LGBTQ DVA (eg. Donovan and Hester, 2015; Donovan and Barnes, 2020b; Messinger, 2011; 2017; Renzetti, 1992; 1996; Ristock, 2011). This research is the next frontier in DVA scholarship and contributes to a growing field.

As an initial matter, it is useful to examine what DVA is. Women's Aid (2021) defines DVA as 'an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence'. Feminist movements successfully placed domestic violence within wider concepts of violence against women, in which DVA is one form of violence. For Dobash and Dobash (1992), much of this violence and oppression takes place within the family unit. As previously outlined, some scholars refer to intimate partner violence (IPV) in their examination of domestic abuse. Similar to definitions of DVA, Messinger (2017) states that IPV refers to 'psychological, physical, or sexual abuse or homicide between romantic and sexual partners'.

In 2021, the UK government introduced a statutory definition of DVA for the first time. It is set out in the Domestic Abuse Act 2021 as follows:

> Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if—
> (a)A and B are each aged 16 or over and are personally connected to each other, and

(b)the behaviour is abusive.

(3)Behaviour is "abusive" if it consists of any of the following—

    (a)physical or sexual abuse;

    (b)violent or threatening behaviour;

    Icontrolling or coercive behaviour;

    (d)economic abuse (see subsection (4));

    (e)psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

This definition is gender and sexuality neutral, as 'personally connected' is defined in the Act, as:

(1)For the purposes of this Act, two people are "personally connected" to each other if any of the following applies—

    (a)they are, or have been, married to each other;

    (b)they are, or have been, civil partners of each other;

    Ithey have agreed to marry one another (whether or not the agreement has been terminated);

    (d)they have entered into a civil partnership agreement (whether or not the agreement has been terminated);

    (e)they are, or have been, in an intimate personal relationship with each other;

    (f)they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));

    (g)they are relatives.

The previous definition had been in place since 2012 and operated on a non-statutory basis, and therefore had no foundation within legislation. Instead, it was designed to underpin the development of policy and practice relating to DVA in the criminal justice sector.

The impact of DVA is widespread and has human rights implications. The World Health Organisation (2013) recognises DVA as a global public health issue, but also as a fundamental violation of human rights. Similar thought is given by Stark (2007: 14) who argues that 'many of the rights violated in battering are so fundamental to the conduct of everyday life that is hard to conceive of meaningful human existence without them'. Recently, there has been a shift in DVA discourse to recognise abuse as a systematic pattern of control, rather than focus on specific violent incidents and injury (eg. Stark, 2007).

3. Traditional domestic violence literature and feminist theories

As this research draws upon similarities and differences between the experiences of male same-sex and heterosexual DVA, it is important to give a background on traditional feminist literature of DVA which focuses on female victims. In doing so, it provides context for the subsequent analysis in this thesis.

Stanko's (1990) seminal work on everyday violence emphasised the hidden nature of abuse, and argued that women face their danger daily and commonly experience violence. DVA was hidden, both physically in that the majority of it takes place within the family, and symbolically within the supposed safe haven of relationships. It was thought of as a private familial issue, rooted in patriarchal traditions which can be traced back to the accepted physical punishment of wives by their husbands (Wykes and Welsh, 2009). DVA is not uncommon, it is a serious and extensive social problem (Humphreys, 2007; Johnson, 2008), affecting people of all socio-economic backgrounds, ethnicities and ages. As Dobash and Dobash (1972: 22) state, 'violence against wives is so widespread and transcends the bounds of any particular social group'. It can also affect all genders and sexualities – as this chapter and thesis will demonstrate. Recently, DVA has been viewed through the wider lens of violence against women and girls (VAWG), and as a result has been taken more seriously as a social problem than ever before (Donovan and Hester, 2010). Storkey (2015) states that intimate partner violence is one aspect of the global manifestation of violence against women, other aspects include: female genital mutilation, forced marriage, honour killings, rape, trafficking, and sexual violence in war.

Second wave feminism, from the 1960s and 1970s, began to break down social and cultural taboos and heralded the discovery of gendered violence (Wykes and Welsh, 2009). Violence against women and girls was placed firmly on the public agenda (Dobash and Dobash, 1992: Donovan and Hester, 2010). Feminist thinking was translated into action, led by the women's liberation and battered women's movements. These movements aimed to provide assistance and autonomy to abused women as well as challenge patriarchal ideas and practices and strive towards the elimination of VAWG (Dobash and Dobash, 1992; Welsh, 2003). Public policy followed, and the first refuge was established in the UK in 1972.

This has since culminated in the development of over 500 refuges throughout the UK (Women's Aid, 2018), which provided support to almost 3,700 women and children in 2015/16 (Refuge, 2016). By their very existence, refuges have demonstrated female oppression in the family and wider society, and 'demanded that domestic violence be seen in a 'social, economic, cultural and political context of male domination and female disadvantage' (Wykes and Welsh, 2009: 72). The development of refuges is important, as it highlights how early responses to DVA were firmly grounded in women's liberation (Welsh, 2003). It is important to note here that in the context of the refuge movement, the same consideration was not afforded to LGBTQ individuals. Even now, despite research demonstrating the existence of LGBTQ DVA victims, emergency housing facilities and refuge spaces are limited. This is a problem that particularly affects gay, bisexual and trans men as specific facilities for these individuals are almost non-existent (Magić and Kelley, 2019). This research aims to demonstrate that the one size fits all model of service provision is failing victims of male same-sex DVA, by illustrating that the current service response and public policy is inadequate at meeting the specific needs of these victims.

Feminist scholarship developed a 'gender and power' analysis of DVA, which suggests that DVA is a problem of men using violence as a way to gain and maintain control over women. This control is subsequently upheld by an overarching patriarchal culture (Johnson and Ferraro, 2000). The understanding of DVA as rooted in patriarchal control of women was developed by Schechter (1982), Dobash and Dobash (1979; 1992) and Stark (2007, 2010). In their analysis of violence between husbands and wives, Dobash and Dobash (1979) place Emphasis on the history of the family, and the subordinate status of women within them. During their analysis of DVA, Dobash and Dobash (1979) offered a critique of certain theories of violence within families. They argue that to seek 'causes and sources of violence and crime through an emphasis on pathological individuals or deviant relationships' simply ignores the fact that 'violence is endemic to modern Western societies' (Dobash and Dobash, 1979: 23).

Violence against women by intimate partners is now seen around the world as a significant social problem, with widespread economic and social costs (Oliver et al., 2019). It is

identified by the United Nations and the European Union as an issue of human rights (Kelly, 1997). In 1993, the General Assembly of the United Nations adopted a landmark declaration for the elimination of violence against women, which paved the way for many other reports to support the fact that VAWG is a global social phenomenon (Stonewall Housing, 2014). Welsh (2003) highlighted that although state agencies began to increasingly recognise DVA, most service provision for DVA remained within organisations such as Women's Aid. Therefore, even though policy has been widely developed, the organisations responding to DVA have their roots within the women's movement.

3.1.   Prevalence

Another substantive research area of DVA literature is prevalence. Scholarship in this area has sought to determine how pervasive DVA is. When examining the prevalence of DVA, two statistics are often produced. Firstly, on average two women are killed per week by their partners or ex-partners (Refuge, 2016). Secondly, one in four women will be a victim of DVA within their lifetime (Refuge, 2016). More recently, the femicide census began to collect data on the number of women killed within any one given year. A recent femicide census revealed that 113 women were killed by men in England, Wales and Northern Ireland in 2016 (Brennan, 2017). Femicide is generally defined as the murder of women simply because they are women (Women's Aid, 2015) and therefore by definition does not automatically mean it was an incident of domestic homicide. However, it has been calculated that a woman is killed by her male partner or former partner every four days in the UK (Women's Aid, 2015).

UK national victimisation and crime surveys also provide some data on DVA. The UK Office of National Statistics (ONS) collated data from multiple sources including the Crime Survey for England and Wales (CSEW), Home Office Statistics, Crown Prosecution Service, SafeLives charity and Women's Aid. Their report estimated that 1.9 million adults aged 16 – 59 years experienced DVA between March 2016 and March 2017, broken down into 1.2 million women and 713,000 men (ONS, 2017). In the same year, a total of 83,136 high-risk cases were discussed at multi-agency risk assessment conferences (MARAC) (ONS, 2017). Although this data provides an indication of DVA prevalence, we need to be wary of

victimisation and crime surveys. Donovan and Hester (2014) critique the CSEW as its methodology is based on conflict tactic scales (CTS) and therefore prevalence data derived from the CSEW offers only a partial picture of the experiences of DVA. Self-reporting rates for such crimes are notoriously low, which accounts for the 'hidden nature' of domestic abuse (Women's Aid, 2017b). Not to mention, violence experienced by marginalised people is poorly measured (Garside, 2014). The methodological design of the CSEW as a household survey has its drawbacks. Due to the lack of privacy or fear of repercussion, crimes that occur inside the home, such as DVA, are significantly underreported.

In addition to prevalence of DVA, literature has sought to examine how often a victim experiences incidents of violence or abuse from the same perpetrator. This scholarship has helped to determine the nature and characteristics of abuse. For example, repetition has historically been cited as a key element of DVA and victimisation is frequent and chronic (Dobash and Dobash, 1979; Farrell et al., 1995; Pahl, 1985). Farrell et al. (1995) attribute repetition of DVA to the lack of a 'suitable guardian', meaning that no one is around to witness and therefore stop the incidents. In her UK based research, Pahl (1985) interviewed women in refuges, finding that 62% of her participants had suffered ongoing violence for three or more years. Similarly, Dobash and Dobash (1979) interviewed 109 women from refuges across Scotland, reporting that the majority of them disclosed experiencing violent incidents twice a week. Repetition has also been found outside of the UK, as documented by Straus (1990), who found that women in US refuges experienced an average of 69 assaults in the preceding year, with many women sustaining hundreds if not thousands of assaults in abusive relationships over many years.

A more contemporary analysis of abuse repetition is provided by Walby and Towers (2018). Using CSEW data over a five year period from 2008 to 2013, they found that 85% of domestic violence crimes are repeat crimes, with victims experiencing an average of 40 incidents in one year. However, the counting methods used for the CSEW cap the frequency of violent crimes against the same victim at a maximum of 5 per year. This counting method lacks rigour and validity as research, and in reality, the figure could be higher. Despite this, paying attention to the repetitive nature of DVA helps to build a picture of the extent and nature of DVA victimisation and perpetration (Walby and Towers, 2018).

4. Coercive control

Another drawback of traditional feminist literature on DVA is its large focus on physical violence and incident specific analysis. An unintended consequence of this became difficulty to prosecute perpetrators or bring charges without evidence of physical violence and visible injury. Developing out of frustrations with the 'limitations of the traditional approach to crime' (Walby and Towers, 2018) the theory of coercive control emerged, with a 'distinctive aetiology [and] new concepts' (Walby and Towers, 2018) which provides the opportunity to analyse DVA from an alternative standpoint. Coercive control theory arose from the debate surrounding the nature, extent, and distribution of domestic violence (Walby and Towers, 2018) – whether or not DVA is inherently the patriarchal male control over women (Dobash et al., 1992), gender symmetrical (Straus, 1979), or is a mix of the two (Johnson, 1995; Myhill, 2015). The coercive control framework 'shifts the basis of women's justice claims from stigmatizing psychological assessments of traumatisation to the links between structural inequality, the systematic nature of women's oppression in a particular relationship' (Stark, 1995: 976).

Although discussion of coercive control began in the 1970s amid the refuge movement (Stark, 2007), it was Stark who first developed a fully-fledged theory of coercive control. It was in direct response to, and a critique of, the dominant framework in its inability to develop a full picture of abuse, explain the durability of abusive relationships and why women stay, and its failure of the justice system to develop an effective strategy that achieves justice for women (Stark, 2007). Therefore, Stark developed his theory of coercive control to address these previous failings and create an alternative model explaining why women become trapped in their personal lives. Stark (2009: 1514) highlights the limitations of analyses that define DVA as an 'incident-specific crime', believing that coercive control reaches beyond physical and psychological harms, and draws attention to the humiliations, intimidation, isolation, and degradation that violate women (Silvesti and Crowther-Dowey, 2016). Stark's argument enables the understanding of DVA as a cumulative pattern of behaviours (Donovan and Hester, 2014).

For Stark (2007: 4), coercive control is 'an offence to liberty that prevents women from freely developing their personhood, utilizing their capacities, or practicing citizenship', and is the most widespread strategy used by men to dominate women in their personal life. Describing the tactics used in coercive controlling relationships, Stark outlines its resemblance to violence used in capture crimes in three ways: it is designed to punish, hurt, or control a victim, its effects are cumulative not incident-specific, and it frequently results in severe injury or death (Stark, 2007). Much like a hostage, the victim's size, strength, and physical prowess is irrelevant to their vulnerability. Furthermore, a victim's capability for defence, escape, or support have been disabled by exploitation, structural constraints and isolation (Stark, 2007).

Despite its widespread influence, Stark's approach linking coercive control to gender inequality has also drawn criticism for its narrow focus as well as overlooking the impact of identity. Anderson (2009) argues that Stark's distinct focus on cultural and structural inequality overlooks how structure shapes the behaviour of individual men and women. Furthermore, the narrow focus consequently fails to address long-standing critiques of feminist perspectives of VAWG. For example, in a patriarchal society in which men benefit from control over women, why do not all men perpetrate abuse (Dutton, 1994). Anderson's (2009) critique of Stark centres around the belief that he fails to provide an adequate theory of the gendered nature of VAWG. Underpinned by psychoanalytical gender theories, Anderson (2009) suggests that men are more able to utilise coercive control compared to women because control is a cultural component of masculine identity performance. Furthermore, Walby and Towers (2018) also deem Stark's concept of coercive control to be outdated, particularly his contention that physical violence is not always coercive or controlling[11].

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[11] Instead, Walby and Towers (2018) propose a conceptual framework named 'domestic violent crime', in which they theorise that all physical violence is coercive and controlling, all violent crime is harmful, each event is a separate violent crime, and seriousness is dictated by harm.

4.1.   Coercive control in same-sex relationships

It is worth noting that Stark's theory was originally developed as a specific response to male abuse of women (Donovan and Hester, 2014). Coercive control theory was developed from a heterosexist perspective, as Stark placed the male/female and masculine/feminine binary at the heart of his theory. For example, Stark (2007: 199) argued that 'men use controlling tactics much more often than women do, just as they use the severest forms of violence more frequently, and are somewhat more likely than women to be motivated by a desire to control a partner'.

Although the theory of coercive control has been particularly important in advancing the discourse of DVA, it casts aside victims outside of this male-perpetrator/female-victim binary. However, research has demonstrated that men can also be victims of female perpetrated abuse (eg. Bates, 2020a; 2020b; Hine et al., 2020), as well as abuse in same-sex relationships (Island and Letellier, 1991; Donovan and Hester, 2015; Henderson, 2003; Donovan et al., 2006; Messinger, 2017). Controlling and coercive behaviour is not limited to heteronormative experiences, as people of all sexualities and genders can become entrapped within their intimate relationships. It is important to recognise that relationships of coercive control do exist outside of the typical heterosexual arrangement.

In the context of same-sex relationships, many people assume that same-sex couples are naturally more equal, as they lack the gendered stereotypes of heterosexual couples. However, coercive control is still present in LGBTQ relationships. At its very core, coercive control is simply one person trying to control another's thoughts, feelings and behaviours (Fontes, 2015), therefore it can impact all types of relationships including LGBTQ ones. The added factor of sexuality creates additional ways in which LGBTQ victims can be coerced and controlled, as illustrated by my research in Chapter Six. In fact, LGBTQ people who become victims of coercive control can find themselves particularly isolated. The existence of abuse in same-sex relationships highlights that patriarchal control is not the primary, or only, cause of abuse. Rather, abuse is driven by power and control (Stark, 2007), and can therefore appear in same-sex relationships.

5. Gender a/symmetry of domestic violence and abuse

As discussed above, the majority of early DVA literature focused on male violence against women and theorised it as gender asymmetrical. However, some scholars began to question whether domestic violence did exhibit gender symmetry (eg. Archer, 2000; Straus, 1979; Johnson 2006; Kimmel, 2002), that is examining whether there are an equal number of male and female victims of DVA. Support for gender symmetry of DVA is traced back to Straus, who in 1979 developed a measurement tool termed conflict tactic scales (CTS). Straus' research with CTS seemingly presented evidence that women are at least as violent as men in relationships (Straus, 1999). Ever since, the gender a/symmetry debate has persisted, becoming one of the most topical and controversial debates in DVA literature (Allen, 2011).

The CTS allowed researchers to quantitatively study incidents of DVA, which is notoriously hard to quantify due to its occurrence within the family and behind closed doors (Langhinrichsen-Rohling, 2005; Wykes and Welsh, 2009). CTS are focused on behaviours and specific acts, which allows for comparison across samples and studies. They were designed to measure the use of reasoning, verbal aggression, and violence within families (Straus, 1979). The tactics measured by the scales are based on how conflict is dealt with: either by use of rational discussion, argument and reasoning, use of verbal and non-verbal acts which hurt each other, or use of physical force. The scales consist of a list of actions that a person may use during a conflict with their partner, ranging from smaller behaviours of abuse, such as insulting or swearing at a partner, to choking a partner or causing them injury. The CTS prompted a response from each category corresponding to the number of times each action occurred over the past year, ranging from never to more than 20 times (Straus, 1979). The scales were aimed at being able to measure both 'wife-beating' and 'husband-beating', as well as child abuse (Straus, 1979). This scale model that CTS are characterised by has influenced my research. My survey was designed similarly, with abusive behaviours listed along a scale, ranging from lower level abusive behaviours to more significant abusive behaviours. This will be discussed further in Chapter Four.

Despite their influence, the development of CTS was met with much criticism. For example, they only examine violence which is used in the resolution of conflicts. Therefore they

overlook other types of abuse, such as intimidation or coercive behaviour, which research has found to be commonplace within abusive relationships (eg. Stark, 1995: 2007). Furthermore, they do not collect sufficient information relating to how conflicts get resolved (Straus, 1979). CTS concentrate on the actions of perpetrators, rather than their impact or consequences. As a result, they provide little context surrounding the incidents of abuse, such as whether it occurs within a wider pattern of controlling behaviour, in self-defence or retaliation. In response to widely received criticisms, Straus et al. (1996) developed a revised version, termed CTS2.

Despite its update, criticisms of the CTS remained, particularly questions surrounding its remaining limited examination of impact (Donovan and Hester, 2014). Donovan and Hester (2014) outline that the lack of impact examination means different experiences between men and women cannot be established. Jones et al. (2017) argue that CTS2 have limited utility if they are not used in conjunction with other sources, such as psychometric measures or interviews. As a result, researchers were encouraged to contextualise the measurement of DVA, examining impact, fear, injury and motivations to ensure gender sensitivity (Langhinrichsen-Rohling, 2005).

Data derived from CTS studies was controversial, as it showed a high rate of female perpetration (see Archer, 2000). Stark (1995) argued that presenting data which suggests gender symmetry of violent conflict without information on coercive and control creates the 'false impression that men and women are "battered" in equal numbers' (Stark, 1995: 984). The gender a/symmetry debate continued from this point and became a central point of literature within DVA discourse. Yet concepts of DVA are shifting. Recent research has shown that DVA occurs not only through male violence toward women, but also through female violence towards men (eg. Bates, 2020a; 2020b; Hine et al. 2020), and within same-sex relationships (eg. Messinger, 2011; 2017, Donovan et al. 2006; Donovan and Hester, 2014; Donovan and Barnes, 2020b). This means that gender symmetric findings are being increasingly critiqued and challenged (Pagelow, 1983; Kimmel, 2002). For example, Dobash and Dobash (2004) concluded that DVA is primarily gender asymmetrical, but argued that although less frequent and severe, female to male violence in intimate relationships does

exist. A further critique of gender symmetry is that men are less likely to be repeat victims and less likely to report being fearful in their own homes (Dobash and Dobash, 2004).

Nonetheless, contemporary research into male DVA victimisation of female abuse has argued that despite men making up a smaller proportion of victims, their experiences of abuse are just as valid as women's. Bates (2017) describes male victims of female abuse as 'hidden'. In a UK based study, Bates' (2020a) male participants disclosed experiencing verbal, physical and sexual aggression from their female partners. Interestingly, Bates (2002a) found that physical abuse would occur when men were at their most vulnerable, for example when they are asleep. Bates (2020a) also explored the misconception that female abuse towards men within intimate relationships is not as severe or as impactful as male to female DVA. Female perpetrated sexual aggression and abuse towards their male partners has also been documented, such as acts of forced penetration (Bates, 2020a: Weare and Bates, 2020). Contemporary research has examined the extensive physical and emotional impacts of men who are forced to penetrate their female partners (see Weare, 2021).

These contemporary studies demonstrate that men can experience DVA perpetrated by their female partners in the UK. Although the number of male victims is not equal to the number of female victims, they do exist as a specific population of victims, with their own needs and experiences. As a result, contemporary research into male victims of female perpetrated abuse advances popular DVA discourse. This has implications for my research into male same-sex DVA, as it demonstrates that the prevailing gendered notions and gender binaries of DVA can, and should be, challenged to amplify the voices of other minority victims.

6. Invisibility of male same-sex abuse: The 'public story' of domestic violence and abuse

As traditional DVA research developed out of feminist activism, it problematised the patriarchy and male subordination over women. The resulting DVA discourse has largely developed from a heterosexist perspective, meaning it places the problem of DVA within a heterosexual framework which is centred around a gendered victim/perpetrator binary as discussed above. However, as the previous section examined, men can also be victims of

abuse and women can be perpetrators. DVA is also experienced in same-sex and LGBTQ contexts. Furthermore, early research concentrated on physical violence, incident specific, and was victim focused. These pitfalls call for a shift in the DVA discourse, and fresh approaches to analyse the problem of DVA.

Using Jamieson's (1998: 11) theory of public stories, which are 'pervasive stories' that feed into both public and private lives, Donovan and Hester (2014) contend that the public story of DVA refers to the dominant and prevailing societal ideas about what domestic violence is. For Donovan and Hester (2014: 9):

> The public story about DVA locates the phenomenon inside heterosexual relationships within a gendered victim/perpetrator dynamic (the stronger/bigger man controlling the weaker/smaller woman), and forefronts the physical nature of the violence.

For Donovan and Hester (2010), the outcome of this public story has been one of both success and exclusion. Whilst it has helped to propel the issue of DVA and VAWG into the public conscious, its gendered narrative and dichotomous analysis has simultaneously prevented discussions of those experiences that lie outside the binary (Ristock, 2002a), therefore excluding other victims such as male and LGBTQ victims.

Research has shown how the public story of DVA impedes these other victims from recognising and conceptualising their experiences as DVA (Ristock, 2002a; Donovan et al., 2006; Barnes, 2008; Donovan and Hester, 2010). It has also been suggested that the same lack of recognition comes from the LGBTQ community as a whole (Ristock, 2002a; Turrell and Herrman, 2008), from services providers (Island and Letellier, 1991; Renzetti, 1992; Ristock, 2002b; Irwin, 2008; Walters, 2011), and ultimately at a policy level (Stonewall, 2014). A consequence of this almost universal lack of recognition is that LGBTQ victims are almost entirely overlooked when it comes to support services, contributing to the hidden nature of same-sex DVA victims.

Donovan and Hester (2014: 156) argue the public story of DVA needs to be challenged so that the 'simplistic way it depicts the gendered nature of DVA can be replaced with the

more realistic way which gendered behaviours are experienced in DVA relationships'. By doing so, a broader array of victims would be included in the public story of DVA. This would represent an important step within DVA discourse, as by challenging the prevailing perceptions and remedying the invisibility of other victims, same-sex DVA can be acknowledged and adequately responded to.

7. Male same-sex domestic violence and abuse

As the above sections have explored, the heteronormative nature of traditional feminist theories and explanations of DVA discount alternative sexual identities and same-sex DVA. The subsequent public story of DVA contributes to the hidden nature of male same-sex DVA and is challenged by Donovan and Hester (2014). The following sections examine previous literature concerning male same-sex DVA. Firstly, literature examining why same-sex abuse happens will be outlined. Secondly, the prevalence of male same-sex abuse is examined, which ultimately demonstrates that it occurs at least at the same rate as heterosexual DVA with male perpetrators and female victims. Thirdly, the nature of same-sex abuse will be examined, including specific elements of abuse, such as outing, which highlight the differences between same-sex and heterosexual abuse. Finally, an examination of previous research examining help seeking behaviours of gay male victims, including why men may stay in their abusive relationship.

7.1. Why does same-sex abuse happen?

As feminist theories of DVA use a gender and power model, which emphasises patriarchal control over subordinate women to explain DVA, there has been debate about the applicability of these theories to same-sex abuse (Donovan and Hester, 2014). As a result, scholars turned to other theories to explain why abuse happens in same-sex relationships, and to widen the paradigm of the gendered nature of DVA. The following sections outline the key approaches relating to why same-sex abuse happens.

Early research into male same-sex DVA attempted to find explanations for same-sex DVA in response to the heteronormative and gendered nature of existing feminist research,

literature, and theories. In Island and Letellier's (1991: 1) seminal work *men who beat the men who love them*, they highlight how gay male DVA is not a new phenomenon, just 'newly recognised'. In critiquing the prevailing feminist approach, they argue that abuse is not a gender issue, as both men and women can be victims or perpetrators. Furthermore, they highlight how these heteronormative constructions of DVA impact the recognition of DVA in same-sex relationships. Instead, they proposed that gender-neutral, individual, and psychological approaches should be applied. In turn, Island and Letellier (1991) argue that these approaches give better explanations as to why abuse is repetitive within male same-sex relationships. However, this approach has limitations as placing the responsibility of abuse on the individuals ignores the wider contexts in which intimate relationships and abuse exist and the societal factors which influence them (Donovan and Barnes, 2019). Not to mention, locating the issue of gay male DVA within the discourse of mental illness is uncomfortable at best, given the historical context of the medicalisation of minority sexuality.

Other examinations of same-sex abuse suggest it is explained through minority stress theory (eg. Mendoza, 2011). Minority stress can be applied to any group in society, whose position in society creates specific experiences of inequalities (Donovan and Hester, 2014), and is defined by Brooks (1981: 71) as:

> The cultural ascription of inferior status to particular groups. This ascription of defectiveness to various categories of people, particularly categories based on sex, race, and sociosexual preference, and often precipitates negative life events ... over which the individual has little or no control.

For sexual minorities, minority stress can manifest from a variety of internal and external sources (Balsam, 2001; DiPlacido, 1998). Internal sources include stress from coming out or pressures from concealing one's sexual identity and internalised homophobia, and external sources include hate crime and discrimination (Balsam and Szymanski, 2005). Balsam and Szymanski (2005) suggest that minority stress is linked to lower relationship quality for lesbians. Their model also suggests that lower relationship quality is a precursor to domestic abuse. However, it is important to examine not only the multifaceted ways in which homophobia impacts the lives of sexual minorities (Balsam, 2001) but also other forms of oppression (Balsam, 2001) for a better understanding of same-sex DVA.

My research recognises the important context that homophobia gives in examining the nature and experiences of male same-sex DVA and victims' help seeking behaviours. However, as Brown (2008) suggests, the relationship between minority stress and homophobia is just one contributing factor that differentiates LGBTQ DVA victims from their heterosexual counterparts (Brown, 2008). Similarly, homophobia is one of many factors which is examined in this research. Rather, an examination of the wider sociocultural context and positioning of sexual minority men is undertaken to provide a comprehensive but in-depth examination of male same-sex DVA.

Support for minority stress largely came from wanting to provide a unique theory for same-sex DVA in a way that made it distinct from heterosexual DVA (Donovan, 2015). As a result, minority stress theory argues that the pressures of being part of a minoritised population, coupled with the context of societal homophobia, can lead to DVA perpetration. These arguments are opposed to feminist approaches of DVA, which suggest that structural oppression leads to victimisation (Donovan, 2015; Donovan and Hester, 2014; Donovan and Barnes, 2019). However, when minority stress models are empirically tested, they only seem to offer a correlation, not causation (Donovan, 2015).

Instead, Donovan and Hester (2015: 11) recognise the importance of feminist theories when examining same-sex DVA, arguing that 'although the feminist power and control model has been criticised as inherently heterosexist, this is not necessarily the case'. They favour an approach of social positionality and intersectionality, rather than the individualised and psychologised approach that minority stress theory uses. In doing so, they use a model which theorises DVA as 'an exertion of power and control, and where the forms this takes and the resulting experiences are mediated by intersections of, for instance, gender, sexuality, 'race', ethnicity, age and class' (Donovan and Hester, 2015: 11).

More recently, Donovan and Barnes (2020b) suggest that gender relations do play a role within same-sex relationships. For Donovan and Barnes (2020b), these arguments wrongly imply that LGBTQ people are uninfluenced by the heteronormative, cisnormative, and

gendered society that is around them. Rather, they argue that feminist theories still have relevance in explaining and examining same-sex DVA.

Others have also stressed the importance of gender in same-sex relationships. For example, Brown (2008) suggests that gender role socialisation still has a significant impact on same-sex DVA, cautioning that as same-sex relationships consist of two people who are deemed to be physically and socially matched, the seriousness of abuse in same-sex relations will be trivialised or disregarded as merely an argument. As these gender role expectations impact how male same-sex abuse is perceived, a gendered approach to DVA cannot be disregarded. In addition to gender role expectations, the heteronormative and cisnormative nature of society also impacts the experience of male same-sex abuse. Recognising the importance of this, Donovan and Barnes (2020b: 33) argue it is 'necessary to trouble, or queer, both the reproduction of simplistic binaries of male/female and victim/perpetrator and the invisibility of LGB and/or T+ people in the mainstream heteronormative, cisnormative IPVA literature'. My research aims to highlight the invisibility of male same-sex DVA victims in the mainstream DVA discourse.

7.2.   Prevalence of domestic violence and abuse in male same-sex intimate relationships

Examining the prevalence of abuse within intimate relationships has focused on female victims of male perpetrated abuse, which has been outlined above. This is not surprising, as female victims constitute the majority of DVA victims (eg. ONS, 2020). However, that is not to say that the occurrence of DVA relating to other victims, including male or LGBTQ victims, is not significant. It is very important to recognise these victims, as ignorance of abuse occurring outside the heteronormative binary contributes to the invisibility of other experiences. It remains crucial to determine the frequency of these other victims, not least because this helps to evidence the need for support services and improve the response to these, otherwise hidden, victims.

The main source of DVA rates in the UK comes from the Crime Survey for England and Wales (CSEW) interpersonal violence (IPV) module. Official crime statistics like the CSEW, however,

are generally classified using heterosexual samples. Until recently, the sexual orientation of respondents was not recorded, resulting in a lack of data pertaining to DVA prevalence outside of heterosexual relationships. However, in 2015 the CSEW began reporting on the sexual orientation of respondents and in the year ending March 2015, of the men who experienced any type of partner abuse since the age of 16, 21.6% of them identified as gay men, and 10.7% as bisexual men (ONS, 2016).

Whilst the limited CSEW provides a useful discussion of gay and bisexual men's experiences of DVA, the sexuality of the perpetrator remains unrecorded. As a result, we remain unable to establish whether the abuse was experienced within same-sex intimate relationships. Therefore, the rate of same-sex DVA in the UK remains an estimate as we can only *assume* that the abuse occurred in a same-sex relationship context, such as lesbians abused by their female partners, and gay men by their male partners (Donovan and Hester, 2014). Determining who the perpetrator is remains a crucial factor when determining and comparing prevalence rates across different groups, therefore it is a serious omission in the CSEW data (Donovan and Hester, 2011).

Some researchers have sought to establish the wider presence of same-sex DVA in the UK. For example, Smith et al. (2010) looked at the CSEW IPV module for the years 2007/8 and 2008/9 and found that 500 out of 25,000 respondents of the CSEW IPV module identified as gay, lesbian, or bisexual. These results were combined to provide a larger sample for analysis (Smith et al. 2010). These individuals who identified as lesbian or gay were more likely to have experienced any domestic violence than those who reported they were heterosexual, at 13% and 5% respectively. Of these, 12% of lesbian and bisexual women and 6% of gay or bisexual men had experienced one or more incidents of non-physical DVA. This is higher than those who identified ollowingxual, with 4% of heterosexual women and 3% of heterosexual men reporting experiencing non-physical abuse (Smith et al. 2010). However, as discussed previously, despite providing a valuable resource to quantify both heterosexual and same-sex DVA, crime victimisation surveys are methodologically flawed and they do not adequately capture the experience of DVA.

One of the first national studies exploring same-sex DVA in the UK was conducted by Henderson (2003) for Sigma research. Using a sample of 1391 gay or bisexual men and 1911 lesbian or bisexual women, Henderson (2003) found lower levels of abuse for lesbians than gay men; with 22% and 29% respectively experiencing physical, mental, and sexual abuse. The rate of recurrent abuse was also higher for gay men, as a reported 24% had suffered recurrent abuse compared to 19% of lesbians. For these men, the most common type of abuse was emotional or mental abuse, with 60.8% of male respondents reporting these behaviours, including insults, put downs and belittling. The second most common is being physically attacked or hit, at 54.5%. Isolation from friends and family was also particularly common behaviour, with 41.3% of these men reported experiencing this behaviour. These behaviours largely mirror abuse that occurs in heterosexual relationships. This is a key theme relating to my research, which provides a contemporary update to the nature of abuse in male same-sex relationships in the UK.

SafeLives also provide information on same-sex DVA occurrence in the UK. They state there is no reason to assume the prevalence rate of LGBT[12] relationships is higher than in heterosexual relationships. This would mean that the best estimate of the numbers of LGBT people in the general UK population who have experienced DVA is the same one in four figure as heterosexual people (SafeLives, 2015). However, SafeLives' national dataset shows that between 01/04/2014 and 31/03/2017 there were 30,559 victim cases accessing support from Insights domestic abuse services[13], just 754 (2.5%) of these identified as LGBT. Furthermore, of the 88,740 cases discussed at Multi-Agency Risk Assessment Conferences (MARAC) between 01/10/2016 and 30/09/2017, only 1% were noted to involve LGBT victims (SafeLives, 2015). Based on government estimates, between five and seven per cent of the population identifies as LGBT. This figure is likely to be closer to 10% in larger urban areas, as LGBTQ people tend to move to bigger cities with a more visible community (Hull, Donovan and Owen, 2013). This would suggest that MARACs and DVA services in larger urban areas should expect a proportionate representation of closer to 10% (SaveLives, 2015). This disparity in these figures stresses the invisibility of LGBTQ victims within the DVA

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[12] This reflects the language used by SafeLives.
[13] Insights is a measurement tool which is integrated into services own client management systems. It is the UK's largest dataset on domestic abuse (SafeLives, 2021).

discourse, as well as highlights the low reporting rates of this population. This research examines why reporting rates are low, as findings discussed in Chapter Eight suggest there are several individual and structural barriers to help seeking for male same-sex DVA victims.

Another way in which the prevalence of DVA can be calculated is through official police statistics. Unfortunately, police statistics in England and Wales historically do not record the sexuality of victims and/or perpetrators and are therefore unable to paint the picture of DVA in same-sex relationships. In 2016, Greater Manchester Police (GMP) became the first UK force to officially record figures of LGBT DVA cases. Between April 2017 and April 2018, 775 incidents of LGBT[14] DVA were recorded by GMP, accounting for around 2% of the total DVA incidents recorded by the police within the region (Halliday, 2018). GMP are urging other police forces to implement the same approach. The recording of LGBTQ DVA in official police crime data represents an important shift in the discourse and begins to recognise experiences of DVA outside of the heteronormative binary. This development contributes to the overarching goal that responses to DVA are inclusive of all genders, sexualities and experiences. My research seeks findings that can contribute to this goal. However, it is also important to note that any development in police recorded data must also be met with a concerted effort to improve relationships between the police and the LGBTQ community. This will be discussed in further detail in Chapter Eight.

Outside of the UK, the National US Violence Against Women Survey (NVAW) includes a small sample of individuals who identify as gay or lesbian, (Tjaden and Thoennes, 2000) and is one of the only studies that compares heterosexual and same-sex samples. It found that within same-sex relationships, men were most likely to report violence as opposed to women (Tjaden et al., 1999).

More recent estimates from the US are in the National Intimate Partner and Sexual Violence Survey (NISVS), which echoes results from the NVAW. Findings from the 2010 NISVS suggest that individuals who identified as LGB experienced more physical, sexual, and emotional abuse at the hands of their partners than those identifying as heterosexual (Walters et al.,

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[14] This language reflects GMP's counting methods.

2013). The lifetime prevalence for violence by an intimate partner, which they define as rape, physical violence, and/or stalking was: 43.8% for lesbians, 61.1% for bisexual women, 35% for heterosexual women, 26% for gay men, 37.3% for bisexual men, and 29% for heterosexual men (Walters et al., 2013). Though at first glance these statistics show that bisexuals are more likely to be victims of DVA, the NISVS records data on perpetrators and showed that violence to lesbian, gay male, bisexuals and heterosexual women were experienced mainly by male perpetrators (Donovan and Hester, 2014). McClennen (2005) argues that studies from the US increasingly indicate that prevalence of DVA in same-sex relationships occurs at a similar rate as in heterosexual relationships. Despite these empirical studies showing that same-sex DVA occurs at a similar rate to heterosexual DVA, male same-sex victims remain largely hidden within DVA discourse, policy, and practice.

Other US estimates of same-sex abuse come from scholars (Island and Letellier, 1991; Greenwood et al., 2002; Goldberg and Meyer, 2015; Messinger, 2011). For example, Island and Letellier (1991: 1) estimated that as many as 500,000 gay men are victims in the US. They also claim DVA is the third biggest public health issue for gay and bisexual men, with only substance abuse and AIDS affecting gay men more (Island and Letellier, 1991). Greenwood et al. (2002) used a randomised sample of 2881 men and found that in the five preceding years, 34% of their sample had experienced psychological abuse, 22% had experienced physical abuse, and 5.1% had experienced sexual abuse. Using a probability sample of California residents aged 18 to 70, Goldberg and Meyer (2013) assessed prevalence and predictors of DVA. Their results estimated that 26.9% of gay men had experienced DVA within their lifetime, and 12.1% had experienced it within the past year. Messinger (2011) found IPV to be twice as prevalent among gay, lesbian, and bisexual individuals than heterosexuals. Out of his sample, 65.52% of gay men experienced verbal abuse, 82.76% experienced controlling behaviour, 33.33% experienced physical abuse, and 3.13% experienced sexual abuse (Messinger, 2011). Findings from these US based studies demonstrate that male same-sex DVA is not just experienced in a UK context. Furthermore, these studies reinforce that the same abusive behaviours are experienced in same-sex relationships as in heterosexual relationships. This research seeks to examine the similarities in the nature of abuse between male same-sex and heterosexual relationships in a contemporary UK based context.

Although they provide a foundation from which to understand prevalence of same-sex DVA in the UK and globally, statistics and victimisation surveys present methodological problems which should be considered when interpreting the data. These problems are particularly pertinent due to the hidden and hard-to-reach nature of this group (Donovan and Hester, 2014). These methodological considerations include the different methodologies employed. For example, different definitions and terminology are used, which makes comparisons between studies difficult. Problems also arise due to being unable to obtain a representative sample. Apart from large-scale surveys (such as the CSEW), samples counting same-sex DVA predominately reflect the experiences of white, middle-class, lesbians and gay men who are aged between 25 and 35 and are comfortable enough with their sexuality to engage with surveys (Donovan and Hester, 2014). Convenience samples that are used in smaller-scale prevalence studies, therefore, make it hard for data and findings to be extrapolated. Nevertheless, these studies provide a good starting point through which to develop knowledge and understanding of a population which has previously slipped under the radar. Furthermore, another downfall of prevalence studies relates to their sole focus on prevalence. They often overlook the context of abuse (Donovan and Hester, 2014). My research seeks to redress this as it explores the context of abuse by examining the impact that sociocultural positioning and multi-faceted identity has on experiences of male same-sex abuse.

The studies explored above provide valuable estimates regarding the extent of same-sex DVA, in both UK and US contexts. They demonstrate that DVA manifests in LGBTQ relationships, akin to heterosexual relationships. Despite this, governmental strategies remain focused on tackling VAWG in the UK, rendering LGBTQ DVA victims invisible within DVA discourse and any resulting policy implications. Research is now needed to comprehend the nature of male same-sex abuse. In doing so, policy and practice can be informed in order to improve the response to these victims and their perpetrators, ultimately in the hopes of reducing or eliminating abuse in this context. Research examining prevalence rates provides a strong basis upon which to build this knowledge.

7.3.   Nature of male same-sex abuse

Following on from the examination of the prevalence of male same-sex DVA, this section seeks to examine literature which explores the nature of male same-sex abuse. As discussed above, previous literature has highlighted that abuse in male same-sex relationships bares general similarities to abuse in heterosexual relationships. In that, they experience physical, sexual, emotional, and coercive and controlling abuse (Messinger, 2017; Donovan and Hester, 2014; Island and Letellier, 1991), just as their heterosexual counterparts do. As a key theme of this research emerges from exploring the similarity between heterosexual and male same-sex abuse, examining existing knowledge on the nature of same-sex abuse is important. Exploring the nature of male same-sex abuse also offers context as to why they remain an invisible victim population.

In one of the first studies of its kind, Donovan et al. (2006) compared the experiences of abuse in same-sex and heterosexual relationships. They found the experiences of same-sex abuse to be generally similar to that of heterosexual abuse, with the exception that abuse in same-sex relationships is more hidden, less recognised, and not discussed as much. In addition, they found that support mechanisms and services do not exist to the same extent as those in heterosexual relationships (Donovan et al. 2006).

A theme that emerged within Donovan et al.'s (2006) study, is sexuality as a tool of abuse. In particular, perpetrators use their own closeted identity or denigration of the LGBTQ scene to control a victim's access to support networks and friends. Messinger (2017: 61) also recognises the use of sexuality as a tool of abuse, as specific to LGBTQ DVA, as he states 'the social and legal stigma of being LGBTQ can significantly expand the range of abusive tactics at the disposal of their partners'. For Messinger, (2017) these abusive tactics are specific to LGBTQ DVA. It is important to note these specific tactics, as to adequately and effectively respond to same-sex DVA, the nature of abuse must first be recognised and understood.

Perhaps the first comprehensive account of male same-sex DVA, Island and Letllier (1991) noted an extensive list of the types of abusive behaviours which can manifest in abusive gay male relationships. They provided an examination of both physical and psychological abuse,

including accounts of first hand experiences of abuse. One particular poignant excerpt reads (Island and Letellier, 1991: 34):

> Violence occurs almost instantly. He's on top of me, his hands on my neck and throat, shaking me, choking me … I am crying, shaking, hurting. I feel so awful. I am shocked and numb and weak. Stephen is holding me now, as I cry, saying he's sorry, so very sorry, telling me how much he loves me, how beautiful I am. We lie for hours. I am crying, and Stephen is holding me, comforting me.

For me, this anecdote demonstrates Leonore Walker's theory on the cycle of violence. First hypothesised in her book *The Battered Woman*, Walker (1979) posits that violence in intimate relationships is cyclical, in which a period or incident of violence is followed by a period of peace and loving relationship (sometimes referred to as the 'honeymoon' period. This is subsequently followed by a building of tension, and the cycle repeats itself. Island and Letellier (1991) stated that the same cycle applies to male same-sex DVA. Furthermore, they contend that the pattern of abuse has an impact on how, or whether, victims recognise the abuse, as they cannot pinpoint where or how it started. The cycle of violence theory can also be useful in theorising why practices of love can occur and co-exist alongside abuse. This is a notion which has been examined by Donovan and Hester (2014) in same-sex relationships and Cruz (2003) in gay male relationships.

Island and Letellier (1991) note an interesting feature of the cycle of violence in their examination of gay male DVA. They suggest that sex is used as a 'reinforcer' which 'guarantees the perpetuation of domestic violence' (Island and Letellier, 1991: 43). They theorise this is because sex plays a substantial part in the make-up stage in the cycle of violence. Furthermore, speaking to the nature of violence within same-sex relationships, Island and Letellier (1991) note that DVA rarely starts severe. Rather, it is commonplace for small incidents or behaviours to develop into more severe incidents of abuse and violence. This mirrors what we know about heterosexual DVA, with female victims as discussed by Stark (2007). Similarly, in her analysis of the sequential nature of domestic homicides, Monckton Smith (2020) posits that an escalation of violence (in severity, frequency, and variety) is an attempt to re-establish control.

Donovan and Hester's (2014) mixed-methods study provides a detailed overview of same-sex domestic violence and abuse. They used results from a large scale UK based community survey, with 746 respondents, as well as qualitative interviews with a follow up sample and further participants. Firstly, Donovan and Hester (2014) note that their participants have trouble defining and recognising experiences of DVA. This includes several participants who did not identify as experiencing DVA in the survey, but in the follow up interviews they re-defined their experiences as DVA. This was also more likely to occur for gay men. Donovan and Hester (2014) posit this demonstrates the public story of DVA in action, with their participants finding it more difficult to define their experiences of DVA unless physical abuse was the main component. Using Donovan and Hester's (2014) public story theory, my research explores gay male victims' lack of recognition of abusive experiences.

Differences between male same-sex and female same-sex experiences of abuse were also found by Donovan and Hester (2014). Interestingly, they found that men were significantly more likely than women to have experienced types of sexual abuse within their intimate relationships. This is significant, as my research examines the experiences of sexual abuse in male same-sex relationships. Although Donovan and Hester (2014) found some gender based differences, they found it was not the main source of difference between their survey respondents. Rather, they identified three main risk factors of potential abuse victimisation. Younger respondents (under 35), low income respondents, and those with a lower educational level were significantly more likely to report experiences of abuse. My research adds to Donovan and Hester's (2014) findings, by providing a contemporary UK based update.

Stiles-Shields and Carroll (2014) also theorised about predictors of same-sex DVA. They highlighted that alcohol and substance abuse are a trigger for violence in same-sex intimate relationships, particularly as LGBTQ individuals have a higher rate of alcohol and substance abuse in general compared to heterosexuals. Stiles-Shields and Carroll (2014) also highlight how psychological factors have been identified as predictors of violence, with depression, anxiety, and post-traumatic stress disorder being identified as risk factors within same-sex DVA. Finally, they point to HIV status as a predictor of same-sex DVA, with victims being at an increased risk of HIV infection. My research provides a contemporary update to these

previous findings, as it explores the impact of alcohol and substance abuse, mental health issues, and HIV on the experiences and nature of male same-sex DVA in the UK.

7.3.1. HIV and AIDS

HIV and AIDS have widely been acknowledged as a key difference in the experience of male same-sex and heterosexual DVA. On top of the evidence suggesting that men who are HIV positive are more likely to experience abuse, as opposed to men without HIV (Craft and Serovich, 2005; Jefferies and Ball, 2008), it has been documented both as a tool of abuse and as a trigger of abuse and violence (Jefferies and Ball, 2008). Furthermore, it has been argued that HIV and/or AIDS status is also the reason why sexual minority men stay in their abusive relationships, or why they may feel trapped within them (Ball, 2011). For example, Jefferies and Ball (2008: 150) state that 'HIV status has been shown to influence gay men's decision making about staying in abusive relationships'. Much of the research examining the nexus between HIV/AIDS and DVA developed out of public health literature, with Letllier (1996) suggesting that DVA and HIV are 'twin epidemics' for gay and bisexual men.

7.3.2. Outing

One specific feature of abuse within same-sex relationships which has been widely highlighted within literature is outing, meaning the intentional disclosure of someone's sexual or gender identity. In this context, it refers to perpetrators threatening to, or actually divulging the victim's sexual identity to people who do not already know, for example, family, friends, or co-workers (Whiting, 2007).

The presence of outing highlights that sexuality and gender identity create unique and important factors of same-sex DVA. A minority sexual orientation (i.e not heterosexuality) provides the perpetrator with another element through which to control and/or abuse a victim (Stonewall Housing, 2014). Outing has been widely documented as a specific form of LGBTQ abuse (eg. Chan, 2005; Jefferies and Ball 2008; Whiting, 2007). Carvalho et al. (2011) noted that abusive partners may threaten to reveal the sexual identity of victims to family

and employers to prevent victims from reporting abuse or seeking help. If this is something the victims fear, they may become trapped within the relationship and coerced into staying with their abusive partner.

Furthermore, the sexual identity of victims, and their perpetrators, can also impact their experiences of help seeking. For example, same-sex DVA has been referred to as the 'double closet', since when victims seek help for their abuse, not only do they have to disclose experiencing DVA but also disclose their sexual identity (McClennen, 2005; Stiles-Shields and Carroll, 2014). In addition, those individuals who are not out in regards to their sexual identity may have trouble seeking help from friends and family. My research explores the nature and impact of outing on victims of male same-sex DVA. For example, the use of outing as a tool of control and abuse by perpetrators, as well as the impact of outing and openness of sexual identity on help seeking behaviours

7.3.3. Homophobia

Linked to sexuality is the presence of homophobia. As will be explored in Chapter Three, homophobia refers to hostility and discrimination towards individuals based on their sexual identity. It provides another source of difference in the experiences of abuse between same-sex and heterosexual DVA. Homophobia can be examined both as a cause of the abuse, as a tool of abuse, as a barrier to seeking help, and as a motivation to remain within the relationship. Examining homophobia as a tool of abuse, Whiting (2007) highlights some of its connections to DVA, including perpetrators stating the abuse is deserved due to the victim's sexuality, perpetrators claiming that no one will help the victim as the police and support services are homophobic and perpetrators claiming the victim is not a 'real' man. Whiting (2007) also outlines that homophobia impacts gay and lesbian people's experiences of DVA by creating additional barriers to them accessing support. It can manifest in different ways, including feelings of betraying an already marginalised community and fear of alienation from that community, fear of exposing the partner to a homophobic justice system, fear of being ridiculed by support agencies due to their sexual orientation, fear that the issue may not be taken seriously or downplayed as mutual violence or just an argument and finally concern that DVA is seen as a heterosexual issue.

However, literature has also suggested there are unique and specific factors of abuse in same-sex abusive relationships, such as internalised homophobia (Cruz and Firestone, 1998; Letellier, 1994; Merrill, 1996). Both Bartholomew et al. (2008) and Tigert (2001) postulate there is an association between internalised homophobia and perpetration of abuse or violence.

As will be explored throughout my findings chapters, the impact of homophobia on the nature of same-sex abuse is significant. It is also a key point of difference between male same-sex and heterosexual abuse, which stresses the importance of recognising and responding to the specific needs of LGBTQ victims within policy and practice, rather than applying the current one size fits all approach.

8. Help seeking and reporting behaviours

As outlined in Chapter One, since the 1970s, feminist movements and VAWG advocacy has been met with a vast increase in the number of support services and organisations whose aim is to support women and children experiencing or fleeing domestic abuse (eg. Refuge and Women's Aid). However, the support services for LGBTQ victims are severely lagging in comparison. This causes a knock-on effect for victims' help seeking, as will be explored in Chapter Eight. Comprehensive and widespread service provision for LGBTQ people experiencing DVA is yet to manifest, and this remains one of the largest barriers to reporting behaviour for LGBTQ victims (Stonewall Housing, 2014). This research endeavours to examine the structural and individual barriers to help seeking to address this problem.

Help seeking behaviours by LGBTQ victims are complex. Not to mention they represent points of difference between heterosexual and same-sex DVA experience, due to the impact of heteronormativity and the invisibility of LGBTQ victims (Donovan and Barnes, 2020a). In an earlier study, Donovan et al. (2006) found less favourable feedback from LGBT persons in their study concerning the helpfulness of police, GPs and general domestic abuse agencies compared to their heterosexual counterparts. Jefferies and Ball (2008: 169) concluded that responses to male same-sex DVA 'are inadequate'. They also found that in terms of

helpfulness, male victims of same-sex abuse value the support of friends, counsellors, and specific services tailored to the needs of gay and bisexual men the most. Merrill and Wolfe (2000) also emphasise the reliance victims have on their friends, as all of the participants in their study sought assistance for their DVA experiences from informal support networks, most frequently seeking help from friends. Additionally, when more formal sources were accessed by male victims, it tended to be individual counsellors or organisations that *specifically* dealt with the needs of gay and bisexual men. My research provides a contemporary update to these findings, as it examines the help seeking behaviours of male same-sex victims. It also compares male same-sex help seeking to the help seeking behaviours of heterosexual female victims, demonstrating that the key differences are the result of sexual identity and sociocultural positioning of sexual minority men.

A recent UK Government LGBT[15] survey has also highlighted that respondents commonly discussed 'barriers to accessing support as an LGBT victim, as well as issues with reporting crime' (Government Equalities Office, 2018: 41). Responses include feelings that the incident was too minor, not serious enough, or that it happens all the time. Respondents also thought it was not worth it, they reported feeling like nothing would change, or they had dealt with it themselves or with help from family and friends (Government Equalities Office, 2018). It is important to note that these questions were about incidents which involved someone the respondents lived with and did not *necessarily* involve intimate partners. Nevertheless, barriers to reporting incidents are similar to barriers to reporting DVA.

Respondents also discussed the provision of services to victims of DVA, stating that existing services are not considered to be LGBT friendly, with staff assuming the service users to be heterosexual (Government Equalities Office, 2018). One respondent, a non-binary queer person from London, was told 'men don't get raped' and 'you can't be a victim of abuse' whilst attempting to report DVA and/or rape to the police (Government Equalities Office, 2018: 64). My survey investigates help seeking behaviours of male same-sex DVA victims

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[15] This reflects terminology used within the survey.

and my interviews with DVA professionals reveal many issues with resourcing support provision that is accessible and empathetic towards victims of same-sex abuse.

8.1.   Why do men stay?

One question which has been particularly prevalent within the DVA discourse relating to female victims is 'why don't they just leave?'. Parallels can be drawn between same-sex and heterosexual DVA as to the reasons why victims stay in abusive relationships, as demonstrated by earlier research.

Jefferies and Ball (2008) found the most common reasons men stay in their same-sex abusive relationships are: feelings of love, hope, loyalty/commitment, fear, financial dependence, inadequate knowledge of same-sex DVA, and a lack of social assistance and/or support. Cruz's (2003) study, which consisted of semi-structured interviews with 25 gay or bisexual men, examined the reasons why they stayed in abusive relationships and largely mirrored the reasons listed above. Cruz (2003) also highlighted how these findings mirror what is known about female victims, and their reasons given as to why they chose to stay, or feel trapped in abusive relationships. For example, Goetting (1999) indicates that women stay with their abusive partners because they hope they will change and the abuse will stop. Additionally, relationship commitment has also been noted as a reason why women stay with abusive partners (Gelles and Straus, 1988; Pagelow, 1984).

Importantly, Cruz (2003) highlighted that gay men stay in abusive relationships because there is a lack of assistance available to them. Similar findings were highlighted by Merrill and Wolfe (2000). For example, Cruz (2003) found that whilst seeking help, some men had been confronted with homophobic and heterosexist attitudes from law enforcement agents and medical personnel. My research provides a contemporary UK based update to these previous findings, as the current service response to male same-sex DVA victims in the UK is examined. Ultimately, this research argues there is a distinct lack of specific services and support available to these victims. In addition, help seeking from generic services or reporting abuse to the police is also impaired by issues relating to heteronormative and homophobic notions. This will be demonstrated in Chapter Eight.

Furthermore, Cruz (2003) emphasised that contrary to belief about DVA victims, violence and love can, and do, coexist. Contextualising this influence of love within the cyclical nature of DVA, Cruz speculates that love and hope is kept alive during the intervals between episodes of violence and abuse. During these breaks, the abusers can be gentle, loving and apologetic (Cruz, 2003). Donovan and Hester (2015) also draw attention to practices of love, arguing that both same-sex and other-sex relationships share similar practices of love, despite the presence of DVA.

For Messinger (2017), a key reason why LGBTQ victims stay in abusive relationships is that they do not recognise their experiences as DVA. According to one study, by Hester et al. (2010) this lack of recognition is dependent on types of abuse. Victims of emotional abuse are least likely to label as victims, for sexual abuse this is slightly higher, and victims of physical abuse are most likely to label themselves as victims. For victims who experience multiple types of abuse, the likelihood of abuse recognition also increases. As discussed in a previous section, this lack of recognition is likely to be the result of the prevailing public story. Messinger (2017) also cited dependence, fear, and barriers to help seeking as reasons why LGBTQ people stay in abusive relationships. For the most part, the reasons men give for staying in same-sex abusive relationships mirror the reasons why women stay. My research, however, finds these reasons are often compounded by victims' minority sexual identity, creating structural barriers to help seeking, as will be examined in Chapter Eight of this thesis.

9. Conclusion

This chapter has provided an overview of key literature pertaining to male same-sex DVA, and its place within contemporary DVA discourse. By doing so, it has demonstrated the key themes of my research; the invisibility of male same-sex DVA and similarities and differences in the nature of DVA between male same-sex and heterosexual relationships. It has also provided a framework of key literature that my research builds upon in a UK context.

Firstly, traditional feminist literature and early DVA discourse were explored. This literature explained domestic abuse as one form of violence against women at girls, underpinned by patriarchal power and control over subordinate women. Prevalence of this abuse was also examined, as women make up the majority of DVA victims, this explains why VAWG is placed at the heart of DVA policy and legislation. However, this has been to the detriment of other victims, who are rendered invisible within the resulting policy and practice.

Secondly, Stark's (2007) theory of coercive control was also examined. In recent years, scholarship has paid much attention to coercive control resulting in developments in legislation in the UK. Although Stark originally suggested coercive control is only applicable to male violence towards women, recent research has demonstrated that coercive control also features in same-sex abuse, as well as in female perpetrated abuse. My research contributes to this, as Chapter Six examines the nature of coercive control in male same-sex relationships.

This chapter also discussed the gender a/symmetry debate within scholarship. This is significant for my research, as it represented a shift in the DVA discourse that started to recognise the existence of other victims outside of a gendered and heteronormative binary. The public story of DVA was also examined, exploring how this contributes to the invisibility of male same-sex DVA. Despite women representing the majority of victims, there exist other victims outside of the heteronormative public story of DVA.

The prevalence of male same-sex abuse was then examined, in UK and US based studies. This research shows that male same-sex abuse occurs at a similar rate to heterosexual DVA. An overview of the nature of male same-sex abuse was also given, which demonstrated that coercive control, physical abuse, and sexual abuse can all occur in same-sex relationships just as they do in heterosexual relationships. However, differences that do occur are the result of additional sociocultural factors relating to LGBTQ people such as homophobia. This will be explored in detail in Chapter Six of this thesis. Finally, literature pertaining to help seeking behaviours and why men may stay in their abusive relationships was addressed. This is significant, as my research explores help seeking in Chapter Eight, and suggests that barriers to help seeking can be structural or individual.

The next chapter provides the theoretical framework for my research. It explores theories of sexual identity, heteronormativity, homophobia, and masculinity, which subsequently inform my analysis of survey and interview data.

Chapter 3
Situating the Problem of Male Same-Sex Domestic Violence and Abuse

1. Introduction

Domestic violence and abuse (DVA) research is mainly underpinned by theories of patriarchal power and control, due to the influence of the second wave feminist movement. As a result, DVA is largely thought of as a heterosexual phenomenon. However, the presence of violence in male same-sex relationships cannot be accounted for by these dominant theories. The dearth of knowledge about same-sex abuse has meant that work in the field, both in theory and practice, remains heterosexist (Letellier, 1994). This suggests the need to adopt different approaches that are sensitive to sexual identities and other experiences of relationship abuse, which is accomplished in my research.

This chapter offers a review of sexual identity and its hierarchy within society, the interrelated concepts of heteronormativity and homophobia, and masculinity(ies) discourse. The purpose of this chapter is to frame the theoretical underpinning of my research. Each concept discussed in this chapter offers a different perspective to the discourse on male same-sex DVA, offering a lens through which to view and analyse my research and findings. The theoretical framework adopted herein is innovative in its combination of perspectives And their application to male same-sex violence in a UK context.

This chapter is split into four main sections, each of which examine a different theoretical perspective. It begins by outlining the concept of sexual identity, how it is formed and subsequently categorised in society within a hierarchical sexual value system. The othering, and subsequent demonisation, of individuals who fall outside of the heterosexual binary constructs the specific arena for heteronormativity and heterosexism to thrive. The next section of this chapter analyses the concepts of heterosexuality and heteronormativity, and their relationship to same-sex domestic violence is also interrogated. In the third part, attention is turned to homophobia, and its manifestation in two forms; societal and internalised homophobia. Both of which have been found to significantly impact both causes and outcomes of same-sex domestic violence. Finally, the way in which minority

sexual identitiy impacts DVA is examined through a critical analysis of masculinities. The concept of gay masculinity is discussed, with a specific focus on how particular gay masculinities can offer an explanation for the presence of male same-sex domestic abuse.

2. Understanding the link between feminist and queer theories

As discussed in Chapter Two, the dominant feminist theory of DVA is inherently heteronormative (Baker et al., 2013) , as theories of DVA are situated within the concept of gender and gender relations, with abuse as an extension of patriarchal power and control. However, the demand for research which examines DVA beyond a gendered perspective has increased in recent years (eg. Hassouneh and Glass, 2008; Ristock, 2005). My research adds to this body of literature, as I underpin the importance of applying other theoretical perspectives within the DVA discourse. Although my research critiques the dominant heteronormative rhetoric of DVA and the dominant feminist perspective, it also recognises that gender still plays a role in male same-sex DVA. While my research is still inspired by feminist perspectives and gender notions, these are simply not the only relevant theoretical perspectives. Instead, I utilise a unique combination of perspectives taking inspiration from queer theory, as well as feminism, and gender studies and apply it to male same-sex DVA. This approach forms an original contribution to theory and knowledge.

The connection between feminism and queer theory is not a new concept, however, it has rarely been applied in research examining the phenomenon of male same-sex DVA, which this thesis has done. Many scholars have argued that feminism and queer theory are inherently linked, not least in their theoretical focus on the construction, and deconstruction, of binary categories such as gender and sexuality (Butler, 1994; Jagose, 2009; Liljeström, 2019 and Marinucci, 2016; Williams, 1997). Feminist and queer research methodologies are also strikingly similar, as they both centralise the experiences of marginalised and subordinated identities (Erol and Cuklanz, 2020). Referring to the link between feminism and queer theory, Marinucci (2016: 105) introduces the idea of 'queer feminism' which she defines as a concept which 'brings both a queer orientation to feminist theory, and a feminist orientation to queer theory'. Marrinuci (2016) claims the union of queer and feminist theories is inviting, as both already address intersecting issues of gender,

sex, and sexuality and therefore already share commonalities. Similarly, Liljeström (2019) asserts it is impossible to think about categories of gender and sex separately.

Although feminism and queer theory share common interests, there also exists a tension between them, and consideration of their connection is not complete without acknowledging the contradiction in terms (Marinucci, 2016). This contradiction is perhaps most stark when you consider the radical critique of binaries, including gender and sex, that queer theory makes. Without these categories, there would be little value in a theoretical perspective organised around them, such as feminist perspectives. Feminism is therefore 'at odds' with the rejection of binary categorisation that queer theory makes (Marinucci, 2016: 109). Contrastingly, Marcus (2005) notes that although queer theory introduces the idea of sexual identity as fluid, feminism does not actually assert the opposite. Taking this view, the 'classic' and 'intensively reproduced' idea that feminism and queer theory are contradictory can be argued to be outdated (Liljeström, 2019: 26). This is especially true when you consider post-structural feminism, which like queer theory, considers identities to be discursive and power to be complex and fluid (Davies and Gannon, 2005). My research adds to the argument that feminism and queer theory have a strong affiliation in their theoretical and methodological perspectives.

The notion of queer feminism (Marinucci, 2016) has implications for my research, as it draws considerably from previous feminist thinking on gender and DVA, but combines this with queer theories of sexuality and DVA. This combination of theoretical perspectives is effective as it creates an innovative arena for analysis of the phenomenon of male same-sex DVA. For example, applying a gendered analysis allows me to account for the impact that masculinity and gendered notions have on experiences of abuse and subsequent help seeking behaviours of male same-sex victims. Regardless of sexuality or relationship type, DVA can be theorised as a way for men to perform gendered notions (Anderson and Umberson, 2001). This gendered analysis is also important as my findings draw on and update previous literature pertaining to female victims of DVA. In doing so, it allows me to draw similarities in the experiences of female and male same-sex DVA victims and allows my findings to also be applied to DVA in heterosexual contexts. The usefulness of locating male same-sex DVA within a gendered DVA discourse is explored further in Chapter Five.

With the addition of queer theory, my research critiques the heteronormative nature of the DVA discourse. It updates the dominant feminist theoretical framework and DVA discourse by expanding beyond a gender based analysis, but not wholly disregarding it. This is important, as the heteronormative nature of the prevailing discourse harms victims that lie outside of the binary, by rendering them invisible. This includes not only male same-sex DVA victims but also female same-sex victims, trans victims and male victims of female perpetrators. The use of queer perspective and examination of sexual identity also allows my research to ollowit for key differences in the experiences of abuse for men in same-sex relationships. Furthermore, the application of queer theory in this research makes a contribution to the growing development of queer criminology in the wider discipline of criminology. The development and importance of queer criminology is set out in Chapter Four.

Theollowingg sections outline the main theoretical perspectives which combine to form the unique theoretical framework of my research. These perspectives are drawn from queer theory, feminism and gender studies.

3. Identity

As sexual identity is a central theme of this research, the concepts of identity and sexual identity formation are significant. The following sections examine the concept of identity, theories of sexual identity formation and hierarchies of sexual identity. This provides a framework for later analysis of the impact of sexual identity on experiences of DVA.

3.1. What is identity?

Despite an increasing use in the concept of identity and its central role in numerous ongoing debates throughout society, Fearon (1999: 1) contends that the concept of identity 'remains something of an enigma'. Nevertheless, there have been attempts to define the term. For example, Jenkins (2014: 6) simply states that identity 'is the human capacity – rooted in language – to know 'who's who' (and hence 'what's what')'. Additionally, Baumeister and

Muraven (1996: 406) describe identity as 'a set of meaningful definitions that are ascribed or attached to the self, including social roles, reputation, a structure of values and priorities, and a conception of one's potentiality'. Finally, Fearon's (1999: 12) own attempt to define identity is 'something that fits as X in the sentence "I am an X". In logical terms, an identity is a predicate that applies (or may apply) to a person, that is, a quality or property of a person'.

In other words, identity refers to the way in which people classify themselves or are defined by others. This is created through many different social divisions, including age, race, ethnicity, gender, and sexuality, among other factors such as language and culture. Subsequently, groups and collectives are formed in society based upon people with similar identities, one example of this being the LGBTQ community. Nonetheless, it is important to remember this does not mean that these groups are homogenous, as will be explored in a later section.

3.2. Identity formation

Identity formation refers to the development of distinct characteristics of an individual. It can be 'conceptualized as an ongoing psychosocial process during which various characteristics of the self are internalized, labelled, valued and organized' (Levine, 2009: 191). Identity formation is influenced by wider social factors. However, Baumeister and Muraven (1996) contend that this relationship is like the chicken-and-egg conundrum. They question 'which causes which? Is society the sum or product of identities, or is it the source of them?', ultimately concluding that societies 'play an important causal role in creating and shaping identity' (Baumeister and Muraven, 1996: 405). They also contend that society is not the only influence on identity formation. Instead, they highlight a degree of self-determination within identity formation, in which individuals have their own choice and influence on their identities. In turn, this allows individuals to adjust and amend their identities based on social context. Similarly, Jenkins (2014) contends that identification, either of others or of ourselves, is a process. It can therefore be argued that identity development is an ongoing adaptation to social context.

Since the decriminalisation of minority sexuality across most of the Western world, including the UK in 1967, and the gay liberation movement of the late 1960s, research has turned to questioning the identity formation of non-normative sexuality (eg. Cass, 1979; D'Augelli, 1994). Although different theories of sexual identity formation have developed, they typically share common characteristics (Bilodeau and Renn, 2005; Gonsiorek, 1995). For example, they all start with a stage in which individuals try to block recognition of their non-normative sexuality. Later, as individuals start to accept their non-normative feelings, they begin to internalise their sense of identity, and it is viewed as a 'positive aspect of self' (Bilodeau and Renn, 2005: 26).

Nonetheless, it is important to note that the process of identification, or 'coming out', is not always sequential. It can be fluid or involve stops, starts, and backtracking (Bilodeau and Renn, 2005; Cass, 1984; Rust, 1993; Troiden, 1979). For Rust (1993:50) sexual identity ought to be 'reconceptualised as a process of describing one's social location within a changing social context'. By viewing sexual identity within changing social contexts underpins the idea that identity is not fixed or standardised. This reinforces the widespread critique of binary gender and sexuality (Butler, 1990; 1991; Martin, 1996; McPhail, 2004), by highlighting the various ways in which sexuality can be identified and experienced.

Understanding how sexual identity is formed has significance for my research, as sexual identity and the position of sexual minority men within society is integral to how men perceive their intimate relationships, as well as how they experience abuse. Perhaps one of the most prominent models of LGBTQ identity formation was developed by Cass (1979), termed the *Homosexual Identity Formation Model*. At the time, few studies had been conducted into the formation of gay or lesbian identity. As a result, this model is widely regarded as the most cited model for gay male and lesbian identity formation. It also provided a base for subsequent work on sexual identity formation to expand on (Kenneady and Oswalt, 2014).

Cass's (1979) model is built on the assumption that identity develops as interactions between the individual and the environment, and involves six stages: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. Subsequent research prompted Cass (1996) to add 'Prestage 1', in which individuals recognise heterosexuality as normative and homosexuality[16] as a non-normative minority. Cass (1996) proposed that this process commences when an individual begins to acknowledge that their behaviour is consistent with being gay. Despite the influence of Cass's model on sexual identity formation research, it is also critiqued. These critiques focus on four main issues: the limitations of a linear model, a narrow focus on only gay male and lesbian identity, a lack of addressing differences between male and female sexual identity development, and finally a lack of addressing racial and ethnic intersections of identity and their influence on sexual identity (Kenneady and Oswalt, 2014). These critiques illustrate that, when it is applied in the real world, Cass's model may not be appropriate in understanding the intersecting needs of certain individuals.

In response to these critiques, D'Augelli (1994) developed a sexual identity framework, which is said to more accurately acknowledge the importance of social contexts on identity development. The framework focuses on the development of an individual's self-concept, relationships with family, peer groups and community – factors that were previously ignored. Therefore, this framework created the potential to incorporate a wider range of experiences than previous theories that specifically related to racial, ethnic, or gender groups. D'Augelli's (1994) model also has six stages, but it is recognised as a nonlinear process in which the stages can operate almost independently. The stages are as follows: exiting heterosexuality, developing a personal LGB[17] identity, developing an LGB social identity, becoming an LGB offspring, developing an LGB intimacy status, and entering an LGB community. Similarly to D'Augelli, Troiden (1988) also noted how the development of gay identity is not a linear process. He likened identity development to a 'spring lying on its side' in which 'progress through developmental stages occurs in a back-and-forth, up-and-down fashion' (Troiden, 1988: 105).

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[16] This reflects language used by Cass within her model.
[17] It is worth noting that Cass's model was built specifically on gay male and lesbian identity formation, and does not theorise about gender identity. Therefore trans, bisexual and queer identity were not hypothesised.

However, Troiden (1988) recognised that these stages may materialise in different ways for different people. For example, other identity factors, such as ethnicity and age, could influence how sexual identity forms. Poynter and Washington (2005) support this notion, contending it may be best to consider the development of multiple identities as a complex process of simultaneous tasks and challenges, rather than as linear stages. Furthermore, Poynter and Washington (2005: 42) indicate that 'multiple identities of an LGBT person interact with and affect one another'. As a result, identity formation becomes a more multifaceted process when individuals lie at the intersection of identities, highlighting the importance of intersectionality theory (Crenshaw, 1989; 1994). Diverse perspectives of identity development have examined LGBTQ identity in relation to other identities including, but not limited to, age, gender, race, culture, class and disability.

This section has outlined the social and cultural construct of sexual identity. Theories of sexual identity formation enrich the understanding of what constitutes a sexual identity, how it develops, and how it interacts in multifactor contexts. This has implications for my research as wider sociocultural aspects and sexual identity act as a framework through which to analyse the experiences of male same-sex DVA, as explored in Chapters Five and Six respectively. The following section explores how resulting sexual identities are arranged in a hierarchical value system.

3.3.   Sexual identit*ies* and hierarchies

Social regulation of sexual identities began in the UK in the 19th century (Weeks, 2012). As social traditions and popular prejudice placed limits on non-heterosexuals, who responded by creating 'a variety of ways, self-concepts, meeting places, a language and style, and complex and varied modes of life' (Weeks, 2012: 134). Foucault (1978: 101) also describes the process as when 'homosexuality began to speak on its own behalf, to demand its legitimacy or 'naturality' be acknowledged'. However, Weeks (2012: 134) argues the creation of non-normative sexual identity was not a simple process, in fact; 'there is no such thing as *the* homosexual (or *the* heterosexual for that matter)'. This recognises both the

non-homogenous nature of non-normative sexuality, as well as its fluidity, whereby the concept of sexuality adapts in line with societal progressions.

Though they are similar and interrelated concepts, sexual identity can be distinguished from sexual desire and sexual behaviour (Levy, 2009). Sexual desire refers to both the appeal of having sex with certain individuals and attraction to them (Laumann et al., 1997). It has been linked to a biological drive (Nussbaum, 1999). Yet, it is important to understand that not all individuals act on their desires which reinforces the difference between sexual desire and sexual behaviour. Sexual behaviour refers to sexual contact of some kind (Parker, 2007). However, this definition does not indicate the type or frequency of sexual behaviour that counts as non-normative sexual behaviour. This brings attention to sexual identity, defined as 'how individuals situate themselves within known sexual categories' (Levy, 2009: 982). Sexual identity relies on how an individual perceives themselves as sexual beings, mainly in accordance with pre-conceived categories. Put simply, sexual desire is the *feeling*, sexual behaviour is the *act*, and sexual identity is the *self-recognition* of sexuality. This distinction was influential in my research regarding my survey participant recruitment. As Chapter Four examines, I recruited participants based on their involvement within a male same-sex intimate relationship, rather than specifically recruiting gay and bisexual men, to account for fluidity of sexual identity and the various ways in which people identify.

In the History of Sexuality, Foucault (1978: 37) discussed how the proliferation of discourse of sex led to the 'implantation of perversions'. According to this theory, 'sexual identity emerges as the culmination of a set of desires' (Halberstam, 1997: 328). However, Halberstam (1997) also highlights there is an assumption that particular sexual practices correspond to particular sexual identities. Despite the fact that knowing someone's sexual identity realistically tells you nothing about their sexual behaviour and vice versa. Recognising that non-normative sexuality is not homogenous influenced my research, as it reinforces my decision to focus on male same-sex DVA in this study allowing for an in-depth exploration of how sexuality impacts experiences of DVA.

Although the proliferation of gay and lesbian liberation movements propelled the issue of oppression of sexual minorities to the forefront of society and politics, many argue that

flaws remained (Stein and Plummer, 1994; Jagose, 1996). Specifically, they argue these movements were not inclusive enough and failed to emphasise that non-normative sexuality is not homogenous, rather it is an ambivalent mix of multiple identities. Seidman (2006b: xxiv) claims 'there is no gay self in general but only multiple lesbian and gay identities', which in turn underlines the notion that not all sexual desires and sexual orientations are fixed. In response, recognising different sexualities subsequently became an underpinning discourse of queer theory (Duggan, 1992).

3.3.1.   'Good' and 'bad' sex

Within society, sexual identities are organised into a hierarchical system of sexual value through societal norms and sanctions. This section will examine Rubin's (1984) theory of sexual hierarchies. In the seminal essay, *Thinking Sex*, Rubin interrogates the value system used to structure sex and sexuality in Western society. This rigid value system categorises sexual behaviour as either 'good' and natural or 'bad' and unnatural. It is important to note that this structure is not as simple as placing heterosexuality at the top and homosexuality[18] at the bottom. Rather, Rubin accounts for all kinds of sexual difference (Halberstam, 1997), which are placed in a pyramid-like hierarchical structure. Explaining where individuals are placed, Rubin states:

> Marital, reproductive heterosexuals are alone at the top of the erotic pyramid. Clamouring below are unmarried monogamous heterosexuals in couples, followed by most other heterosexuals. … Stable, long-term lesbian and gay male couples are verging on respectability, but bar dykes and promiscuous gay men are hovering just above the groups at the very bottom … the most despised sexual castes currently include transsexuals, transvestites, fetishists, sadomasochists, sex workers such as prostitutes and porn models, and the lowliest of all, those whose eroticisms transgresses generational boundaries.

Here, Rubin articulates the divide between what society perceives as acceptable and unacceptable sexual behaviour. What is important is that this distinction is not naturally occurring, but is culturally constructed and based on social norms and sanctions. This hierarchy of sexual values functions in the same way as other socially constructed

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[18] This reflects the language used by Rubin within her model.

ideological systems, such as racism, ethnocentrism and religious chauvinism (Rubin, 1984). It simultaneously legitimises and justifies the well-being of the privileged and 'normal' individuals at the top, and the adversity of individuals at the bottom – which in this case are the sexual minorities.

Individuals who exhibit sexual behaviours that fall lower down in the hierarchy are subject to assumed mental illness, criminality, disreputability, restricted social mobility, and limited institutional support (Rubin, 1984). Stigma is attached to the sexual behaviours at the bottom of the hierarchy, which consequently acts as an effective sanction against individuals who engage in them. The intensity of the stigma has its origins in traditional Western religious practice. In its contemporary form, the stigma is rooted in the medical and psychiatric approach to sexual minorities, which is outlined in Chapter One.

Rubin's analysis, alongside many other feminist and gender scholars, (eg. Butler, 1994; Wittig, 1997; Sedgwick, 1991) connects the feminist theory of patriarchy to a more developed idea that the suppression of women is linked to the suppression of different sexual identities in society. She states that 'at the most general level, the social organisation of sex rests upon gender, obligatory heterosexuality, and the constraint of female sexuality' (Rubin, 1997: 40). For Warner (1993), despite the alleged separate field of inquiry of queer and feminist studies, many scholars argue that non-oppressive gender order can only come about through a radical change in sexuality. This demonstrates the inherent link between feminist and queer theory as they both examine, and seek to destabilise, structures of oppression and underpins the queer feminist perspective which frames my research.

4. Heterosexuality and heteronormativity

As minority sexuality is defined by societal and cultural norms and practices, as demonstrated above, heterosexuality is too. As a result, it has a historical and cultural discourse to be analysed (Spargo, 1999). The study of heterosexuality provides a basis and understanding for the concept of non-normative sexuality and sexual identities. This section examines why heterosexuality is viewed as the natural and normal sexuality, while LGBTQ sexuality is not, and explains why Western societies are governed by, what queer theorists have coined, heteronormativity.

4.1. Heterosexuality

Simply put, heterosexuality or 'straight' refers to the 'sexual behaviour, desires, practices, emotions and identities based on relations between people of 'opposite sexes'' (Weeks, 2011: 79). It is deemed as the *natural* and *normal* sexuality, justified by biological means. The simplistic biological justification for heterosexuality is that of reproduction, which requires the sperm from a male and an egg from a female. Although a seemingly straightforward term, it has a complex history and only entered popular discourse as recently as the 1930s (Weeks, 2011). Heterosexuality extends beyond sexual practice (Rubin, 1984) and biological processes (Spargo, 1999). Rather, it is a cultural product which acts as a social institution, based on the binary division of sexuality, and the superior positioning of men over women and heterosexuality over minority sexuality.

The concept of heterosexuality helped to create and underpin widespread familial ideals, which subsequently became a tool to control sexuality throughout society. Foucault's (1978) influential work *The History of Sexuality* explains how the family became central to a functioning heterosexual society, which condemns any sexual behaviour outside of heterosexual marriage. Before the 18th century, concepts of the family did not feature in popular discourse, and it was not until rapid growth in the population and capitalism that families became a central concern of the Government (Foucault, 1978). The population became problematic as it generated revolution, disease, and crime, but also became essential in the production of goods and wealth (Wykes and Welsh, 2009). As a result, sex had to be managed, and emphasis on the family unit provided a perfect way to do so.

The problem with this family-based model is that the ideal family is based on Western, white, middle-class, religious, and heterosexual ideals. It is a hegemonic family model which includes a male and female heterosexual married couple, and their children, a concept which became known as the nuclear family (Giddens, 2006). This model excludes individuals whose experiences fall outside of this ideal family, including cohabiting couples and same-sex couples. Weeks (2012: 14) suggests that 'family relationships have been critical in assigning social – and gender and sexual – positions'. Therefore, the formulation of the ideal

familial model helped forge heterosexuality as the dominant sexuality in society. As Hudak and Giammattei (2014: 105) argue, despite the recent increased visibility of LGBTQ individuals 'there remains no definition of 'family' in the public consciousness that refers to same-sex couples with children'. This dearth in LGBTQ public image extends beyond the family to a general lack of healthy LGBTQ relationship models, as discussed in Chapter Seven. This reinforces sexual minorities as 'other' and has implications for the intimate lives and relationships of sexual minority men.

Additionally, Tin (2012: vii) outlines that 'heterosexuality is assumed to be ever-present' within society, demonstrated by the constant imagery of heterosexuality. For example, 'fairy tales, novels, cinema and television, newspapers and magazines, advertising and pop music: all celebrate the pairing of man and woman. For most heterosexuals, at least, it is an invisible kingdom where *heterosexuality reigns supreme*' (Tin, 2012: vii, emphasis added). Heterosexuality is portrayed across all levels of society, upheld by social structures and institutions which construct heterosexuality as the norm. This notion forms the basis of heteronormativity theory, which is examined in the following section.

This discussion has highlighted how heterosexuality informs and frames intimate relationships. This is relevant to my research which explores the argument that sexual minority men are also socialised with traditional heteronormative ideals. This may impact sources of conflict within their same-sex intimate relationships.

4.2. Heteronormativity

Following on from the discussion of sexual identity and how different sexual identities are arranged within society, this section examines the theory of heteronormativity. This is important in the hierarchy of sexual identity as heteronormativity refers to the assumption or belief that heterosexuality is the norm, or a 'compulsory heterosexuality' (Rich, 1980), which is subsequently promoted and privileged within society, as discussed above. Heteronormativity manifests itself in social structures, such as the family and marriage, which consequently cement heterosexuality as a foundational structure of society and culture (Herz and Johansson, 2015).

Heteronormativity is related to but distinguished from, heterosexism. Heterosexism refers to discrimination or prejudicial attitudes toward individuals with non-normative sexuality, from heterosexuals. Similar to sexism and racism, heterosexism is the belief in the inherent inferiority of LGBTQ individuals (Fish, 2006). Although they are related concepts, this section focuses on heteronormativity as further analysis in this thesis will demonstrate how heteronormativity influences the male same-sex experience of DVA, and their subsequent help seeking behaviours.

As discussed in the previous section, heteronormativity upholds heterosexual relationships as the norm. These relationships are subsequently socially validated through social policy and institutional practices (Jackson, 2006). Intrinsic to the concept of heteronormative assumptions is the idea of a correct, or natural, gender, sexual orientation and family structure. It is a combination of these structural components that create a heteronormative system of privilege based on binary opposites such as ''real' males and 'real' females versus gender 'deviants', 'natural' sexuality versus 'unnatural' sexuality, and 'genuine' families versus 'pseudo' families' (Oswald et al., 2005: 144). Furthermore, this binary system demonstrates the connection between gender and sexuality, as both constructs are upheld by the same social systems and with similar consequences.

For Butler (1990), it is the heterosexual matrix of discourse, institutions, and practices that creates this notion of heterosexuality as the normal and legitimate sexual orientation. By constructing the 'othering' of minority sexuality, heteronormativity maintains heterosexuality as the dominant and hegemonic sexuality (Hudak and Giammattei, 2014). Weeks (2011: 12) describes heteronormativity as a 'hidden structure of power', that stands alongside capitalism and the patriarchy. It is a method of power and control over society, pushing individuals to conform to heterosexuality and 'normal' family life. Hudak and Giammatteei (2014) highlight that the markers of a traditional successful adulthood – dating, marriage and parenting – are all linked to heterosexuality. This research uses the concept of heteronormativity to examine the invisibility of male same-sex DVA victims, and questions whether socially sanctioned heteronormativity influences how men experience same-sex abuse or seek help.

Heteronormativity is perhaps best exemplified by the presumption that individuals are heterosexual. Heterosexuality is assumed unless stated or proven otherwise. For some individuals who do not identify with heterosexuality, they may hide their sexual identity out of fear of discrimination, stigma, or persecution. This concept is commonly referred to using the expression 'the closet'; a metaphor for an individual keeping their sexual identity a secret. Sedgwick (1990: 71) claimed this expression is 'the defining structure for gay oppression in this century'. LGBTQ individuals 'come out of the closet' by declaring their sexual identity (Hunter, 2007). It is a near-everyday experience, what Warner (1993: xxv) describes as a 'performative act'.

For heterosexuals, coming out does not exist, because they were never *in*. Heterosexual individuals do not have to hide or keep a secret from people who may judge, discriminate, or hurt them due to their sexual orientation. Declaring oneself as 'out' of the closet may be personally therapeutic or even beneficial, as it demonstrates that identities exist outside of those which are structured by opposite-sex desire (Sumara and Davis, 1999). For Adams (2010) coming out is necessary, as gay identity is invisible. It 'lacks definitive, permanent visible traits' (Adams, 2010: 236) and therefore is a discreditable identity that needs confirming through both discourse and action.

There are, however, limitations to coming out as a liberating process. For example, to come out 'entails acknowledging the centrality of heterosexuality as well as reinforcing the marginality of those who are still *in* the closet' (Spargo, 1999: 4, emphasis in original). The concept of being closeted, or coming out, perpetuates the idea that minority sexuality is abnormal, unnatural, and something to be secretive or ashamed about. It 'continues to participate in the ongoing subjugation, through representation practices of differentiation, of those identities that do not identify as ones that are structured by opposite-sex desire' (Sumara and Davis, 1999). Furthermore, it has been argued that the act of coming out upholds the heteronormativity framework and reinforces heterosexuality as better than minority sexuality (Foster, 2008; Adams, 2010). It frames individuals as straight until proven gay, therefore rendering identifying as heterosexual unnecessary.

Queer activism challenges presumptive heteronormativity (Weeks, 2011), by emphasising the presence of sexual identities outside of the heterosexual ideal. Questioning heteronormativity aspires to challenge the *whole* system, including the cultural constraints placed on heterosexuals, as well as LGBTQ individuals (Herez and Johansson, 2015). Not only does heteronormativity exclude those who do not fit inside the normative model, but it also upholds the hegemonic ideal, trapping heterosexuals within its boundaries (Jackson, 2006). The concept of heteronormativity is therefore suitable for my research, as it questions whether abusive male same-sex relationships are replicating the heteronormative model. In addition, I problematise the heteronormative nature of DVA discourse and dominant theories, and highlight the influence this has on rendering male same-sex DVA victims invisible.

4.3.   Nexus to domestic violence and abuse

The normalisation of heterosexuality, and the oppression of non-normative sexuality within heteronormativity, as discussed above, creates a specific arena in which same-sex DVA is both created and viewed. Whilst the contextual triggers for male same-sex DVA largely mirror those of opposite-sex cases, Kay and Jefferies (2010) found that heteronormativity surfaced as a distinctive feature of male same-sex DVA, citing heteronormativism as a reason why male same-sex abuse is silenced and grossly underreported.

As I have discussed previously in Chapter Two, the stereotypical depiction of DVA is formed from a heteronormative perspective (Letellier, 1994), with the typical experience of DVA involving an abusive male and victimised female. The invisibility surrounding same-sex abuse influences how individuals experience and make sense of this violence (Irwin, 2008). It culminates in individuals, society, and even support organisations disregarding other experiences of DVA, whether it be female to male violence, female to female violence, or male to male violence.

As a result of pervasive heteronormativity, society fails to recognise a whole population of DVA victims. As discussed further in Chapter Five, the manifestation of heteronormativity within both society and the DVA sector can be so strong that even victims fail to recognise their own victimisation (Letellier, 1994; Donovan and Hester, 2014). The heterosexist perspective that has shaped DVA awareness and knowledge coupled with the presence of heteronormativity, has resulted in male victims of same-sex abuse seeing DVA as a heterosexual phenomenon with female victims. These men often do not view their own relationship in the context of DVA (Island and Letellier, 1991). If these men fail to recognise their victimisation, it is not surprising that support services and societal responses are lacking. This failure to recognise the existence of same-sex victimisation reinforces the invisibility of same-sex abuse and simultaneously upholds the heteronormative interpretation of DVA. My research explores this lack of recognition amongst male same-sex DVA victims.

Although heteronormativity positions non-normative sexuality as subordinate, research suggests there is no substantial difference between the relationship and family lives of heterosexual and same-sex couples (Kurdek, 2005). Rather, power and control can stem from social factors, such as access to resources, income, and education (Patterson, 2000). Peplau (1991) claims that when one person is more dependent on the other, they are expected to have less power. This can have implications for abusive relationships, as Bornstein et al. (2006) propose a relationship between financial, emotional, and physical dependence and mistreatment and exploitation in relationships.

Power has extensively been linked to control and abuse in heterosexual relationships (Johnson, 2001; Stark, 2009), with violence as a tool to either gain or reinforce power and control. Although these early perspectives of power and control were developed in specific response to male abuse towards women and within a gendered violence framework (eg. Stark, 2007), research has since identified the same exertion of power and control and the existence of coercive control in same-sex relationships (eg. Donovan and Hester, 2014).

However, although there are similarities in the conflicts between heterosexual and same-sex relationships, there are other sources of conflict that are specific to same-sex relationships. Among these are negative social attitudes towards minority sexuality (Kurdek and Schmidt, 1987), outing of sexual identity (Messinger, 2017) and HIV/AIDS status (Island and Letellier, 1991). This has implications for my research, as I explore the similarities and differences between heterosexual and same-sex experiences of DVA.

Not only does heteronormativity control those in society who fall outside of the traditional sexual norm, but heteronormativity has relevance to male same-sex DVA as it can also be used specifically by abuse perpetrators (Whiting, 2007). For example, first same-sex relationships have been identified as high-risk for experiencing abuse (Ristock, 2002a). Donovan et al. (2006: 13) agree, citing a 'lack of confidence in what behaviours are acceptable in intimate same sex relationships' as a major contributing factor. Whiting (2007: 8, emphasis in original) argues this is the abuser '*using* the gender order and the hegemony of heterosexuality if not always as a tool to abuse then certainly as a tool to explain away the abuse'. Using heteronormativity as a tool or excuse for abuse establishes the relationship as underpinned by a regime which is largely based on the dominant heterosexual model, and this is explored in my research.

5.   Homophobia

Understanding homophobia is relevant to the study of male same-sex DVA as it offers a valuable lens to better examine the causes, outcomes, and consequences of same-sex DVA. The concept of homophobia was first popularised in America by George Weinburg following the Stonewall Riots (Sears, 1997). He defined homophobia as 'the dread of being in close quarters with homosexuals' and 'the revulsion towards homosexuals and often the desire to inflict punishment as retribution' (Weinburg, 1972: 4). Weinburg argued that despite growing scholarship and visibility of non-normative sexuality, homophobia remained a stable part of conventional American attitude. Although hostility towards non-heterosexual individuals predates the development of the term 'homophobia', its conception created an important tool for the LGBTQ community, activists, and allies to use. Not only did it cement the experience of rejection and hostility that non-heterosexuals had experienced

throughout the 20th century, but it simultaneously located the 'problem of homosexuality not in homosexual people, but in heterosexuals who were intolerant of gay men and lesbians' (Herek, 2004: 8). Unfortunately, homophobia remains a widespread 'insoluble reality of life' (Whiting, 2007: 9) for LGBTQ individuals. It can impact all aspects of their lives, including any experiences of DVA and subsequent help seeking, as is demonstrated throughout this thesis.

It is important to note that contemporary emphasis on the existence of sexual identities has given rise to a broader concept of homophobia (Weeks, 2011). Biphobia, transphobia, and more recently queerphobia, are respectively separate phenomena, each with their own specific circumstances. As this research is focused on self-identified men and their intimate relationships with other men, my focus here is limited to homophobia and its place, if any, in such relationships.

Although homophobia is referred to as a 'fear of homosexuals', a phobia is a synonym for irrational fear, therefore Plummer (1999: 4) contends homophobia can be distinguished from a 'true phobia' in several different ways. Firstly, research has suggested that anger and disgust are central to heterosexuals' negative responses to minority sexuality (Herek, 2004), as opposed to actual fear. Mackie et al. (2000) found that anger and disgust are more likely than fear to underline hostility from dominant groups toward minority groups. These findings suggest that homophobic attitudes towards minority sexuality are rooted in anger, rather than a fear or a phobia. Secondly, phobias typically trigger avoidance and retreat, however, homophobia typically prompts hostility and aggression (Plummer, 1999). Thirdly, phobias are typically not affiliated with political agendas (Plummer, 1999), but homophobia has political, societal and institutional dimensions, and appears throughout all spheres and levels of society. This has implications for my research as the pervasiveness of homophobia is likely to have some impact on male same-sex intimate relationships.

Weinburg (1972) identified several motives for homophobia, including religion, a threat to dominant cultural values, and a supposed threat to family life. A more contemporary link has also been made between homophobia and masculinity (Kimmel, 1994; Plummer, 1999, 2001; McCormack and Anderson, 2010). Kay and Jefferies (2010) highlight the link between

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homophobia and the concept of hegemonic masculinity, which refers to the 'dominant masculinity' (Wykes and Welsh, 2009: 144). They claim that the appearance of being a real and tough man in Western society requires men to be heterosexual, homophobic, and hostile towards men who are intimately involved with other men. Homophobia 'allows men who are anxious about their masculinity to affirm themselves' (Stein, 2005: 206). This ambition to achieve masculine status could cultivate itself into abusive or controlling behaviour within male same-sex relationships.

After the popularisation of the term, the concept of homophobia entered into social science literature and discourse, and later into the political agenda and legal codes. Although there are no specific offences of homophobic hate crime, the homophobic element of the offence is an aggravating feature. This is significant during sentencing as section 146 of the Criminal Justice Act (2003) allows for increased sentences for aggravation related to a person's sexual orientation or a transgender identity in England and Wales. The analysis of homophobia's development in society and subsequent criminalisation is relevant to the present study because it potentially influences why gay male DVA has been under-researched in criminology. Plummer (1999) claims that homophobia plays a role in the motive for most violence experienced by gay men. Whether or not this phenomenon can be applied to violence within male same-sex relationships is explored in this research.

Homophobia and societal taboos relating to minority sexuality can be used to account for the lack of criminological research into LGBTQ individuals. For example, when attention has been paid to LGBTQ populations in criminology, up until the 1970s it has been based on the assumption that these individuals are deviants (Buist and Lenning, 2016; Woods, 2014). This could account for the lack of acknowledgement of this population within criminological research, subsequently leading to a lack of policy and practice aimed at LGBTQ individuals. Buist and Lenning (2016: 2, emphasis in original) claim 'this *invisibility* breeds complacency within the field and allows us to further ignore the experiences of Queer people'. Therefore, not only does my research investigate the impact of homophobia on abuse, but it also strives to illustrate the invisibility of minority sexualities within criminological scholarship more broadly, and challenge any prevailing taboos of researching minority sexuality.

There are two ways in which homophobia can manifest itself, each of which will be discussed in greater detail in the following sections. Firstly, societal homophobia is experienced at the hands of other individuals or manifests within social structures. This can offer an explanation as to why same-sex DVA is perceived in the way it is, and account for the distinct lack of specialist services available to same-sex DVA victims. Secondly, internalised homophobia, which Locke (1998: 202) defines as 'the self-hatred that occurs as a result of being a socially stigmatized person'. This may offer an explanation as to why some same-sex DVA may occur in the first place as perpetrators have internalised attitudes of homophobia which they direct towards their partner.

5.1.   Societal homophobia

Societal or social homophobia refers to homophobia which is experienced on a wider societal level, either at the hands of other individuals or institutions. Eguchi (2009) outlines how social homophobia is reinforced throughout cultural institutions, including the government, the media, schools, religious institutions, and the family. If societal homophobia is ever-present and reinforced through societal practices, it is no wonder it has implications for gay male intimate relationships.

Kay and Jefferies (2010: 413) claim that societal homophobia places strain on men's intimate relationships with other men, as it creates 'additional pressure that heterosexual couples do not have to deal with'. Rowlands (2006) argues that silence surrounding same-sex domestic abuse within LGBTQ communities, mainstream culture, and service providers is fuelled by homophobia. It creates barriers to men wanting to, or being able to, leave their abusive partners. There are several ways in which these barriers manifest themselves. Firstly, perpetrators can threaten to out their victim to friends, family, employers etc. This fear of outing would simply not exist if it wasn't for societal homophobia, and has the potential to entrap men into staying with their abusive partners. Secondly, several studies have highlighted barriers that individuals may face when accessing DVA services, including perceived or actual homophobia (Ristock, 2005). For example, Island and Letellier (1991) reported that compared to women, gay and bisexual men who visit the hospital with physical injuries are less likely to be asked about abuse. LGBTQ individuals have historically

low reporting rates to the police about *any* crime (Sandroussi and Thompson, 1995), a phenomenon which is arguably heightened due to the nature of the crime and victimisation in question. Letellier (1994) claims that homophobia experienced at the hands of the police could deter victims from seeking help or reporting the abuse.

Finally, the impact of societal homophobia on abusive same-sex relationships relates to victims feeling a bond to their perpetrators, a kind of loyalty to uniting in the face of a homophobic world. This barrier was identified by Cruz (2000) in his study of 25 gay men in Texas who experienced domestic abuse in their relationships, as an explanation as to why some gay men stay in their abusive relationships. Island and Letellier (1991) also refer to this concept of loyalty, which is present in same-sex relationships as a result of living in a homophobic society. They describe it as an 'us against the world' quality, that further unifies the two men and consequently makes it 'more difficult for the victim to extricate himself' (Island and Letellier, 1991: 24). They conclude it is naïve and ignorant to assume it is easier for gay men to leave their abusive partners than it is for people of heterosexual abuse to leave. My research explores this concept of loyalty against societal homophobia, examining whether it impacts victims' decision to report the abuse or leave the relationship. Further, Island and Letellier (1991) highlight that the presence of societal homophobia could mean that gay men are alienated and estranged from their families. This has implications for victims of DVA, as a valuable and often vital network of support is lost. It could also add to this feeling of unity and loyalty to their perpetrator, and further impact their ability to leave the relationship. Chapter Eight explores this notion more in depth.

5.2.   Internalised homophobia

Homophobia can also alter the way LGBTQ individuals view their sexuality. Individuals can often internalise homophobia as a result of living in a heterosexist society, a concept referred to as internalised homophobia. Many definitions have been offered to this notion, including Meyer and Dean's (1998: 161) suggestion of a 'gay person's direction of negative social attitudes toward the self'. Whilst Sears (1997: 15-16) contends it is:

The conscious or subconscious adoption and acceptance of negative feelings and attitudes about homosexuals or homosexuality by gay men and lesbians. The manifestation of these negative feelings are evidenced in fear of discovery, denial, or discomfort with being homosexual, low self-esteem, aggression against other lesbians and gay men.

Kay and Jefferies (2010) link societal and internalised homophobia to same-sex abuse. They claim that men entering a relationship with another man carry with them extra emotional baggage, which originates from problems they may have had, including coming out, growing up gay, and facing a heteronormative and homophobic world. For some men, these added pressures coupled with negative experiences at the hands of societal homophobia may culminate or internalise into 'fear or hatred of their own homosexual desires' (Kay and Jefferies, 2010: 413).

Like societal homophobia, its internalised form also directly impinges upon same-sex DVA. Fear of outing, denial, and low self-esteem are all factors of internalised homophobia (Sears, 1997), and Rowlands (2006) highlights that these factors have a specific impact in the context of same-sex abuse. Abusive perpetrators may reinforce these feelings, reinforcing fears that no one will help them because of their sexuality, and even that they deserve the abuse (NCAVP, 2002). Some scholars (Cruz and Firestone, 1998; Williamson, 2000) believe that the psychological conflict and trauma that develops from internalized homophobia may lead to other issues, such as depression, substance abuse, and other types of self-destructive behaviour. These broader issues have been found to trigger hostility, aggression, and violence towards same-sex intimate partners (Houston and McKirnan, 2007), and they are explored in my research.

This section has highlighted the connection between societal homophobia, internalised homophobia, and DVA. Homophobia can present by creating additional barriers to accessing support or reporting victimisation, as a form of abuse itself, or as a trigger to the existence of abuse. Furthermore, barriers to reporting are created by societal homophobia, but can also be upheld by internalised homophobia. As Vickers (1996: 5) outlines homophobia's role in 'maintaining silence is profound, both on individual survivors and the level of community acknowledgement'. The difficulty that same-sex victims of DVA face when disclosing their

victimisation to friends and family could be due to fear that the violence will be taken as 'evidence that their sexual identity is unhealthy' (Ristock, 2005: 10). Unfortunately, the use of homophobia as a tool of abuse will not be recognised by several standard assessment tools, which are largely based on heteronormative experiences of DVA. A better understanding of this issue, leading to increased awareness, is the first step to improving the recognition of the impact of homophobia on male same-sex DVA.

6.   Masculinity

The final theoretical perspective that lends its analysis to my research is that of masculinities. Developed out of gender studies, the study of masculinity is now a discipline in its own right. Connell's (1995; 2005) seminal text on masculinities argued that, just as there are different sexual identities, there are many different masculine identities, that can also be arranged into a hierarchy. As Cheng (1999: 296) suggests, it is 'conceptually more accurate' to speak of masculinity in the plural rather than the singular term.

Masculinity refers to a set of gendered attributes, behaviours, and roles that are typically associated with men. They can be socially and culturally created or biologically defined, however, it is distinct from the definition of the biological male sex. Only relatively recently has it become possible to 'distinguish between being male and being masculine' (Franklin, 1984: 4), due, in part, to the women's liberation movement and its subsequent impact on sexual politics. Masculinity has been constructed as the opposite of femininity, and this binary system provides a lens through which to examine masculinity through. Altman (2012: 92) claims that:

> Sex roles are a first, and central, distinction made by society. Being male and female is, above all, defined in terms of the other: men learn that their masculinity depends on being able to make it with women, women that fulfilment can only be obtained through being bound to a man.

Here, Altman emphasises the binary gender system that relies heavily on the opposition of men and women, and femininity and masculinity. Fejes (2000) simply states 'all humans who have penises are masculine', however, he continues to stipulate that to rely on anatomy here ignores that physical accounts of the body themselves are cultural constructs.

This is also an outdated and reductive argument, because to base masculinity on biological sex ignores social and cultural elements that influence gender.

6.1. Hegemony and hierarchy in masculinities

Connell (2005: 76, emphasis added) argues that 'with growing recognition of the interplay between gender, race, and class it has become common to recognize *multiple masculinities*'. These masculinities can range from traditional hegemonic ideals of 'man as aggressive breeder' to 'the stigmatised masculinity of homosexuals' (Fejes, 2000: 113). It is important to understand how these different masculinities interact with each other and examine how they are structured in society, to identify if and how they relate to male same-sex abuse. Analysing the theory of hegemonic masculinity offers clarification.

First proposed during reports from a field study of social inequality in Australian high schools (Kessler et al., 1982), hegemonic masculinity was later developed conceptually during Connell's (1983) discussion of masculinities and the experiences of men's bodies. The term 'hegemony' is taken from Antonio Gramsci's analysis of class relations and refers to 'the cultural dynamic by which a group claims and sustains a leading position in social life' (Connell, 2005: 77). In this context, hegemony refers to the fact that at any one time, one form of masculinity is culturally superior to the others.

One simple structural aspect upholds the concept of hegemonic masculinity; the global dominance of men over women (Connell, 1987). This provides the basis upon which relationships between men are created within society. Hegemonic masculinity, therefore, is 'constructed in relation to various subordinated masculinities as well as in relation to women. The interplay between different forms of masculinity is an important part of how a patriarchal social order works' (Connell, 1987: 183). It is important to remember that hegemonic masculinity is the *current* ideal, therefore, as culture develops, the definition of hegemonic masculinity does too (Cheng, 1999). Commenting on the cultural arrangement, and pressures, of masculinity in society, Nichols (1978, in Franklin, 1984: 1) claims that:

A saner society will flower when men liberate themselves from contrived socially fabricated prohibition, cultural straightjackets, and mental stereotypes that control and inhibit behaviour through arbitrary definitions of what it means to be a man.

The current hegemonic masculinity in the Western world is modelled on certain demographics, such as white, able-bodied, heterosexual, Christian, and middle-aged men (Cheng, 1999). Although hegemonic masculinity refers to the dominant group, it does not necessarily correspond to large numbers of men (Cheng, 1999). Within the overall framework of cultural male dominance, there are specific interactions of status between different groups of men (Connell, 2005). Other masculine identities are subordinated and arranged into a hierarchal value system. Sexual minorities, working-class men, disabled men, and ethnic minorities are all examples of subordinated masculinities.

6.2.   Gay masculinity

As this research explores the experiences of male same-sex DVA, it is important to examine the consequences of masculinity discourse for sexual minority men. As Connell (2005: 154) states, 'specific masculinity is constituted in relation to other masculinities' and these relations are 'not just definitions of difference, but involve material practices'. Perhaps the biggest, and most important for this research, is the relationship between hegemonic masculinity and gay masculinity in contemporary Western society, and the subsequent subordination of gay masculinity. Connell (2005) highlights that this relationship extends beyond the cultural stigmatization of gay identity, as gay men are subordinated by a range of material practices. These practices are everyday experiences for gay men and include political and cultural exclusion, violence, intimidation, economic discrimination and personal boycott (Connell, 2005).

In the patriarchal ideal, gayness is the epitome of what is symbolically expelled from hegemonic masculinity. It is often, but wrongly, associated with femininity (Fingerhut and Peplau, 2006). Cheng (1999: 307) explains why gay masculinity is so oppressed, as 'since hegemonic masculinity is a relational construct, it needs gayness as a contrast, as something to be more than, something to be against'. By failing to conform to compulsory

heterosexuality, gay men challenge hegemonic masculinity (Kay and Jefferies, 2010) and it is this resistance to conformity that the hegemony finds problematic. Barron et al. (2008) claim that common beliefs regarding how 'real men' are supposed to behave – in a tough and hyper-sexualised manner – were positively associated with prejudicial attitudes towards sexual minority men. The reductive perception that sexual minority men are viewed as having cross-gender attributes and mannerisms suggests that these negative perceptions are related to misogyny and sexism (Connell, 1995; Kimmel, 1997). If women are subordinate and perceived as inferior to men, it makes sense for men who are seemingly 'acting like women', in their attraction to men, to also be the target of ridicule and subordination (Herek, 1992).

Connell (2005) also explored the idea of gay masculinity, highlighting a widespread obsession in society with the idea that within sexuality opposites attract. Therefore, if an individual is not attracted to the masculine, they must be feminine. This consequently creates a dilemma for men who are attracted to other men. Simply put (Connell, 2005: 143), 'patriarchal culture has a simple interpretation of gay men: they lack masculinity'. Interviewing eight men who are connected to the gay community in Sydney, Australia, Connell found that all of them had experienced a moment of engagement with hegemonic masculinity throughout their lives, whether this is gender conformity or employment in the socially masculinised workforce. Though it may range from 'commitment to wistful fantasy … it is always there' (Connell, 2005: 147). Furthermore, the apparent link between gayness and effeminacy, that hegemonic masculinity is so obsessed with, has been branded by Connell (2005: 161-162) as 'obviously wrong', as the men interviewed 'mostly do 'act like a man''.

Although gay masculinity is the most notable, it is not the only subordinated masculinity. Masculinities can be marginalised by other factors, such as age or ethnicity. Although hierarchal relations between masculinities may seem rigidly structured, Coles (2009: 32) argues that:

They are continuously open to challenge and change (by both men and women) such that the dominance of hegemonic masculinity is susceptible to the challenges of subordinated and marginalised masculinities and femininities.

Examples of these challenges include sexual minority men excelling in sports that typically epitomise hegemonic masculinity, such as football and rugby (Gardiner, 2002).

For Signorile (1997), gay men wear the costume of masculine privilege, but access to actual male privilege is absent. However, the suggestion that gay men do not participate in hegemonic systems of control implies that gay men exist in a 'social vacuum, as if it is possible to live in a world external to one in which these systems operate' (Ward, 2000: 156). Furthermore, Kleinberg (1987) cites gay men as victims of patriarchal oppression alongside women. This concept of 'common oppression' (Ward, 2000), whereby gay men and women were partners in their oppression by hegemonic masculinity, developed in the early gay liberationist movement. It claims that homophobia and sexism are seemingly linked, therefore any project that liberates men from hetero-masculine constraints would also liberate women from male dominance. It is worth noting here that gay men are socialised with the same masculine ideals as heterosexual men. As Pronger (1995: 117) simply states, gay men have also 'learned the standard language of masculinity'. Therefore, gay men also learn the gender order, and more importantly, ideals of heterosexual masculinity, sexism, and homophobia (Ward, 2000).

The relationship between hegemonic and gay masculinity offers a useful theoretical lens to examine DVA in male same-sex relationships through. For example, it is suggested that the existence of abuse and control in male same-sex relationships is a way of 'doing gender' (Cruz, 2000: 67), therefore demonstrating that gender still influences male same-sex abuse. Chapter Five uses masculinity theories to examine the behaviours and recognition of abuse in male same-sex relationships.

6.3.   Masculinity and crime

Masculinity has extensively been linked to crime and criminal behaviour (Collier, 1998). It is not contentious to state that men commit more violent crime than women (Wykes and

Welsh, 2009), as demonstrated by crime statistics (Carrabine et al., 2009). However, this is not to be confused with the idea that all men commit crime. Additionally, research has also suggested that men are more likely to be the victims of crime (Wojnicka, 2015). The frequency at which men are involved in crime, either as perpetrators or victims, demonstrates a connection between men and violence (Owen, 2012). For Hall (2002: 36), the appearance that crime is overwhelmingly linked to men is perhaps 'the nearest that Criminology has come to producing an indisputable fact'.

Official statistics support this link between masculinity and crime. For example, the recorded male prison population in England and Wales for the week ending 25th June 2021 stood at 75,064, compared to a female prison population of 3,186 (MoJ, 2021). Additionally, the CSEW shows that men are more likely to be victims of violent crime, for all crime types with the exception of DVA (ONS, 2021), although, it is imperative to bear in mind the methodological flaws of CSEW data (Garside, 2014). Despite this, it is reasonable to conclude that 'most crimes would remain unimaginable without the presence of men' (Collier, 1998: 2).

Although men's violence has been linked to social divisions such as race, poverty and age, regardless of these deviations of identity, what all these men have in common is their attachment to masculinity. Furthermore, these patterns of male violence are neither contemporarily nor geographically specific. Men's criminal and violent behaviour transcends both historical and cultural boundaries (Wykes and Welsh, 2009) and is a global issue (Hautzinger, 2003; Ellis, 2016). Owen (2012: 974) theorises that 'crime may be conceptualised as a 'resource' for specific men in specific social settings for the 'accomplishment' of masculinity'. The significance of crime as a 'resource' depends upon the availability of other resources at their disposal, which are products of an individual's class, race and gender relations (Jefferson, 2007).

As masculinity is seemingly linked to crime, masculinity provides a useful theoretical background to this research. However, little research has been conducted into the connection between gay masculinity and crime, and more specifically, DVA in male same-

sex relationships. This research plugs this gap within the literature, as it uses masculinity discourse to examine male same-sex DVA victimisation and perpetration.

7.   Conclusion

Whether occurring in heterosexual or same-sex relationships, DVA is a significant and complex issue which must be approached with nuance. This chapter has explored a range of theoretical perspectives that each have a unique application to my research. They provide a novel theoretical lens through which to analyse respondents' narratives, which helps to develop knowledge and understanding of male same-sex domestic abuse.

Before examining the four theoretical concepts which create my theoretical framework, this chapter began by investigating the link between feminism and queer theory. This has implications for my research as I draw on theoretical perspectives from each discipline. The similarities between feminism and queer theory are well documented (Butler, 1994; Jagose, 2009; Liljeström, 2019; Marinucci, 2016; Williams, 1997). However, attention must also be paid to some of the tensions between them. Ultimately, as both seek to illuminate marginalised and subordinated populations as well as disrupt dominant discourses of gender, sex, and sexuality, they are both beneficial for my research.

The connection between queer and feminist perspectives can be seen throughout the exploration of the theoretical framework, which began with an examination of sexual identity and the process of identity formation. This is not a linear process., rather, it is an individualised process which can include stops and starts. Like gender, sexual identity is organised into a hierarchical value system. This value system categorises sexual behaviour into normal and abnormal, based on whether the sexual behaviours that individuals engage in are 'good' or 'bad'. The system consequently rewards those individuals who engage in 'good' sex and remain within the gender and sexual norm, whilst it simultaneously oppresses other sexualities. The historical and cultural roots of heterosexuality were also examined. By doing so, it provides a framework to conceptualise minority sexuality. Research suggests there is little to no difference between heterosexual and same-sex family life and relationships and therefore experiences of DVA should also be similar. Similarities

between experiences of DVA are pinpointed throughout this thesis. Finally, the binary system of sexuality has led to the heteronormative familial ideal, which is reinforced throughout societal institutions. This chapter explored how this has a direct impact on same-sex DVA, as it has contributed to the invisibility of male same-sex DVA victims.

This chapter also explored societal and internalised homophobia and its link to same-sex DVA. Homophobia creates additional challenges for victims of same-sex abuse. Societal homophobias can create additional barriers to reporting or help seeking, as will be explored in Chapter Eight, as well as its use as a method of power and control over DVA victims. The theory of internalised homophobia could explain why abuse occurs in same-sex relationships in the first place if perpetrators are struggling to come to terms with their own or their partners' sexuality. Finally, this chapter explored masculinity discourse. Similar to sexuality, masculinity is not homogenous and is governed by a value-based hierarchical system. Hegemonic masculinity is the dominant masculinity of the time; which in the Western world, is currently a white, middle-class, middle-aged, heterosexual man. It subordinates all other masculinities, including gay masculinity due to its perceived link to femininity. Theories of masculinity also have links to feminist theories, as both seek to examine the social structures which uphold gender roles and expectations and therefore provide an important underpinning to this research. Finally, the link between masculinity and crime has also been examined, which underpins the use of masculinity discourse in my examination of male same-sex DVA in this research.

The following chapter offers a comprehensive overview of the methodology employed in this research. Firstly, the research aims and questions are recapped, followed by an examination of the ontological and epistemological positions and their suitability for my research. The mixed methods research design is detailed, demonstrating its suitability for my research. However, the chapter also highlights the methodological journey I underwent before arriving at the final mixed method research design. The survey and interview methods are separately reviewed, with overviews given of the samples and demographics, including a reflexive account of the significance of the interviews with DVA professionals. The ethical considerations of sensitive topic research with a minoritised population are then examined. Reflexive practice is also undertaken, with regard to my 'outsider researcher'

identity, and the implications this had on the research design. Finally, the chapter explores how I interpreted each data set.

Chapter 4
Researching Male Same-Sex Domestic Violence and Abuse

1. Introduction

The purpose of this chapter is to give a detailed overview of the methodology for this research project. It begins by outlining the aims and research questions that guided this research. I then outline the mixed methods research design, which employed an online survey to reach male same-sex victims alongside qualitative interviews with domestic violence and abuse (DVA) professionals. Within this discussion, I examine the journey to the final research design, with a mixed methods approach being instrumental in overcoming certain methodological obstacles. Next, I examine the survey method, including the process of its design and dissemination before discussing the demographics of this participant group. I then explore the qualitative interview element of my research. Interview participant recruitment and demographics are examined, before giving an overview of the interview design and logistics. I then give a detailed reflexive account of the interview process, including addressing how many interviews are enough, before reflecting on the significance and positionality of some interviews over others as well as a reflection on the professional's roles and experience in the field.

The research process is then analysed, including examining the challenges of sensitive topic research and the impact this had on both the participants and the researcher. I also examine the ethical considerations, which are of vital importance to this sensitive research. I then partake in reflexive practice, as my researcher identity and positionality are scrutinised, including its relationship to the production of non-normative knowledge. The chapter concludes by outlining the interpretation and analysis process of my collected data.

2. Research question(s), aims, and objectives

Firstly, I reiterate the overarching aims of this research, and the key objectives and research questions that guide it and inform my discussion. DVA is a global social issue affecting people of all religions, ethnicities, cultures, ages, socio-economic backgrounds, genders, and

sexualities. The new Domestic Abuse Act (2021) in the UK provides a statutory definition of domestic abuse for the first time. Section 1 defines behaviours as abusive if they consist of any of the following:

> (a)physical or sexual abuse
> (b)violent or threatening behaviour
> (c)controlling or coercive behaviour
> (d)economic abuse
> (e)psychological, emotional or other abuse

However, as discussed in Chapters One and Two of this thesis, the majority of DVA research is focused on male perpetrated violence towards women and is underpinned by feminist theory. This has resulted in substantial progress and highlighted the global phenomenon of violence against women and girls (VAWG). However, an unintended consequence of this is that other experiences existing outside of this normative binary of male perpetrators and female victims are excluded, not only from scholarship but also from the public discourse of DVA and policy.

The momentum for this research began whilst studying for my Masters in Criminology. During class preparation, I noticed a distinct dearth in the literature exploring domestic abuse within the LGBTQ community in comparison to male perpetrated violence towards women. The primary aim of this thesis is to address the question 'what are the experiences of victims of male same-sex domestic violence and abuse in the UK?'. Male same-sex victims are at the centre of this research as they are scarcely researched, especially compared to female victims. In addition, I was influenced by masculinity theory and how that may impact male same-sex abuse. From this overarching aim, stem four sub-research questions:

- What impact does the social positioning of sexual minority men have on their experiences of abuse in the UK?
- How does sexual identity impact experiences of male same-sex abuse in the UK?
- How do other identity factors and additional needs impact experiences of male same-sex abuse in the UK?
- What are the current service responses for male same-sex abuse victims, and how can these be improved in the UK?

Using original data, these research questions are addressed in four distinct findings chapters. This chapter examines the chosen methodology, research design, method of analysis, and process that was employed to answer these research questions.

3. Research standpoint

Before outlining the methodological framework for this research, it is important to first interrogate the ontological and epistemological positions of relativism and constructionism. This is because they subsequently inform how research is designed and the process of producing knowledge (Braun and Clarke, 2013; Ramazanoglu and Holland, 2002). As Denzin and Lincoln (2017: 52) highlight, behind the three terms (ontology, epistemology, and methodology) stand the 'personal biography of the researcher, who speaks from a particular class, gendered, racial, cultural and ethnic community perspective'.

3.1. Ontological and epistemological position

Ontology refers to what exists in the human world, and what can be studied (Hansen, 2010), with different positions determining whether or not reality exists separately to human practices and understanding (Braun and Clarke, 2013). Ontological positions exist on a continuum, at one end is realism, and at the other is relativism. Realism assumes one reality exists, which can be accessed through research via the appropriate application of research techniques. It is mainly associated with quantitative research and rarely underpins qualitative work (Braun and Clarke, 2013).

On the other hand, relativism determines that reality is dependent on how we come to know it (Braun and Clarke, 2013). Rather than a single structured reality, relativism posits that there are multiple constructed realities (Cromby and Nightingale, 1999), therefore, what is real and true is contextual (Braun and Clarke, 2013). Antithetical to realism, a relativist ontology is associated with qualitative approaches, and rarely informs quantitative research (Braun and Clarke, 2013). In the middle of the ontological continuum lies a third main position, critical realism. A critical realism ontology determines that social reality exists, but it can only ever be partially accessed. Critical realism research methods are

focused on understanding social reality, as opposed to describing it. For this reason, Fletcher (2017) argues that critical realism's endeavour to expose causation helps researchers to analyse social problems, and ultimately suggest solutions and practical policy recommendations for social change.

The ontological position taken in this research is relativism. A relativist perspective posits that realities exist as multiple intangible constructions, and therefore holds the belief that reality is reliant on contextual and social factors. It recognises that what is 'real' and 'true' differs across time and context (Braun and Clarke, 2013). For this reason, relativism is closely related to post-structural thought, as both reject the possibility of universal truth. Instead, poststructuralists 'see all claims to understanding within a political, historical and social context' (Peile and McCouat, 1997: 347). The relativist ontological position is therefore suitable for my research, as my research aims to examine how sociocultural factors and identity influence reality and lived experiences of abuse. In addition, this research is influenced by poststructuralist feminist thought and queer theory, as it places a marginalised group at the heart of analysis and seeks to liberate them.

Relativist ontology is also closely aligned with qualitative research. Although my mixed method research contains a quantitative methodology, it acts in a subsidiary position to the qualitative data. Relativism allows for an inductive approach to knowledge acquisition, in which the data speaks for itself and research is theory generating (Wakefield, 2011). This was important to my research as it was exploratory in nature and I endeavoured for the themes to emerge naturally from my data.

Nonetheless, utilising this approach within social sciences is not without critique. Relativism is often viewed as problematic owing to its perspective on the ambiguity of meanings. For example, this can result in a blurred or indistinct perception of 'victims' (Peile and MCouat, 1997). This can have implications for practice within social work, and social sciences more broadly, as the definition of a 'victim' would be open to interpretation. However, within criminological literature and the DVA sector more generally, the concept of 'victims' is comprehensively discussed and interpreted, and therefore it can be argued is a universally accepted concept. Another point of tension in the applicability of relativism in feminist

research specifically relates to the misunderstanding that because researchers are sceptical of the possibility of all knowledge, they have to treat all knowledge as equally valid (Hepburn, 2000). This argument was made by Wilkinson (1997: 85), who stated:

> If no one set of meanings is more valid than any other, there is no basis (for example) for distinguishing between the rape victim's account of sexual coercion and the rapist's account of pleasurable seduction.

However, Hepburn (2000) rejects the argument that commitment to relativism would override feminist politics, or that relativist researchers are insensitive to obvious cases of abuse or suffering. Similar arguments can be made when relativism is utilised in queer research for contexts, such as instances of homophobic abuse. The relativist perspective on the construction of knowledge does not require researchers to abstain from judgment completely (Hepburn, 2000). Therefore, relativist research can be undertaken with several expectations and generally accepted concepts, such as what constitutes violence or abuse, or what makes a victim.

Despite existing criticisms, relativist approaches are growing in popularity throughout the social sciences (Peile and McCouat, 1997; Fraser and Nicholson, 1990). This includes a growing body of feminist research (Hepburn, 2000; Francis, 2002). For Francis, (2002: 46 – 47):

> Post-structuralist theory has helped feminists to see that subject positions are multiple, and that shared womanhood does not necessarily equate with shared experience. These complex theoretical tensions mean that many of us writing in the field of gender appear to have come to a theoretical impasse, where emancipatory aims and concerns incongruously rub shoulders with post-modernist relativism.

Although there are critiques of the application of relativist ontology in social sciences, I argue its suitability for this research as I seek to examine the impact of multiple different identity factors on the lived experience of abuse. Relativism also allows for the critique of wider social structures, such as heteronormativity and the dominant DVA discourse, which place male same-sex victims as invisible.

After determining my ontological position, defining my epistemological position naturally followed. Epistemology is a branch of philosophy that questions how knowledge is created and interrogates what is legitimate, valid or 'true' knowledge (Braun and Clarke, 2013). In turn, epistemology determines the theoretical framework that guides research. Closely aligning with the ontological position of relativism, constructionism is an epistemological stance that argues that knowledge is produced in line with the social world we live in. A constructionist perspective recognises that there is no one truth, but that multiple interpretations of one phenomenon can be cast. Braun and Clarke (2013: 29 emphasis in original) characterise researchers within constructionist researchers as sculptors, who create a 'reality with their sculpture, so is involved in the production *of* that reality'. This meshes with principles of feminist and queer research, as they place importance on researcher reflexivity and acknowledging yourself within the production of knowledge. As my research draws on feminist and queer perspectives, this underpins the choice of constructionism in my research. My researcher identity is scrutinised and reflexive considerations are given in a later section.

Constructionism and qualitative methods go hand in hand, as they both place importance on the complexities of human experience. This is emphasised by Braun and Clarke (2013: 8), who state that qualitative methods are vital in gaining access to people's 'subjective worlds and meanings', as well as marginalised groups. This justifies why I adopt a constructionist epistemological perspective for this research, as it seeks to examine lived experience of a marginalised group via the examination of sociocultural positioning and identity. As will be discussed in a following section, qualitative data is also privileged in this research over quantitative data, which further justifies this epistemological stance.

3.2. Queer and feminist methodology

By extension, a researcher's ontological and epistemological positions inform their methodological decisions. Previous research has used a feminist approach to research LGBTQ domestic abuse (eg. Donovan and Hester, 2014; Donovan and Barnes, 2020b). However, my research takes a different approach. As outlined in Chapter Three, this research is guided by theories of heteronormativity and homophobia and seeks to examine

the impact that the sociocultural positioning of sexual minorities (Chapter Five) and how identity (Chapters Six and Seven) impacts experiences of abuse, providing a novel approach to examining the phenomenon of male same-sex DVA. Therefore, this research is guided by queer theory and queer methods.

Stemming from critical theory, queer theory and queer research has a 'political goal to disrupt hegemonic performances of gender' (Hird, 2003: 248). Queer theory was developed in the early 1990s, influenced by seminal texts such as Butler (1990), de Lauretis (1991), and Sedgwick (1991), and contributed to sociological thinking about sexuality and provided new theoretical frameworks (Roseneil, 2000). As a result, queer scholarship focuses on placing non-normative sexualities at the heart of analysis, rather than just 'adding in' the study of lesbians and gay men (Roseneil, 2000). For this reason, queer methodology underpins this research as it emphasises the role that sexual identity plays in the lived experience of DVA, which is the key theme of framing Chapter Six. Sexual identity is actively placed at the forefront of this research, as opposed to sexuality as an additional variable or characteristic, providing a rationale for the queer approach. Furthermore, by placing non-normative sexualities at the heart of analysis, new paths and understanding can also be forged for heterosexuals (Giddens 1992; Roseneil, 2000; Heaphy, Weeks and Donovan, 1998). In this research, knowledge is produced not only about male same-sex abuse but also about heterosexual experiences of abuse, therefore, contributing to the wider DVA discourse.

Within social sciences, queer methods are those that are informed by queer theory. However, just as queer theory does not denote a singular theoretical viewpoint, queer methods also constitute a variety of approaches and guiding principles (Manning, 2017). Queer methods are often reflexive and open to engaging with multiple worldviews. In addition, queer theory's fluid nature pairs well with the iterative nature of qualitative work, making queer methods a perfect fit for this research. For Browne and Nash (2010), queer research involves methods that let us speak to or interact with people based on gender and sexual identities and within anti-normative frameworks. In its contemporary form, queer scholarship is 'anti-normative and seeks to subvert, challenge and critique a host of taken for granted 'stabilities' in our social lives' (Browne and Nash, 2010: 7). It is this perspective that underwrites my doctoral work and has informed my choice of methods as this thesis

responds to and updates the largely heteronormative rhetoric of DVA. The use of queer theory and methodology in this research is imperative in creating a refined narrative of DVA in male same-sex relationships because queer theory helps to centre and bolster narratives of DVA that fall outside the heteronormative discourse.

Criminology has historically ignored the experiences of queer people (Buist and Lenning, 2016), except for the outdated focus on non-normative sexuality as deviant or criminal. This approach was developed by Cesare Lombroso in the 1800s, who described 'homosexual men as a distinct class of insane offenders whose psychology was defined by biological inferiority and perversion' (Woods, 2017). This approach subsequently influenced early criminological theories (Woods, 2015). Naturally, queer people have been included in research samples, however, sexuality has seldom been a salient characteristic (Peterson and Panfil, 2014). By virtue of being empirically unexamined, criminals are straight (Groombridge, 1999), and the same notion can be applied to victims. Queer criminology is therefore a relatively new concept, and refers to (Buist and Lenning, 2016: 1):

> A theoretical and practical approach that seeks to highlight and draw attention to the stigmatization, the criminalization, and in many ways the rejection of the Queer community … as both victims and offenders, by academe and the criminal legal system.

Queer criminology, therefore, seeks to place sexuality characteristics at the centre of criminological inquiry (Buist and Lenning, 2016). The relationship between feminist and queer theories is previously examined in Chapter 3. However, it is worth noting here that queer criminology is not too dissimilar to feminist criminology (Buist and Lenning, 2016), as both perspectives seek to emancipate or liberate populations through the interrogation of prevailing social constructs. This is why I chose to utilise queer and feminist perspectives in this piece of research as they both provide rationale for the critique of social structures, such as heteronormativity, and the problematisation of binary constructs. As this chapter demonstrates, I have drawn on feminist methodological values in the development of this research design. For example, the significance of qualitative methods and viewing interviews as a site to gain knowledge about lived experiences (Doucet and Mauthner,

2008). The interrogation of my researcher identity and the importance of reflexive practice (Taylor, 1998) are also drawn from feminist methodology.

4. Research design

To address the research aims and objectives in the most robust way possible, a mixed methods approach was used. Mixed method research is characterised by the combination of at least one qualitative and one quantitative research method within a single project (Bryman, 2016; Schoonenboom and Johnson, 2017). It is distinguished from multi-method research, which encompasses multiple qualitative or quantitative methods, but does not combine the two approaches (Schoonenboom and Johnson, 2017). The purpose of combining qualitative and quantitative methods within a single study is to gain breadth and depth of data so that a more complete understanding of the phenomenon being studied can be reached (Mertens and Hesse-Biber, 2012). Mixed methods designs can also help to access subjugated knowledge and give a voice to groups whose viewpoints are often left out of traditional research (Hesse-Biber, 2016). For this research, this means the mixed methods were able to provide an enriched understanding of the phenomenon and spotlight the commonly overlooked male same-sex experience of abuse, and this is the rationale behind this mixed method research design.

Mixed methods research is a broad concept, which can involve many different research designs. Although it has been noted that traditional mixed methods privilege quantitative methods, what Hesse-Biber (2010) terms 'methodological orthodoxy'. However, more contemporary mixed methods approaches can encompass an array of different research designs, within which priority can be given to the qualitative method(s), the quantitative method(s), or an equal weight given to them both. The diversity of mixed method research design has led to scholars offering classification systems to help distinguish between them.

One classification was developed by Morgan (1998)[19], using two different criteria. Firstly, the priority decision refers to the method which is the principal data collection tool, or whether they have equal weighting. This is indicated by the lower case or capital letters.

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[19] See Figure 1 in the Appendix for a diagram illustrating Morgan's (1998) classification.

Secondly, the sequence decision refers to which method was undertaken first, indicated by an arrow, or whether the data collection methods were undertaken simultaneously, indicated by a plus sign. According to this classification, the graphic below illustrates the research design I employed for this research:

quan ⟶ QUAL
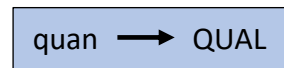
This demonstrates that although quantitative data was collected first in my research, it occupies a more subsidiary role as it underpins the qualitative data which was subsequently collected. The qualitative data, therefore, represents the primary source of data as it contributed the most to the development of key themes. Adopting this particular research design allowed me to identify emerging themes early on through the survey results, and subsequently explore them in depth in my interviews.

This research design is further justified with the use of Creswell and Plano Clark's (2018) mixed methods typology, which details three core mixed method research designs. My methodology most closely aligns with what they term explanatory sequential design, which begins with the collection and analysis of quantitative data. It is then followed by the collection of qualitative data, which is used to explain or expand on the previously collected quantitative data. This concept is also termed the 'principle of fulfilment' by Bryman (2006: 106), whereby one data collection strategy is used to help explain findings generated by the other.

Within my mixed method research design, the antedated qualitative data is privileged over the primarily collected quantitative data. Priority is given to the qualitative element of my research design for several reasons. Firstly, the data collected in my qualitative interviews with professionals were more significant in the development of my themes and key findings, as the professionals offered practical and deep theoretical insights into the phenomenon of male same-sex DVA. Secondly, as will be outlined in the following section, the original research design centred around qualitative interviews with DVA victims, which ultimately was not possible due to them being a hard to reach group coupled with time constraints.

Despite the methodological journey for this research culminating in a mixed methods approach, I still wanted to champion qualitative methods, as they are more useful in providing a narrative and context of lived experience, as well qualitative methods being where I felt most comfortable as a novice researcher. Privileging these qualitative interviews also matches traditional feminist research values, as they place importance on qualitative methodologies lives (Doucet and Mauthner, 2008) which deem interviews as a site for learning from and about women's lives. Finally, qualitative approaches are used to examine and understand the social world (Hesse-Biber, 2010), meaning the social interactions of individuals in the world around them, which is the ultimate aim of my research, and therefore further justifies the focus on the qualitative data I collected.

Furthermore, a mixed methods approach offers breadth and depth of understanding (Schoonenboom and Johnson, 2017), and allows me to explore different aspects of the same phenomenon (Silverman, 2013) through different modes of data collection and with different participant groups. This is a further rationale for employing mixed methods research, as the different participant groups offered distinct perspectives of the phenomenon of male same-sex DVA. One perspective came from victims themselves, and the other from UK-based professionals who work with them. This design yielded a well-rounded analysis (Turner, 2010), which allowed me to develop a range of themes from micro-level, such as analysis of particular abusive behaviours experienced, to macro-level such as an exploration of the impact of heteronormativity on abuse experiences.

Finally, the combination of quantitative and qualitative research methods provides this research with methodological triangulation (Semmens, 2011). Triangulation improves the validity of the research (Bryman, 2016), making the data more robust. Another aim of triangulation is deepening and widening the understanding of the subject being studied (Olsen, 2004). This further underpins the suitability of mixed methods for my research, as it appropriately addresses the research aims and highlights both victims' voices and professional insights. Utilising methodological triangulation improved my research as the insight from professionals both confirmed and elaborated on my survey data, providing a bridge between the lived experience of abuse and wider social structures that operate.

These individual perspectives are useful in the examination of male same-sex DVA, but when combined they can create a profound and deeper understanding of the phenomenon.

4.1. Methodological flexibility and journey to final research design

Reflexive practice is an integral part of social research, not just relating to power relations and researcher identity, which will be explored in later sections, but also concerning methodological decisions. Part of this reflexive practice involves consideration of the methodological journey. Unforeseen circumstances or obstacles during data collection and analysis are a 'commonplace feature of research' (Quinn, 2014: 5), often leading to researchers having to exercise methodological flexibility. Similarly, Woodring et al. (2006: 248) point to 'practical dilemmas' and 'unpredictable challenges' within mixed method research, which require researchers to 'exercise conscientious flexibility'. Methodological flexibility is required in response to several different challenges which can occur at any point in the research process, such as; in response to initial or preliminary findings, issues relating to sample access or recruitment, or ethical concerns and considerations. However, it is important to note that these obstacles are not always a disadvantage, as Probert (2006) identifies that the research journey provides valuable lessons for the researcher. This section describes the methodological journey of this particular research, and how I utilised methodological flexibility to overcome certain obstacles.

Despite the challenges of this research, I recognise that this methodological journey has taught me valuable lessons as a researcher. Mainly the need to be flexible when it comes to research design and data collection methods and responsive to any obstacles. Similarly, Quinn (2014) reports having to adapt their research design, utilising a mixed methods approach as a way of overcoming difficult access to a sample, and obstacles presented by gatekeepers. My experience largely aligns with Quinn's, as I also employed a mixed methods approach as a way of overcoming obstacles of sample recruitment, ethical considerations, and time and resource constraints,

Although there exists some debate around whether there is a definitive 'feminist method' (Montell, 1999), feminist research tends to favour qualitative approaches. Specifically, in

depth and face-to-face interviews became synonymous with feminist research (Doucet and Mauthner, 2008). From the initial conception of this research during the proposal stage, I took inspiration from feminist DVA research and feminist methodological principles. As a result, my original research design aligned with these traditional feminist methodologies which spotlight qualitative interviews with victims, and I aspired to conduct qualitative interviews with victims of male same-sex DVA. Conducting interviews was important for this research as a way of gaining a deep narrative and context of male same-sex abuse. However, LGBTQ populations have previously been deemed 'vulnerable' (eg. James and Platzer, 1999; Liamputtong, 2007) and 'hard to reach' (eg. Deakin and Spencer, 2011). Upon undertaking the research, it soon became apparent that access to the sample would be difficult, and I had no prior relationship or network with any appropriate gatekeepers.

As a result, I adapted my methodology and introduced a survey element to the research in order to access the sample more readily and achieve a contemporary snapshot of male same-sex DVA in the UK. Previous research had been successful in reaching a similar participant group using a survey approach (eg. Donovan et al., 2006). In addition to the survey converting the research design to a mixed methods approach, it also presented the opportunity to get started on data collection as quickly as possible. The survey also provided space at the end for participants to leave their contact details should they be interested in a follow-up interview. I did so to conduct interviews with victims, which would have expanded upon and gathered additional context to their survey responses for a more in-depth picture of the lived experience of abuse. From this, I was in contact with a few potential participants who expressed interest in being interviewed, but unfortunately, I was unable to secure interviews as the individuals did not commit to an interview. This demonstrates the difficulties of accessing this particular sample and highlights the effectiveness of the survey method in reaching these participants. I also recognised the survey data would not be a sufficient basis for the PhD alone, as the questions asked did not provide a sufficient narrative of abuse, rather it provided a snapshot of behaviours experienced. Furthermore, the survey sample was relatively small in comparison to other similar research. For example, similar research by Donovan et al. (2006) achieved a final survey sample of 746 individuals.

Given the challenges I had with reaching victims for interviews and the modest size of the survey sample, I considered an additional source of data collection. This was particularly important as I was concerned about the timeliness of data collection in doctoral research with a time limit and limited funding period. I, therefore, introduced my third methodological option, which involved gaining the perspective of professionals via qualitative interviews, which consequently meant employing a mixed method research design. I approached DVA professionals as they possess rich subject knowledge which would help me to address my research aims. DVA professionals are integral in the response to and support of these victims and therefore offer valuable insight into the current service response to male same-sex victims, as well as insight into the intricacies of abusive behaviours in male same-sex relationships. As a result, data collected from these interviews also contribute to the impact and real-world application of my research findings.

Generally, professional samples are easier to reach than victims, and I found that on the whole professionals were very willing to give up their time and lend their expertise to my research. The decision to interview professionals rather than pursue interviews with victims was also made as there are fewer ethical considerations to bear in mind when interviewing professionals. The potential to cause harm is significantly minimised, as the interviews were not asking professionals about their personal experiences. Generally, concerns around anonymity and confidentiality are also decreased. However, as many of the professionals detailed stories of their current or previous clients, I still ensured the anonymity of the professionals as much as possible to reduce the possibility of their clients being identified.

Finally, interviewing DVA professionals alongside my survey with victims presented a different perspective to my research, adding to the richness of data and enabling a broader analysis of the phenomenon of male same-sex DVA resulting in a comprehensive response to my research questions and research aim. The professionals acted as a bridge between victims' experiences and the theoretical perspectives and key themes of this research. Their expertise and knowledge base confirmed my previous survey findings and associated the experiences of male same-sex abuse with their wider social and cultural milieu. This underpins the value that interviewing professionals has within my research. Interviews with professionals and practitioners are increasingly common within healthcare research (Hysong

et al., 2013) compared to their infrequent use in criminological or DVA research. However, it is hoped that this research demonstrates their value in this discipline, particularly in sensitive topic research where traditional participants, such as victims, would be hard to reach or vulnerable to potential harm as a result of taking part in the research.

Ultimately, the time and resource constraints of doctoral research had a significant influence on my research design, as well as the ambition and anxiousness to commence data collection and analysis as a novice researcher. However, adapting my research design culminated in an interesting mixed methods approach, which provided rich sources of data and a well-rounded and novel examination of male same-sex DVA. I am also pleased that I was able to combine qualitative interviews and victims' perspectives in my research in the end, albeit not in the way that I had originally envisioned. As well as placing marginalised and overlooked identities at the heart of my research, in keeping with feminist and queer methodological principles.

In conjunction with this methodological journey, the focus of my research also shifted. Although my research always set out to explore abusive behaviours in male same-sex relationships, the research that ensued involved more broad theoretical discussions of identity and the sociocultural positioning of sexual minority men. In addition, discussions of help seeking barriers and the current service response to men were unanticipated but developed out of my interviews with DVA professionals. My research demonstrates that methodological obstacles are not always a limitation of the research. In some cases, they can end up producing a more valuable and interesting piece of research, and receptiveness and flexibility to these obstacles are favourable qualities for researchers to develop.

The following sections examine the distinct quantitative and qualitative components of my mixed method research, reviewing how they were both designed and undertaken. In addition, an overview of the participants for each data collection method is given.

4.2. Collecting quantitative data

The quantitative component of my research was completed via an anonymous online survey targeting a UK audience. Historically, quantitative survey research has been criticised for failing to deal with research topics and participants sensitively enough (eg. Reinharz, 1979; Fox Keller, 1980; Oakley, 1981), which led to debate around whether surveys are an appropriate method for sensitive research. It has also been argued it is possible to undertake ethically sound and appropriate research using surveys (Deakin and Spencer, 2011: 157), and well-designed surveys can enhance our understanding of social issues (Bachman and Schutt, 2020). One example is Kelly's (1990) study on child sexual assault, in which she recognised the significance of collecting quantitative data relating to sensitive personal experience from large groups of people. However, she did highlight that in order for a survey to deal with sensitive issues ethically, it must allow for subjectivity and allow space for views to be expressed. So, Kelly's (1990) questionnaire allowed respondents to define their own experiences, on top of providing support information for participants, thereby minimising distress.

The rationale for employing a survey methodology in this research stems from wanting to reach victims of male same-sex DVA. In line with feminist DVA research, this survey aimed to gather insight into the lived experience of abuse. The low cost and practical nature of surveys (King and Wincup, 2008) also adds to the rationale for utilising survey methodology to collate victim insights in my research. However, despite survey methodology theoretically offering fast data collection, this does not always manifest in real-life research. In my study, it took numerous attempts at survey dissemination before reaching the target number of responses, but it remained an affordable and effective data collection method.

Surveys are commonly used when asking questions about beliefs or experiences. They are deemed to be particularly advantageous when researching a population who are typically deemed 'hard to reach'[20], or who have historically existed on the peripherals of

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[20] Although 'hard to reach' groups is an ambiguous term, it is generally agreed upon that the LGBTQ community falls within this definition (Flanagan and Hancock, 2010; Deakin and Spencer, 2011).

criminological focus. This is because surveys offer a way for participants to share their experiences in privacy, without threat or coercion (Deakin and Spencer, 2011). Given that this research seeks to examine the lived experience of abuse of men in same-sex abusive relationships, and therefore part of the LGBTQ community, a survey methodology is well suited to my research. The survey methodology allowed me to access the experiences of these men in privacy and without researcher intervention. Furthermore, survey methodology has previously proven successful for similar research (eg. Donovan et al., 2006; McCarry et al., 2008), which underpins its suitability for my research. The data collected largely produced descriptive statistics and collected information on the behaviours men had experienced in their same-sex relationships. I was also able to identify emerging themes from the survey data, which subsequently informed my schedule for the interviews I conducted with professional participants.

4.2.1. Survey design

The survey employed in this research was a self-completion and opt-in anonymous online survey, created on the website SurveyMonkey. The self-completion element of surveys is key in their ease of production and distribution. However, the lack of contact between the researcher and respondents has also been critiqued, as 'generating detached, stilted data and preventing 'an interactive process'' (Kennedy Bergen, 1993: 203). In this way, the survey was limited in its narrative, as the data collected lacked context. Nonetheless, my survey provided a contemporary snapshot of experiences of male same-sex DVA in the UK, which I was able to explore further with professionals in the subsequent interviews.
as it did not collect context of the data, which interviews allow for, meaning Taken together, both data sets do allow for immersive data analysis and provide an in depth and well-rounded picture of male same-sex DVA.

The survey was designed with a majority of closed questions, although I did also include one open-ended question[21]. Both question types can be used effectively to gather different types of information (Deakin and Spencer, 2011). For example, fixed choice questions are an

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[21] See Figures 16 – 20 for examples of survey questions.

effective way of gathering data about events and behaviours (Deakin and Spencer, 2011). Relationship behaviours were enquired about in the survey via closed questions in a tick-box style[22], which allowed for ease of processing and analysis. However, it has been noted that closed questions can create inaccurate reporting, especially when sensitive topics are involved. For example, respondents may avoid ticking the outermost categories (Lee, 1993), which could impact the validity of the data collected. These issues can be circumvented when a thoughtful design is employed and by including polarising categories to act as extremes. For this reason, I ensured that the behaviours listed ranged from low-level abusive behaviours, such as the use of aggressive language, up to more extreme and serious behaviours, such as forced sexual activity and attempted murder. The abusive behaviours listed were developed taking inspiration from the expansive existing literature detailing the experiences of abuse in heterosexual relationships. The survey question also included behaviours which are seen as positive relationship behaviours, such as compliments or romantic gestures[23]. This allowed for potential examination of whether abusive behaviours can stand alongside positive relationship behaviours or 'practices of love', as previously evaluated by Donovan and Hester (2014), although this did not end up as a key area of analysis in this particular research. Many of the closed questions also included an 'other' text box, which allowed the participants to provide their own unique answers. This was particularly useful when I could not provide an exhaustive list of answers, for example when asking about help seeking behaviours[24].

Setting out the questions like this was also aimed at easing the participants into the questioning and remaining sensitive to the topic. This was further aided by listing the behaviours as 'non-physical' and 'physical' behaviours[25], rather than coercive control, emotional, or physical abuse behaviours. I chose to frame the questions in this way as I avoided labelling any behaviour as abusive or violent within the survey, as well as to minimise any potential to cause harm to the participants. In hindsight, choosing to frame the behaviours in this way impeded my research. This is discussed in more detail in Chapter Nine alongside the wider limitations of this research.

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[22] See Figures 16 and 17 in Appendix.
[23] This is shown in Figures 16 and 17 in the Appendix.
[24] See Figure 18 in the Appendix.
[25] This is shown in Figures 16 and 17 in Appendix.

Open-ended questions serve an important purpose because they allow the survey to obtain respondents' interpretations in greater detail (Bachman and Schutt, 2020), without feeling constrained to set answers (Spencer and Deakin, 2011). Although open-ended questions are advantageous, it is imperative not to include too many within the survey as respondents may feel overwhelmed at the thought of having to write a substantial amount (Bachman and Schutt, 2020), which could result in incomplete submissions. For that reason, I chose to include only one open-ended question at the end of my survey to not overwhelm or discourage the participants from completing the survey. I used it as a space to encourage the respondent to share anything else about their experience of their male same-sex relationship(s).

Finally, the survey included questions about the respondents' demographics and background. When designing these questions I used pre-designed questions and answers using the SurveyMonkey question bank for a number of them (eg. age and nationality). However, Smyth (2016) highlights the need to be critical of question banks, as they may not apply to all contexts and populations. Bachman and Schutt (2020) identify the importance of having an exhaustive list of answer choices for fixed-choice questions. For my research, this was crucial in relation to the specific questions asking about respondents' gender and sexual identities. I, therefore, designed my own answer options for these questions, as well as included an 'other' text box, to ensure a more accurate representation of gender and sexual identities, as well as to ensure respondents would not be offended or deterred by these questions. Finally, the demographic questions were placed after the subject questions at the end of the survey. Ending with the most undemanding questions was to try to mitigate the effects of survey fatigue (Lavrakas, 2008).

The aim to minimise distress to survey respondents was also incorporated into its design. This is important because of the potentially vulnerable nature of the participants, as well as the sensitive research topic. I did this in several ways in my survey. For example, at the start of the survey, I provided the respondents with a list of organisations offering advice to men who have experienced abuse, should they need support following or during the completion

of the survey[26].The participants confirmed they had read the information provided as part of the free and informed consent[27].

4.2.2. Survey dissemination

The survey was disseminated towards a UK audience as the rationale for this research was to provide a contemporary snapshot of male same-sex DVA in the UK. I had several steps to my dissemination. Firstly, I sent it to all staff and students at The University of Sheffield via targeted email lists. This is a popular route used by academics and research students to call for participants, however, it does gather a localised sample. Secondly, I shared the survey on the social media platform Twitter. For this I used my personal Twitter account, however, it is worth noting that this is geared towards professional and academic use. I also asked UK-based LGBTQ and/or DVA charities and organisations on Twitter to share the survey with their followers. This is what Gelinas et al. (2017: 5) term 'passive online recruitment', which 'involves distributing recruitment materials … with the aim of attracting potential participants'. These routes of survey dissemination resulted in a convenience sample (Mullinix et al., 2015). This has implications for my research, as although the survey recruitment methods were low cost and allowed for relatively immediate access to participants, the convenience sample could impact the generalisability of my research findings. This is discussed in more detail in Chapter Nine.

Although utilising social media for academic and social research is in its infancy (Bryman, 2016), it is steadily gaining popularity. Using social media to recruit participants is an attractive option as it allows researchers to reach a broader population than the use of other more traditional recruitment methods (Gelinas et al., 2017; Liamputtong, 2007). Previous studies have successfully recruited participants for research via social media (eg. Topolovec-Vranic and Natarajan, 2016; Fenner et al., 2012; Ramo and Prochaska, 2012), including studies with populations who are deemed hard to reach (eg. Gelinas et al., 2017). For example, Martinez et al. (2014) used social media to recruit gay Latino males for their study on HIV intervention. Due to its low cost and effectiveness in reaching traditionally

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[26] See Figure 2 in Appendix.
[27] See Figure 4 in Appendix.

hard to reach groups, Gelinas et al. (2017: 4) claim that social media is an 'important tool in the recruitment arsenal'. My research supports this claim, as utilising social media in my research allowed me to access typically hard to reach participants easily and with no cost.

However, internet-based participant recruitment also has downfalls, such as the difficulty of ensuring a demographically and politically representative sample (Baker et al., 2003, cited in Crow and Semmens, 2006). The resulting sample may be skewed towards a certain type or category of person, as well as only reaching those with internet access. Unfortunately, this is my experience as my survey sample was not representative. This has implications for the generalisability of my research findings. This is examined in further detail in Chapter Nine and the demographics of survey participants are outlined in the following section.

4.2.3. Survey participant recruitment and demographics

The target population for this survey were self-identified men aged 18+ who have been, or were currently in, a relationship with another man. Importantly, experiencing abuse was not a criterion for participation. This decision was based on two concepts. Firstly, it is not uncommon for men in same-sex relationships to not identify their experiences as DVA, or identify themselves as victims, which is demonstrated in Chapter Five. Secondly, this decision was taken to minimise distress caused to the participants, and not to deter potential participants from completing the survey. This strategy was also employed by Donovan et al. (2006) in their survey methodology, for similar reasons. Furthermore, the call for survey participants did not ask for men who identify as gay or bisexual – that is until the survey asked them to self-identify their sexuality. This was in recognition that not all individuals who engage in same-sex relationships identify as gay, or as members of the LGBTQ community (Knauer, 2011; Baker et al., 2013). As Baker et al. (2013) distinguish, being involved in a same-sex relationship is a behaviour while identifying as gay is an identity. This route was taken to not deter any potential participants.

The survey gathered 103 complete responses. The majority of respondents identified as cisgender male (n82). Interestingly, six respondents selected 'other' and self-identified as 'male'. This may be the result of active rejection of the cisgender label, or not being familiar

with the term. Likewise, the majority of respondents identified as gay (n86). Other sexual

identities included queer (n11) and bisexual (n8). The respondents could tick more than one

identifying category, in order to represent the fluid nature of gender and sexual identities.

The ages of the respondents ranged from 18 to 64, however, the sample was

disproportionately weighted towards young people, with 73 respondents in total aged

between 18 and 34. This could be a result of the way in which the survey was disseminated,

with the older generation less likely to use social media or be included on University mailing

lists, taking into account average retirement and student age.

The sample was also disproportionately weighted towards white individuals (n94), with only

eight respondents identifying as Asian and one man identifying as Latin American. The lack

of an ethnically diverse sample underpins the importance of an intersectional lens in future

research. Experiences of abuse are not homogenous and it is important to investigate this

further. Although the survey did not require individuals to be living in the UK, it was

targeted towards a UK audience in its dissemination. This resulted in 92% (n95) of survey

respondents living in the UK. Finally, the majority of respondents were employed full-time

(n64), with the next largest group accounted for by students (n29)[28]. These demographics

show a relatively skewed sample in terms of demographics, although this is to be expected

from the convenience sample. The skewed sample can also impact the generalisability of my

research findings, however, the benefits of conducting a mixed method research design and

collecting qualitative data addresses some of these concerns with generalisability as will be

examined in Chapter Nine. Overall, the advantages of a convenience sample such as time

and cost-effective, coupled with the mixed methods research design provides rationale for

the use of an online survey in my research.

4.3. Collecting qualitative data

The next stage of data collection involved qualitative interviews with UK based DVA

professionals. Interviews were chosen as they allow flexibility whilst also providing in-depth

and rich data (King and Wincup, 2008). Furthermore, in-depth interviewing is a valuable

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[28] The full demographic information relating to the survey sample is set out in the Appendix in Tables 1 to 6.

research method when seeking knowledge on subjugated and sensitive topics (Hesse-Biber and Leavy, 2005; Liamputtong, 2007) which makes them a suitable method for my research.

The following sections examine the interview design and process in detail, including participant recruitment, demographics, interview design and logistics, and addresses the concern of how many qualitative interviews are 'enough'. This section ends with reflections on the significance of particular interviews, as well as an examination of professionals' experience within the field.

4.3.1. Interview participant recruitment

Participant recruitment for my interviews was targeted, making it a purposive sample (Bryman, 2016). I recruited participants either by emailing professionals directly or by contacting relevant UK LGBTQ and DVA organisations with a call for participants. I also contacted professionals directly through the social media website Twitter, using only people's professional profiles, not their personal profiles. One participant was also recruited via a call for participants that I posted on the UK-based SafeLives[29] community platform forum. I found that the most effective recruitment method was emailing the professionals directly.

As men who experience same-sex abuse represent a particularly hard to reach group, deemed as doubly stigmatised[30], choosing to interview UK based professionals from the sector presented a significantly more practical and feasible sample for the timeframe and budget constraints of doctoral research. Furthermore, there are fewer ethical concerns when interviewing professionals. As I was not asking about their personal lived experiences, there was little chance of the interviews becoming emotionally laboured or harmful. Finally, professionals are able to offer perspectives and knowledge of topics which victims cannot. For example, information on the day-to-day running of services and the administration of

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[29] SafeLives is a DVA charity based in Wales. They host an online forum for professionals to connect with eachother and share knowledge and best practice.
[30] Same-sex DVA has been referred to as the 'double closet', as a result of the shame and silence that surrounds abusive relationships (Kaschak, 2001; McClennen, 2005; Murray et al., 2007). These individuals experience stigma not only due to their sexual identity but also their victim status.

services, commissioning, and funding, all of which correlate to the fourth research sub-question. Coupled with data collected via the survey, the data collected in interviews with DVA professionals informed a well-rounded and holistic analysis. This allowed for data triangulation, which not only improves validity of research and contributes to the generalisability of my findings, it also allows for a deeper and broader understanding (Olsen, 2004).

4.3.2. Interview participant demographics

A total of 11 interviews were conducted with UK based DVA professionals. The professional participants came from a range of roles and workplaces within the UK DVA sector[31], in order to ensure the interviews collected a broad spectrum of knowledge and differing perspectives. I began the interviews with questions relating to participants demographics. The purpose of this was two-fold, as noting participants demographics is important for data analysis, as well as acting as a way to ease into the interview and build rapport – both for the participants and myself as a novice interviewer. Out of the 11 participants, five identified as male and six as female. Their ages ranged from 24 to 61, with a mean age of 46[32], achieving a fairly good representation of employment age. For the final opening question, I asked the professionals about their current role and their previous positions and experience within the field. Some participants provided a more detailed and fuller answer than others, however, all participants were deemed to have sufficient knowledge and experience in relation to the research aims at the participant recruitment stage. I will discuss the implications of participants experience in a following section.

Diversity of this participant group also extended to the roles which they held. At the time of the interviews, the professionals came from a variety of roles, ranging from frontline and victim facing roles to management and senior roles. I chose to interview professionals with a range of roles in order to provide scope to the discussions in the interviews, as well as allowing the interviews to cover different topics dependent on the particular roles and experiences of the professionals. However, as specialised support for male same-sex DVA

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[31] See Table 7 in the Appendix for a full list of job roles.
[32] See Table 7 in Appendix for participant demographics.

victims is scarce (see Magić and Kelley, 2019), there is a fairly limited pool to draw professionals with sufficient experience. Recruiting professionals from this variety of roles, therefore, provided the most practical route to ensuring sufficient data collection to respond to my research aims. Most professionals disclosed having fairly extensive and varied backgrounds across the DVA and charity sectors. This allowed for diverse discussions in the interviews, particularly when professionals had previous experience working with female victims of DVA as these discussions were valuable in comparison of female and male same-sex DVA made throughout this thesis.

4.3.3. Interview design

I chose a semi-structured approach for my interviews. In doing so, I was poised for a more free-flowing conversation, but I was also mindful that I may need to adjust my questioning during some interviews. The main difference between the interview approaches rests upon the amount of flexibility the interviewer has. Semi-structured interviews are more structured than an informal conversation, (Gall et al., 2003) and are aided by an interview guide (Bryman, 2016). However, they also allow for flexibility and the opportunity for interviewees, and participants, to discuss topics they deem important (Turner, 2010). This allowed me to cover different topics in different interviews, depending on the particular participant and their professional role and knowledge base.

Creswell (2007) highlights the importance of flexibility within interviews, as he asserts that in an interview, participants may not necessarily answer the question, and instead talk about something else, or may answer a question which is asked later in the interview. As a result, it is advantageous for the interviewer to be prepared to think on their feet and manoeuvre through their interview schedule adapting questions, to cover key topics and avoid recapping them. Furthermore, Turner (2010) argues that if questions are misunderstood, it falls on the interviewer to reconstruct the questions so they are more understandable. This is where the flexibility of semi-structured interviews flourishes. This was my experience, as during my interviews I had to constantly adapt my interview schedule as naturally participants would cover future topics or digress, negating the need for some future questions. McNamara (2009) highlighted the importance of providing a

transition between major topics. Signalling you are moving on to a different topic can help to refocus interviews and is particularly useful for semi-structured interviews. I used this technique during my interviews to regain control of the questioning and signal the information I wanted to gain from the interview.

I also adapted my interview schedule[33] based on the participant's role and the nature of the organisation. I did this both by adjusting my interview schedule before specific interviews or during the interview in response to their responses, which the semi-structured nature accommodated. For example, when interviewing the detective sergeant I asked specific questions relating to police reporting and recording of LGBTQ DVA, the training of police officers, and their role in supporting DVA victims and perpetrators. The nature of these questions would not have been suitable for other professionals. Furthermore, questions were also adapted relating to whether the professional had worked with heterosexual male victims or female victims, the discussions of which contributed to the comparison between abusive experiences throughout this thesis. By adapting my interview schedule, I was able to accommodate the specific knowledge base of each participant, as well as allow them to share any particular insight they wanted.

4.3.4. Interview logistics

Prior to the interviews, I conducted a pilot interview with a fellow PhD colleague. Turner (2010) stresses the importance of piloting in preparation for interviews to familiarise oneself with the interview process and interview schedule, to practice interview techniques and refine questions, and practice use of the Dictaphone. This allowed me to practise my interview technique and enabled me to be more relaxed during the real interviews.

Although my preference, and intention, was to conduct face-to-face interviews, during participant recruitment I gave the professionals the option of face-to-face or telephone interviews. The majority of the professionals seemed to appreciate this flexibility, as only three of the interviews were conducted face-to-face and eight were conducted via

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[33] The basic interview schedule is shown in Figure 15 in the Appendix.

telephone. When employing two different interview methods it is important to bear in mind different techniques needed for them. For example, when encouraging the flow of the interview and acknowledging interviewee responses on the telephone, audible encouragement is needed. This is opposed to face-to-face where you can use body language, such as nodding your head to encourage responses (McNamara, 2009). This lack of visual cues could also result in a loss of context or opportunity for probing (Creswell, 1998; Novick, 2008). However, this was not my experience in the telephone interviews I conducted for this research.

Where I did feel a disparity between the interview modes was the rapport built between myself and the interviewees. As mentioned previously, the face-to-face interviews allowed me to build a greater rapport with the interviewees, owing to the more relaxed environment and naturality of the meeting. This rapport helped to create an environment which was conducive for enhanced discussions of the topic. Previous research has argued face-to-face interviews provide more in depth responses compared to telephone interviews (Sturges and Hanrahan, 2004). Although this may be true, telephone interviews allowed me to interview professionals who I otherwise may not have been able to meet in person, due to practicalities such as travel distances and cost, as well as the busy schedules of the participants. Therefore, I was grateful for the interviews to take place, no matter the method. In hindsight, videocall interviews could have been utilised instead of telephone interviews, as they are considered to be the most similar to face-to-face interviews (Krouwel et al., 2019; Saarijärvi and Bratt, 2021). The visual aids and cues would have produced a similar experience to face-to-face interviews, whilst still providing a more flexible and practical option that telephone interviews provide. This is something to bear in mind for any future research, particularly since the recent proliferation in video-call use as a result of the Covid-19 pandemic.

Location was the only real practical consideration I had for my face-to-face interviews. Naturally, convenience for the interviewee is essential, as well as a location that is private and free from interruption. This was imperative in order to ensure a quality audio recording for subsequent transcription and analysis. It is also important for the location to be familiar to the interviewee, and also one in which they feel comfortable (Seidman, 2006a; Crow and

Semmens, 2006). It has been noted that interviewees will talk more freely when 'on their own ground' (Gillham, 2000: 8). Taking the above into consideration, out of the three interviews that took place face-to-face, two of the interviews were conducted in cafes suggested by the participants and one was conducted at the professional's place of work in a private office.

All interviews were audio recorded (with consent) on a Dictaphone, and later transcribed verbatim. Transcription is not only a practical exercise within the research process, but, in choosing to transcribe interviews themselves, researchers can gain a deeper level of engagement and understanding of their data (Seidman, 2006a). This is the rationale for completing transcription myself, as it brought me closer to the data, in addition to aiding in the identification of key themes (Bryman, 2016). I began transcription as soon as possible after each interview, which enabled me to highlight any areas of the interview schedule which could be altered.

4.3.5. How many interviews are enough?

Within qualitative research design literature, there is growing concern with addressing the question *how many qualitative interviews is enough?* (Beitin, 2012 and Baker and Edwards, 2012). Adler and Adler (2012. in Baker and Edwards 2012) suggest a sample size of around 30, whilst Creswell and Poth (2018) recommend between 5 and 25 participants for phenomenological research or 20 to 30 interviews within a grounded theory approach. Conversely, some scholars posit there is 'no hard and fast rule' for establishing a sample size (Crow and Semmens, 2006: 44), and what is 'enough' is different for each researcher and each study (Seidman, 2006a). In reality, sample size is dependent on several factors (Bryman, 2016). These can include the resources that researchers have access to (Crow and Semmens, 2006) and economic cost (Gilham, 2000). Both of which impact the practicalities of sample size, particularly in doctoral research. Instead of relying on the number of participants, one popular concept to determine sample size is theoretical saturation, being the point when no new theoretical insights are being generated (Bryman, 2016; Seidman, 2006a). Based on theoretical saturation, Bryman (2016: 417) argues 'specifying minima or

maxima for sample sizes is pointless', as the criteria for sample size would be the number it takes to achieve saturation.

As a result, I concluded that a total of 11 interviews conducted in this study was sufficient. The interviews were both focused and in-depth, and theoretical saturation was reached. Furthermore, the pool from which to draw potential participants is fairly limited to begin with. As will be discussed in Chapter Eight, there are only an estimated six LGBTQ specialist DVA services in England, and none in Wales. This demonstrates the lack of adequate service provision and a small number of LGBTQ DVA professionals. For that reason, a large sample was not feasible. Finally, the interviews were coupled with 103 survey responses, ensuring sufficient data was collected to adequately respond to the research questions and research aims.

4.3.6. Reflections on interviews and their significance

As data analysis and write-up of this thesis progressed, it became apparent that some interviews proved to be more beneficial in terms of contribution to the key themes compared to others, and are therefore cited more throughout this thesis. However, I ought to stress that I was grateful for every interview and they all provided me with valuable insight and data for this research. Rather, some participants offered comprehensive and theoretical accounts. This section will examine the reasons for this disparity.

As described above, whilst recruiting participants for interviews I recruited a diverse range of professionals in terms of their current roles, to allow for a broader range of discussions. This was opposed to confining interviews to one participant group or a specific role, such as police officers or IDVAs. However, this approach could also be a limitation, as it meant that some professionals had a narrower perspective or were limited by their roles in terms of insight to draw upon or commentary to make in response to my questions. This was the case for my interview with the police officer, Susan, as due to their knowledge of DVA being tied to a policing role there was less discussion of the complexities of male same-sex DVA, such as specific behaviours experienced or the impact of identity on abuse. The discussions in our interview were therefore limited to issues such as how the police force recorded

same-sex abuse, or the relationship between the police and the LGBTQ community. In addition, at the time of the interview, Susan had moved to a different department within the same police force, therefore the interview was constrained to a retrospective account.

My interview with Laura was also constrained by her role in a perpetrator organisation, which did not currently offer specific programmes for GBT men although they have offered services on a one-to-one basis before. Again, this meant some of the intricacies of male same-sex DVA were not discussed in depth. However, I was still keen to gain insight into why these programmes were not currently on offer, as well as other background information relating to perpetrator services. These interviews were two of the shortest in length, which speaks to the depth of discussions. However, this does not mean these interviews produced no useful data, rather, they provided valuable context to my research. Additionally, although not all material was significant for this particular piece of research, surplus data offers avenues for future research.

Contrastingly, professionals in other roles provided deeply theoretical accounts and comprehensive responses to my questions. These professionals had more experience in victim-facing roles, and therefore produced better insight into the intricacies and complexities of male same-sex abuse. For example, Joe, Liam, and Ryan demonstrated a real understanding of the theoretical underpinnings of DVA as a whole, as well as notions of sexuality and identity. These interviews were therefore crucial in the development of my key themes.

In addition, some professionals provided well-versed and articulate responses to my questions and were therefore particularly valuable as excerpts for use within my thesis to underpin my analysis. Braun and Clarke (2006) outline the importance of data extracts in demonstrating themes, and the value of choosing 'vivid' examples that 'capture the essence of the point you are demonstrating'. By providing the most appropriate and favourable extracts from interviews to best substantiate my analysis, this thesis draws on my interviews with some professionals more than others. Despite the greater use of some professionals throughout the text, it is important to note that the quotes and excerpts used to represent the views of the professionals as a collective, as well as the general themes arising from

data collection. As will be discussed in a following section, I reached theoretical saturation (Bryman, 2016) during qualitative data collection, which exemplifies the shared viewpoints held by the professionals.

The mode of interview and its impact on the rapport built with participants could also have affected the significance of specific interviews. As will be outlined, three of the interviews were carried out face-to-face. I believe this mode of interview created a better rapport with these participants, as opposed to the telephone interviews, perhaps owing to the more natural and relaxed environment they create. My interviews with Joe and Liam, as highlighted above, provided in-depth and theoretical insights into male same-sex DVA. These two interviews were conducted face-to-face, both in cafés. This allowed for a more relaxed and informal discussion, which was conducive to the collection of valuable data. These were also the two longest interviews that I conducted, demonstrating the in-depth discussions that we had, and the professional's extensive knowledge of male same-sex DVA.

Previous literature has suggested that participants provide less detailed responses in a telephone interview than in a face-to-face interview (Sturges and Hanrahan, 2004). Overall, my experience with face-to-face and telephone interviews tends to support this. As a result of the strong rapport and length of the interviews, these two interviews significantly contributed to my development and analysis of the key research themes. This is in addition to both of these participants responding to my questions in-depth and with theoretical insight, as examined above. The implications of this meant I relied heavily upon these two interviews for excerpts throughout the thesis. It is worth noting that in the other face-to-face interview I conducted with police officer Sarah, I also built a strong rapport. However, there are other reasons for this interview being less significant for my key themes as discussed above. Again, this does not mean the data collected in telephone interviews was insufficient, or that I built no relationship with these participants. Rather, it presents the opportunity to reflect on what worked best in this research and provide lessons for any future research.

Finally, it is worth noting that I spoke to the majority of professionals during working hours, which could have impacted the significance of the interviews. This is especially pertinent

when the busy nature of charity sector employment is taken into account. This is demonstrated in a recent study by Donovan and Butterby (2020), who found that the majority of their participants working in the LGBTQ DVA sector work longer than their contracted hours. It is not unreasonable to assume that some professionals had set less time aside for the interview, and therefore provided less detailed responses. Although no one rushed through the interview or had to stop the interview prematurely, it is something to bear in mind when interviewing professionals.

4.3.7. Professionals' experience in the field

Relating to the section above, it is important to examine the professional's experience within the sector, to give context to their interviews and the data collected. In doing so, it is perhaps salient to consider wider issues within the DVA sector and charity sector more broadly. For example, the precarious nature of funding and consequent poor job security. This is demonstrated by Donovan and Butterby (2020), who problematise this as a 'drain of expertise and experience' in an already small sector. Despite these concerns, the majority of my professional participants detailed a career within the sector spanning multiple years and varying roles, some of which are detailed below.

For many professionals, their career within the sector had also meant working with female victims at some point. These interviews were particularly conducive for the comparison between heterosexual and male same-sex DVA made throughout this research. One of these professionals, Joe, had 17 years of experience at the time of the interview. Joe had held various roles within the field, and charity sector more broadly, which included; social work, IDVA roles, setting up a male victim project, and most recently five years of experience in a commissioning role for DVA services for a city council. Similarly, Liam, had 13 years of experience across a range of roles including IDVA work in a range of urban and more rural locations and ranging from low to high risk. Liam also has experience in delivering perpetrator programmes, and most recently delivering domestic and sexual violence training for councils, organisations, and police forces across the country.

Likewise, Claire detailed her 15 years of experience in the sector starting at victim support through to IDVA support roles and IDVA roles. Most recently, Claire had been working specifically with all male victims for four years. Kelly reported 13 years of experience in the DVA sector, spanning both charity and council roles which included managing an IDVA service and managing a refuge. Most recently, Kelly had been a domestic and sexual abuse manager for two different councils. Detailing her career, Denise first started work supporting the LGBTQ community in the charity sector 30 years ago, at London Lesbian and Gay Switchboard. Since then, Denise has vast experience working and supporting LGBTQ DVA victims, including developing a same-sex DVA project. More recently, Denise works in a male refuge, alongside being an independent advisor for an English police force and delivering training at the college of policing.

Other professionals did not detail their careers as much, meaning their previous experience in the sector was more unclear. However, the majority of these professionals held senior roles. At the time of the interviews Jane was the CEO of a generic DVA charity, Peter was the lead for domestic abuse services for a generic LGBTQ organisation, and Laura was the head of adult services for a DVA intervention organisation. Although they did not indicate their previous roles or career progression, the senior roles do indicate a certain level of experience.

Overall, the professionals had diverse experiences within the DVA sector. Roles varied from victim-facing IDVA roles and refuge support to commissioning and council roles. This produced a broad range of discussions during my interviews which significantly contributed to the response to my research aims.

5. The research process

This section examines the sensitive nature of the research, why I made the methodological choices that I did in light of the sensitive nature of this research, and the impact this subsequently had on the research process, ethical and methodological considerations, and the researcher. Firstly, I examine what is meant by the term 'sensitive research', considering the population that this research seeks to represent. Secondly, I explore the impact that

sensitive topic research could pose to the researcher(s) themselves, which is seldom discussed in the methodological discourse. Finally, I examine the ethical considerations which were taken into account when designing this research.

5.1. Sensitive research and vulnerable research population

There are many variations when defining socially sensitive research, with researchers each offering their own definition. Seiber and Stanley (1988: 49) defined it as 'studies in which there are potential consequences or implications, either directly for the participants in the research or the class of individuals represented by the research'. Crucially, this definition recognises the importance of representing a whole section of society, as well as the individual participants, which this research aims to do. However, Lee and Renzetti (1993) criticise this definition for focusing too much on the consequences of the research, as opposed to the methodological challenges that are inherent within sensitive research. Deakin and Spencer (2011: 140) offer a simpler explanation of sensitive research, as research which involves 'taboo, or difficult, topics' or that 'elicits the views of vulnerable or 'powerless' groups'. Definitions of sensitive research rely on perceived sensitivity and participants' individual interpretation, therefore, in reality, any subject has the potential to become sensitive (Lee and Renzetti, 1993; Corbin and Morse, 2003).

Certain topics are universally considered to be classed as sensitive research, such as DVA (Enosh and Buchbinder, 2005). In addition to the sensitive topic of domestic abuse, I believe this research is doubly sensitive as it also contends with the topic of sexual identity. The study of sexuality has previously been identified as sensitive research as it is an issue commonly considered to be private, stressful, or sacred (Lee and Renzetti, 1993).

Conducting sensitive research creates several additional methodological and ethical 'complexities' which must be addressed (McCosker et al., 2001; Zurbriggen, 2002). These include (but are not limited to) sample size and access, accurate representation of sensitive and/or vulnerable populations, and inherent power disparity between the researcher(s) and the researched (Doloriert and Sambrook, 2009). However, despite these additional considerations, this does not mean sensitive research cannot or should not be conducted.

After all, social research benefits the wider society by its attempts to understand a certain unresolved aspect of society (Bryman, 2016).

Furthermore, it has been documented that the research process can be beneficial for participants of sensitive research. For example, participants can find the process cathartic or therapeutic (Davies and Gannon, 2006; Dempsey et al., 2016; Fahie, 2014). This provides further justification for conducting socially sensitive research. As Seiber (1993: 17) concludes, the way forward for sensitive topic research is 'to design ethical and culturally sensitive research and to interpret findings tactfully and judiciously, with concern for the interest of the research participants'. Similarly, Wahidin and Moore (2011: 295) contend that it is only by exploring the role of the research, and its potential effects on participants, that researchers can reduce the harm caused, to an already vulnerable group. Put simply, it is essential to ensure the benefits from research outcomes will outweigh any potential negative impact. The following sections outline the ethical considerations of this research and examine how the sensitive nature of this topic impacted the research design.

5.2. Impact on researcher

It has been well documented that sensitive topic research can create adverse effects on the research population and participants. As a result, often a great deal of time and effort is spent forecasting these challenges and trying to mitigate them (Dickson-Swift et al., 2007), as the previous section has outlined. However, relatively little time is spent considering any potential effects that may be experienced by the researcher(s) (Zurbriggen, 2002).

It is important to remember that sensitive topic research can also have an impact on researchers themselves (Dickson-Swift et al., 2007). In addition to the usual stressors that come with planning and conducting research, negative emotions can be produced due to the nature of the research topic such as personal distress and anger (Hubbard et al., 2001). Similarly, Moran-Ellis (1997) reported feeling overwhelmed with disbelief and anger during her research on childhood sexual abuse, a phenomenon she terms 'pain by proxy'. Cowles (1988) also identified that observing the emotional responses of others and listening repeatedly to descriptions of violent behaviour can be psychologically and emotionally

distressing for researchers. Despite the evidence suggesting that sensitive research can also impact the researcher(s), there is a dearth of support programmes for them (Liamputtong, 2007) as well as a lack of literature advising on how to monitor and debrief this impact (Morse, 2000). During my research, I kept a research diary which allowed me to reflect on my thoughts and feelings throughout data collection and analysis. I also relied on the support of my peers within the School of Law research community, as well as regularly checking in with supervisors.

On the other hand, Liamputtong (2007) also highlights that researching vulnerable and sensitive populations can also be rewarding for the researcher. For example, the process of listening to participants results in a sense of purpose for the researcher. Dickson-Swift et al. (2007) highlight feelings of privilege among qualitative researchers as a result of participants sharing their experiences with them, which are often private or intimate. Feelings of catharsis and empowerment have also been documented (Liamputtong, 2007). This was the experience of Liamputtong herself, who noted experiencing feelings of privilege when researching vulnerable women from ethnic communities. This aligns with my own experience when conducting my research. Although DVA is a sensitive topic, I feel privileged to conduct this research and am thankful to my participants for sharing their experiences and knowledge with me.

This section has highlighted considerations which ought to be made in sensitive research regarding the researcher(s) themselves. The following section moves on to examine ethical and methodological considerations concerning the participants.

5.3. Ethical considerations

Ethical considerations relate directly to the integrity of social research (Bryman, 2016). As a result, a strong examination of ethics is imperative for producing robust research. As previously highlighted, both domestic violence and sexuality are considered to be sensitive research topics, and as a result, they require in-depth ethical examination. I applied to The University of Sheffield Ethics Committee, in line with University guidelines and received

approval for this research to go ahead. Below, I highlight the main ethical challenges that manifested in this research.

5.3.1. Informed consent

First and foremost, I ensured that free and informed consent was gained from each participant. The principle of gaining informed consent is based on giving research participants as much information as possible before they decide whether to take part (Bryman, 2016; Silverman, 2013). With regards to the survey, I did this by displaying a participant information sheet and consent form at the start before the questions began[34]. Question logic was employed so if the participants did not agree to the terms of the research, and thus give informed consent, the survey would automatically end. For the interviews with professionals, consent was gained prior to the interview commencing, via a signed form[35]. Consent forms were either emailed and signed before telephone interviews, or brought along to face-to-face interviews and signed before the interview commenced. They were also accompanied by a participant information sheet[36]. The participant information sheet outlined what the research would involve, how the data collected would be used, and information regarding anonymity and confidentiality of the data and participation. This was also reiterated to the participants before commencement of the interview.

5.3.2. Potential harm to participants

As previously outlined, this research had two sample sets; victims and professionals. The ethical consideration of potential harm to participants is more significant during fieldwork with victims than it is for professional participants. Despite the sensitive nature of the research topic, the professional participants are not deemed to be vulnerable. The professionals took part in the research in a professional capacity, and were not asked questions about their own lived experience of abuse. Instead, questions were asked about

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[34] See Figures 3 and 4 in the Appendix.
[35] See Figure 5 in the Appendix.
[36] See Figure 6 in the Appendix.

things in which they are already knowledgeable and deal with on a day-to-day basis in their employment. They were also self-selected and there was no external pressure from their employer to take part. As a result, potential harm to these participants is minimal.

On the other hand, the survey collected data from victims themselves about their own lived experiences. These participants identified as men who have been or are in a relationship with men, therefore belonging to an oppressed and marginalised population. As a result, the potential to cause harm was heightened for this group (James and Platzer, 1999). In this research, the concern from harm caused to participants centred around the potential for participants to recall painful and emotional experiences. In order to mitigate this, it is vital that researchers set out recourse to support (James and Platzer, 1999). For this reason, I chose not to conduct victim interviews, instead relying on the survey method to collect victims experiences as a way of minimising harm. As previously outlined, the survey was purposely framed as asking about male same-sex relationships and not about experiences of abuse.

For the survey participants, an information sheet[37] was included at the beginning of the survey which explained to the participants why this research was being conducte and how their data would subsequently be used. I also explained that their identity would remain anonymous, and data would be kept confidentially and in accordance with GDPR, as set out in following section.

The information sheet also explained to participants that should they wish to withdraw from the survey at any point during its completion they could, and any data collected up until that point would not be used. This is known as 'process consent', which has been argued to be a more effective way to safeguard participants (Silverman, 2013). Process consent counteracts Nunkoosing's (2005) critique of the consent process, in that it is sought prior to interviewing (but this can be applied to all methods of data collection) when the participant cannot predict the details of the questioning, or the effect that it could have. However, due to the anonymised nature of the responses, once the survey had been completed and

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[37] See Figure 3 in the Appendix.

submitted by the participant it would be impossible to retract their responses, and this was explained to the participants. In addition, the second page of the survey included a list of help and support organisations for the participants to consider if they were to become emotionally overwhelmed or distressed during or after filling out the survey[38].

5.3.3. Anonymity, confidentiality, and data protection

Although they are often grouped and discussed together, anonymity and confidentiality can, and should, be differentiated (Wiles et al., 2006). In research, anonymity refers to omitting any information about participants that will enable them to be identified (Walford, 2005). I strived to achieve anonymity of participants by omitting or changing any identifiable information. Pseudonyms have been assigned and are used throughout this thesis for the interview participants. As for the survey participants, the number corresponding to the order in which they completed the survey is used to distinguish between them (i.e Survey participant number 85).

Confidentiality is a slightly more complex issue. At its simplest, confidential information is 'private or secret' (Walford, 2005: 85). Taken to its logical conclusion then, confidential research is 'not disclosing what an individual has said in an interview' (Wiles et al., 2008: 2). In this respect, research can never truly be confidential. However, researchers can ensure participants are not identified (in which anonymisation is a key tool) (Wiles et al., 2008), and it is imperative to outline this when gaining informed consent[39]. Confidentiality can also be assured by ensuring that data is kept securely and not accessed by anyone else, in accordance with UK General Data Protection Regulation 2018. My interview recordings have been stored in an encrypted file on my password protected personal computer, and the original recordings were deleted from the Dictaphone as soon as they were transferred to my computer after each interview. I only ever listened to the recordings, and transcribed them using headphones. Consent forms and transcripts have been stored in a locked drawer. All data in raw form was only ever seen by me. Finally, the recordings and consent forms will be destroyed when no longer needed for the purposes of analysis or publication.

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[38] See Figure 2 in the Appendix.
[39] See Figures 4 and 5 in the Appendix for the consent forms.

6. Researcher identity and reflexivity

It is important to examine and reflect on one's identity throughout the research process (Hayfield and Huxley, 2015), as 'no researcher comes to her research as *tabula rasa*' (Roseneil, 1993: 179). Edwards (1993) positions researchers as variables within their own research, based on inherent biases which are created from lived experience and identity. In turn, these impact the research process, and it is therefore integral that researchers reflect upon them. This process is referred to as reflexivity[40]. Reflexivity is a recommended critical practice for social research (Adkins, 2002), defined by Brannick and Coghlan (2007: 60) as a concept employed in social sciences to 'explore and deal with the relationship between the researcher and the object of research'. As well as an important ethical and epistemological tradition, reflexive practice enhances the validity of research (Davies, 2011), so its importance is twofold. Reflexivity requires an awareness of the self in the creation of knowledge (Liamputtong, 2007). This awareness of the self and its relationship to the production of knowledge is examined in the following sections in relation to my research.

6.1. Outsider looking in

Identifying one's research identity and insider/outsider status has become routine in social research. This is due to the prevailing discourse that a researcher's positionality, and the social structures into which they fit, influences the production of knowledge (Allen, 2010; Griffith, 1998; Hayfield and Huxley, 2015). It is of additional importance to consider the implications of outsider status when researchers seek to present marginalised voices (Tang, 2007). As a heterosexual cis-gender female, my identity is not aligned with the identities of my research subjects. This situates me as an 'outsider' researcher[41]. My outsider

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[40] Reflexivity emerged as a key component within feminist methodology, alongside an active rejection of traditional power relationships between the researcher and the researched (See Liamputtong, 2007; Tang, 2007; Wahidin and Moore, 2011). Since then, reflexivity has become a vital part of criminological research as it encourages critical reflection on knowledge that is created (Davies and Francis, 2011).

[41] Converse to outsider research, insider research is characterised by a shared identity between the researcher(s) and participants. Insider research is often thought to be superior for sensitive topic research. The main arguments centre around the idea that a common experience with participants can provide deeper insights into the community (Tang, 2007), and easier access to the population (McClennen, 2003). However, insider status does not necessarily mean power dynamics will disappear (see Pitman, 2002). Insider research could also fall short of the necessary objectivity needed for valid research (Brannick and Coghlan, 2007). In

positionality is something I contemplated throughout the research process, particularly as the research investigates a sensitive topic within a traditionally marginalised population. Being an outsider researcher requires care to conduct the research sensitively to the experiences of others, and to overcome certain methodological challenges (McClennen, 2003). Representing the community sensitively and without prejudice whilst being an outsider was of utmost importance. This section gives an overview of the main considerations I made when conducting outsider research.

The ability for non-affiliated group members, or 'outsiders' to conduct research within oppressed populations is greatly contested, and further challenged when the topic is deemed sensitive (McClennen, 2003). The main argument against outsider research lies on the idea that a lack of shared experience with participants will translate to a lack of understanding, which may lead to misunderstanding and misrepresentation (Merriam et al., 2001). As a result of potential misrepresentation, outsider research, particularly of marginalised groups, may be viewed as exploitative (Bridges, 2001). Bednarek-Gilland (2015: 41) even notes that outsider research may be viewed as illegitimate, as outsiders 'may not seem to have been sufficiently empathetic with its raison d'être which curtails their potential to reach full understanding'. This is not always the case, as discussed by Corbin-Dwyer and Buckle (2009), in which Buckle notes receiving no negative reactions or disadvantages as a result of being an outsider researcher. This is similar to my own experience, as none of my participants questioned my identity or status as an outsider researcher. In addition, I approached this research with sensitivity and endeavoured to avoid misrepresentation by allowing the data to speak for itself.

Furthermore, Allen (2010) interrogates the notion of identity linking to knowledge production, based on the post-structuralist perspective that identity is an arrangement of many different, and unstable, positions (Beasley, 2005). As a result, scholars have begun to scrutinise the notion that identity intrinsically impacts the creation of knowledge. Brah (1996) also opposes this positioning of insider and outsider identities as opposites, as it does not take into account the ways in which identities interconnect. Similar thought was given

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short, both insider and outsider research have advantages and disadvantages, and their own methodological challenges to overcome (Corbin-Dwyer and Buckle, 2009).

by Wray and Bartholomew (2010) who describe the positioning of insider versus outsider status as problematic, as it ignores the interconnectedness of identities. Thus, identities are not static or fixed, but are fragmented and subject to constant alteration (Hall 1990; Bauman 1996). This poses the question as to how there can there be a stable relationship between identity and knowledge, if identity is constantly shifting. Omitting outsider research on the grounds of no perceived shared experience fails to recognise the fluidity of identity, and the ability of outsiders to produce valid knowledge. Therefore, to omit this research based on my outsider research identity would overlook the valid knowledge that this research creates, and the important and original contribution it makes to DVA discourse.

Despite potential disadvantages, this does not mean that outsider researchers cannot produce valid and meaningful research. I would argue there are real advantages and insights to be gained from not being sited within a community, providing justification for conducting this research as an outsider. Advantages to outsider research have been previously illustrated. For example, Allen (2010) notes that participants may be more willing to discuss intimate and personal details to someone who they have no affiliation to and who is removed from their community, as this reduces any perceived negative repercussions from sharing information. Furthermore, participants may give more in-depth explanatory answers due to the researcher's perceived lack of cultural knowledge (Dinçer, 2019; Merriam et al., 2001). It is also noted that outsider research can claim objectivity much easier (Bednarek-Gilland, 2015), as a lack of shared identity provides a more detached account.

My outsider researcher status provided me with a critical distance, allowing this research to provide an in-depth account of male same-sex DVA whilst I remain detached and impartial. I uncover stories of others lived experience through their own. This research further evidences the capability of outsider researchers to conduct valid research and create knowledge in a sensitive manner. The following section seeks to question the binary of insider/outsider research.

6.2. Outsider research: Meaningless or meaningful?

In recent years, scholars have begun to challenge the notion that by virtue of being an outsider researcher you cannot produce sensitive and valid research (Bednarek-Gilland, 2015; Rasmussen, 2006). Specific to outsider research and the LGBTQ community, Allen (2010) questions excluding outsiders based on the argument that insider status does not necessarily produce non-normative knowledge, and vice versa, outsider status does not necessarily produce normative knowledge. Instead, Allen (2010) argues that the production of (hetero)normative knowledge may be better understood as a consequence of the enduring dominance and pervasiveness of heteronormativity.

As a foundation structure of society and culture (Herz and Johansson, 2015), heteronormativity influences the way people perceive and partake in society. For this reason, heteronormativity influences the production of knowledge. Therefore, normative knowledge is not bound to particular identity categories (Allen, 2010). Likewise, Corbin-Dwyer and Buckle (2009) argue that having membership of a group does not automatically create sameness within the group, and vice versa, not being a member of a group does not mean complete difference. As a result, it is entirely possible for individuals who identify as heterosexual to produce non-normative knowledge, rendering the insider/outsider binary paradoxical (Corbin-Dwyer and Buckle, 2009). This research provides precedence for this, as non-normative knowledge is created, irrespective of my outsider research identity.

Despite identifying as heterosexual, I recognise the fluidity and diversity of sexual identities and have an interest and personal commitment to disrupting heteronormativity. I, therefore, believe in my capabilities within this research to produce non-normative knowledge. Likewise, McClennen (2003) had outsider status in her research on domestic abuse within the LGBTQ community. She argues that the outcomes of the research, in terms of its contribution to theory and knowledge of this social problem provide evidence for the ability of a non-LGBTQ individual to produce 'meaningful and sensitive research within an oppressed population even on a sensitive topic' (McClennen, 2003: 31). The contribution of this research to the theoretical knowledge and practical understanding of DVA within male same-sex relationships provides further evidence for the ability of 'outsider' researchers to

produce noteworthy research. Moreover, investigating the experience of people outside of the heteronormative binary is important as it also produces knowledge and different insights into domestic abuse in heteronormative relationships, which I discuss further in my analysis.

6.3. Power dynamics and power relations

It is important to examine the power dynamics within research, especially when researching a vulnerable population, as this distribution of power impacts both ethical and methodological considerations. As Hoffman (2007: 320) states, 'the power dynamics of the interview must be recognised to better understand the interview process and the data they affect'. Furthermore, this power impacts how the data can be interpreted. For Braun and Clarke (2013), the interpretation and analysis of data transforms what participants tell us into a story. That story is '*our story* about the data, not the participants' story, and our story may differ from theirs' (Braun and Clarke, 2013: 64, emphasis in original). Therefore, it is important to recognise the impact, if any, that power relations have on this storytelling. This section explores the impact that power relations had on my research, and the steps I took to overcome them.

Within research, power is typically asymmetric and weighted towards the researcher (Råheim et al., 2016). This inherent power disparity can pose significant issues when researching sensitive topics and/or vulnerable populations (Fahie, 2014). However, the power can also be in the hands of the researched. Similarly to research identity, power is not a static phenomenon. Rather, it can shift throughout the whole research process. There also exist certain epistemological approaches which seek to destabilise these power relations between the researcher and the researched, for example, feminist approach (Karnieli-Miller et al., 2009) and other non-positivist paradigms (Gergen and Gergen, 2000), such as queer methods which are employed in this research.

Furthermore, qualitative research generates more opportunities to dismantle the hierarchal relations of power (Hoffman, 2007; Karnieli-Miller et al., 2009). Liamputtong (2007) argues that more reflexive and collaborative approaches are fundamental when researching

vulnerable populations, highlighting the importance of scrutinising power relations within this research. Just as queer theory seeks to dismantle established social and political power relations, queer methods seek to do this within research methodologies, therefore taking a more collaborative approach to data collection. As this research had two separate participant groups and distinct data collection methods, I examine how power relations were negotiated in each.

Firstly, I address the power relations about the survey method. Within quantitative research, power relations are more likely to be constant, uniform, and predetermined as well as in the hands of the researcher (Karnieli-Miller et al., 2009). This is particularly the case with closed questions and fixed answers (Wang and Yan, 2012). This is because the participants have no say in what questions are asked. As a result, I designed my survey to counteract these rigid power relations as much as possible. For example, the survey was designed with both closed and open-ended questions and included space encouraging the participants to share anything they thought the survey overlooked. The survey was also anonymous, self-selected, and conducted over the internet, giving the respondents autonomy over their participation. Finally, the online element of the survey allowed it to be conducted at a distance without any involvement or influence from myself.

On the other hand, the relationship between the researcher and the researched in qualitative research can be described as a balancing act (Seidman, 2006a), though it typically favours the researcher due to their privileged position (Råheim et al., 2016). The queer methods approach underpinning this research endeavoured for a more collaborative outlook for data collection. This evolved more naturally within the interview process than in the survey. Firstly, during the participant recruitment stage, the power was in the hands of the participants, as it was entirely up to them to take part, with no external pressure. Additionally, I gave the interviewees the option of where, when and how the interview could take place. This is a practice largely influenced by feminist discourse, as it emphasises the importance of creating an equitable relationship between interviewer and interviewee (Herzog, 2012).

My endeavour for a collaborative approach to interviews was significantly aided by the fact that the interview participants were professionals. The interviews valued their knowledge, and in this respect, they held the power. For this reason, my interviews with DVA professionals were similar to elite interviews. Although the term elite is not necessarily clearly defined within research and varies between professions and sectors (Harvey, 2010), it is generally used when referring to individuals who seemingly have closer proximity to power or have particular professional expertise (Morris, 2009; Lancaster, 2017). It is this professional expertise that place my interviews with DVA as similar to elite interviews. Furthermore, Hoffman (2007: 322) claims that 'as bearers of information, the interviewee possesses the power inherent in having knowledge that another lacks but wants … As the 'seekers of knowledge', the interviewers clearly lack certain power'. As previously stated, I conducted the interviews using a semi-structured approach. At their core, semi-structured interviews create a more equal relationship between interviewer and interviewee as they are less rigid and offer a more free-flowing interview experience (Wang and Yan, 2012).

7. Interpreting the data

The final stage of research centres around the interpretation of data. It is during this process that researchers 'make sense' of what they have uncovered (Turner, 2010). Although I did conduct some small-scale statistical analysis with the data collected from my online survey, the majority of analysis within this research project was qualitative. These processes are examined in turn in the following sections.

7.1. Statistical analysis

As the majority of data interpretation and analysis came from the rich in-depth interviews, the role of the survey data in this research was to underpin the thematic analysis of the qualitative data. The survey data was therefore used to provide descriptive statistics, for example, to present the abusive behaviours that participants have experienced[42]. These were conducted on the computer programme Microsoft Excel. Although SPSS is likely to be the most common software for social scientists, the small amount of statistical analysis I did

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[42]See Figures 9 – 14 in Appendix.

negate the need for a more complex programme. As previously highlighted in this chapter, the quantitative data informed the qualitative data collection and therefore subsidises the qualitative data.

After all, responses were collected, the survey was closed and the raw data was exported from Survey Monkey to Excel. As per my informed consent, I deleted all incomplete survey responses, which were a result of participants quitting the survey part way through or skipping the questions, as well as two respondents who did not agree to consent[43]. This left 103 full responses. For analysis, I sectioned the behaviours asked about in the survey into three categories: coercive control and emotionally abusive behaviours, physically abusive behaviours, and sexually abusive behaviours.

Firstly, demographic information pertaining to the survey respondents is displayed in frequency tables[44]. The rest of the data collected in surveys pertained to the respondents' experiences of abuse, as well as their help seeking behaviours. For this data, I conducted univariate analysis – which refers to the analysis of one variable at a time (Bryman, 2016). This analysis is presented visually in bar charts. Diagrams are among the most common methods to display nominal and ordinal quantitative data (Bryman, 2016). They are advantageous due to their relative ease of interpretation and understanding (Bryman, 2016).

7.2. Thematic analysis

There are conflicting reports as to when researchers should begin data analysis. Lofland and Lofland (1995) advise that analysis should begin simultaneously with the interviews and transcription process (see also Bryman, 2016; Gillham, 2000). On the other hand, Seidman (2006a) states reluctance to start active analysis until all interviews are complete, in an endeavour not to impose meaning from one interview on to the next. The approach I took aligned with Seidman, as I waited until all interviews were complete before beginning analysis, although I began transcription straight away transcribing interviews as soon as

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[43] If the participants did not consent, the survey automatically ended.
[44] See Tables 1 - 6 in the Appendix.

possible after they took place. Furthermore, Seidman (2006a) highlights the importance of approaching analysis with an open mind, seeking what emerges from the data as opposed to applying pre-existing theories to it. Put simply, the researcher must let the data 'breathe and speak for itself' (Seidman, 2006a: 117). This approach was applied in my research, aided by the previously outlined relativist and inductive ontological position.

Before I began the analysis, I familiarised myself with the data by reading through the transcripts. This familiarisation was also aided by the fact I transcribed the interviews myself. Data yielded from my interviews with professionals was then thematically analysed. Despite being one of the most common approaches to qualitative data analysis, there is a distinct lack of specifications and documented heritage (Braun and Clarke, 2006; Bryman, 2016). However, Braun and Clarke (2006: 79) define thematic analysis as 'a method for identifying, analysing and reporting patterns (themes) within data'. Braun and Clarke (2006) also provide a general guide to thematic analysis, which I followed during this research. The guide consists of six steps as follows; familiarisation of the data, generating codes, searching for themes, reviewing themes, defining and naming themes, and finally producing the report (Braun and Clarke, 2006). Ryan and Bernard (2003) also recommend searching for repetition[45] in the data as a way to develop a theme. Although it is essential that the potential theme relates to the research questions and research focus (Bryman, 2016).

Before themes can be established, the data must be coded. These initial codes have to be generated and subsequently examined and reflected on to establish links and commonalities between them (Bryman, 2016). Subsequently, a group of common or similar codes make up a theme. I conducted the majority of my thematic analysis on the programme NVivo, using the software to create codes[46]. Although I was aware of potential codes due to a level of knowledge and understanding of the subject area as a result of engaging with literature throughout the research process, these codes were inductive, in that they were not predetermined to fit pre-established themes. Rather, they developed directly from the data. This allowed me to accurately present what the professionals had said during the interviews, without any influence from pre-conceived notions. Furthermore,

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[45] The codebook function in NVivo helped me to identify the repetition of codes. See Figure 7 in the Appendix.
[46] Termed nodes in NVivo.

there were unanticipated codes, and later developed themes, which I had not expected to emerge, such as the existence of chemsex related abuse. This demonstrates the importance of this research in contributing new knowledge to the understanding of male same-sex DVA.

Unlike quantitative analysis, the use of computer software is not universally embraced (Bryman, 2016), with the decision to use software guided by personal preference. Personally, I appreciated NVivo's ability to organise and present data[47] as well as the practicality of having everything in one place. Nonetheless, I employed more of a hybrid approach as once I had coded the data I did revert to traditional methods of coding, using pen and paper and what I term a 'cut and stick' method[48]. Within this, I printed off the codes and cut and stick them together in groups to build my larger themes. I found this method useful as I was able to play around with potential themes, and continually move the codes around into clearer themes. I also found visual techniques, such as Venn diagrams and spider diagrams, useful, as they allowed me to see how the themes linked together and overlapped. Thematic analysis was also used for the data collected from the open-ended survey question. This was particularly useful as it allowed me to identify themes shared between the two data sets. Finally, I ensured the themes were coherent, as individual themes but also as a unified response to my research aims.

After this process, it became clear to me that I could present my data in four different findings chapters, each focusing on a key theme, with the survey data dispersed throughout, reinforcing the themes. This also allows for a more linear discussion and delivery of research findings and therefore is easier for the reader to navigate.

8. Conclusion

The purpose of this chapter was to provide a detailed overview of the methodology employed in this research project. Firstly, it began by outlining the aims and research questions which underpin this research. The ontological and epistemological positioning was also examined, as well as how the theoretical perspective of queer theory and queer criminology was embedded throughout the research methods. This methodological basis

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[47] See Figure 8 in the Appendix for an example of NVivo word cloud.

provided the framework for this thesis to offer a critique of heteronormative DVA discourse. Secondly, the research design was examined, including the decision to employ a mixed methods approach. I detailed the methodological journey undertaken in this research, which was largely in response to obstacles relating to sample access, as well as time and funding pressure relating to doctoral research.

The mixed method approach included an online survey to collate victims' voices and experiences and qualitative interviews with DVA professionals. As noted, the use of mixed methods in this research was advantageous and created an original methodology which effectively responded to the research questions. Both of the data collection methods were examined in-depth, from design to dissemination. Both sample sets were also analysed, including an overview of the demographics. A reflexive account of interviews and professionals was also given, in response to the positionality of some interviews over others, especially in terms of reliance on some for excerpts throughout the thesis.

The chapter then examined the role that sensitive topic research plays on methodological and practical considerations, with an overview of the key challenges. I also explored the impact that sensitive topic research had on myself as a researcher. Key ethical considerations were then scrutinised, including the steps taken to overcome them. The following section examined my own research identity as an 'outsider'. Consideration was given to the relationship between identity and the production of non-normative knowledge, before concluding that outsider research can be conducted when the knowledge is produced in a sensitive manner. The final section explores how the separate data sets were interpreted and analysed in order to respond to the research questions.

The chapters that follow present my analysis and original research findings, corresponding to the four research questions, which are explored in conjunction with existing literature. The first of these, Chapter Five, examines the sociocultural positioning of sexual minority men. In doing so, it examines the impact this has on the experience of male same-sex abuse as well as offering a framework in which these men perceive their intimate relationships.

Chapter 5
Sociocultural Positioning of Male Same-Sex Domestic Violence and Abuse

1. Introduction

This chapter addresses the first key concept evident from data collection; that is, sociocultural factors impacting experiences of domestic abuse in male same-sex relationships. Here, the term sociocultural factors refers to social and cultural aspects of society, which merge to form beliefs, customs, and practices which subsequently shape intimate relationships. They are embedded within social structures, and therefore operate above the individual level. However, as this chapter will demonstrate, these sociocultural factors also interact with individual lived experiences and micro-social factors to influence behaviours and societal perceptions. This impacts my research as not only are the experiences of abuse determined by the abusive behaviour committed by their perpetrator but they are also governed by wider society. As Donovan and Hester (2014) suggest, the core differences that shape the experiences of DVA in same-sex relationships are not the actual experiences of abuse, but rather, the societal contexts in which the relationship and abuse takes place. This chapter provides a contemporary update to Donovan and Hester's (2014) discussion.

Alongside discussion in Chapters Two and Three, which argues that the standard and prevailing DVA discourse renders the experiences of same-sex victims invisible, this chapter examines same-sex DVA victims inside the wider social milieu within which their intimate relationships take place. In doing so, it recognises the nuanced and specific experiences of male same-sex DVA. The social factors and discourse that are examined, meaning implicit beliefs, customs, and practices that affect thoughts, feelings, and behaviours, consequently shape the way that male same-sex victims experience DVA.

The discourse addressed is as follows: firstly, by upholding the public story of DVA which locates DVA as a heterosexual phenomenon. Secondly, prevailing heteronormativity organises society in a way which disadvantages those outside of normative sexuality. Thirdly, societal homophobia provides a tool through which to control and abuse victims,

while internalised homophobia can explain why sexual minorities perpetrate abuse as well as impact a victim's ability to account for their abuse. Fourthly, prevailing notions of masculinity reinforce the supposed incompatibility of victimhood and masculinity. Finally, hesitancy or reluctance from the LGBTQ community to acknowledge DVA, which is the result of not wanting to bring further stigma to the community, contributes to the hidden nature of such abuse. Each of these factors also has an impact on the ability and willingness of gay male victims to seek help, which will be addressed in depth in Chapter Eight.

2. Importance of gender in male same-sex domestic violence and abuse

Firstly, it is imperative to address whether the gendered analysis model can be applied to same-sex DVA. Since its inception, the battered women's movement of the UK and US has conceptualised DVA as a male-female phenomenon, with violence linked to male gender roles and socialisation and societal male dominance over females (Dobash and Dobash, 1979). As a result, recent debates have emerged regarding the successful application of a gendered analysis to same-sex DVA (Oliffe et al., 2014; Ristock, 2005; Whiting, 2007). Hassouneh and Glass (2008) questioned whether the heterosexist model of DVA could be applied in same-sex contexts, though they specifically examined LBT[49] relationships. In their research, they argue that pervasive gender role stereotyping, heterosexism, and homophobia increase the risk to victims as society dismisses and stigmatises other experiences of abuse and lacks sources of help for them. Furthermore, they highlight the 'heterosexist and Eurocentric nature of dominant gender-based discourses' (Hassouneh and Glass, 2008: 317) of DVA. This heteronormative discourse seems to guide the perspectives of the majority of DVA services or agencies, therefore rendering same-sex abuse largely invisible. Consequently, this hegemonic gender-based analysis of DVA presents a barrier to help seeking for same-sex victims, as demonstrated in Chapter Eight.

On the other hand, Johnson's (2006) influential work on typologies of domestic violence argues that when violence does occur within same-sex relationships, it will typically be characterised as bi-directional, 'common couple', or 'situational' violence, as opposed to heterosexual relationships where 'intimate terrorism' is more likely to occur. His rationale is

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[49] Lesbian, bisexual and transgender.

that same-sex violence doesn't form as a result of patriarchal family values (Stark and Hester, 2019). Donovan and Hester's (2014: 13) work disputes this, as they argue 'the societal context of the heterosexual family and associated 'patriarchal' and heteronormative values, do indeed form a backdrop for, and are also likely to infuse LGBTQ relationships in some way and will be evident in SSDVA [same-sex domestic violence and abuse]'.

2.1. Gendered analysis of same-sex domestic violence and abuse: A contradiction in terms?

A gendered analysis is a conceptual framework used to examine and interpret experiences of domestic violence and abuse. Orr (2007: 2) advocates for the use of gendered analysis, stating that 'domestic abuse can only properly be understood by considering its history, context, meanings, impact and consequences through the lens of gender'. However, it is important to consider whether gender is still an important tool for the analysis of male same-sex DVA. To say that DVA is a 'gendered' crime does not adhere to the heteronormative trope that all victims are women and all perpetrators are men. Adhering to such a simplistic and binary analysis of DVA is 'both mistaken and misleading and, within the context of same sex couples, completely unhelpful' (Whiting, 2007: 3). A gendered analysis of DVA is not equal to disregarding same-sex victims. This was argued by DVA professional Joe, who stated:

> A lot of the time when we talk about LGBT and heterosexual victims for example, or heterosexual men versus female victims, it is always set up as a bit of a dichotomy, and I think … its problematic.

Despite the existence of other victims, domestic violence policy across the UK is still underpinned by the violence against women and girls (VAWG) sector. Government objectives regarding domestic violence are outlined in the 'strategy to end violence against women and girls' (HM Government, 2016), despite the fact the cross-government definition recognises that DVA can occur 'regardless of gender or sexuality' (Home Office, 2012). However, research has highlighted that service provision does not necessarily reflect this (Harvey et al., 2014; Hester et al., 2012; Magić, 2015). Instead, DVA remains widely

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perceived as a gendered and heteronormative phenomenon, with service provision focusing on heterosexual cis-gendered women. This idea resonates with DVA professional Joe, who highlights the need for the sector as a whole to accommodate abuse in same-sex relationships more sufficiently within the gendered analysis and VAWG agenda, which can be done whilst still addressing the needs of female victims. Joe pointed to the charity Galop as an example of best practice:

> [Galop] talk quite confidently about taking a gendered perspective within a violence against women and girls framework and it can really confidently locate the experience of, say, a gay man or a trans woman or lesbian within recognising the specific issues for them, but without also attacking the wider VAWG sector or pretending they are in conflict.

Another DVA professional, Paul, claimed 'there's still a lot to be said about gender, it still matters in the relationship between the victim/survivor and the perpetrator'. Paul continued to emphasise that within his service, men still make up the majority of perpetrators:

> The majority of gay and bi men we work with have a male perpetrator so in same-sex relationships, or in families for example … usually the primary perpetrator in that is male, and with trans women and trans men, the primary perpetrators are men.

This was also reiterated by DVA professional Jane:

> There are more male perpetrators in same-sex or bisexual relationships than there are women, there are women perpetrators but there are more [men], so overall it is still a male perpetrated crime. Even in the LGBT world.

Noticeably then, gender still plays a vital role in abuse, regardless of the relationship type or sexuality of individuals. Nevertheless, we do need to take into consideration potential explanations for the disproportionate number of men accessing specific services. Due to the prevailing stereotype of who and what a DVA victim is, men may feel they do not fit into traditional domestic abuse services which are largely aimed at women. They are therefore less likely to access generic services (Magić and Kelley, 2018), whereas LBT women fit more efficiently within the traditional idea of a DVA victim, so are more likely to access generic DVA services. Additionally, research has suggested that sexual minority men are marginally

more likely to report abuse and seek help from LGBTQ organisations, compared to women who are more likely to rely on informal help to cope with abuse (Donovan et al., 2006).

On the other hand, when the gendered approach to DVA *is* taken literally, experiences outside of the heterosexual and gendered binary of male perpetrators and female victims can be overlooked. Speaking of the impact a gendered approach to DVA has on the perception of same-sex DVA victims, DVA professional Liam posits:

> If it is two men especially, this belief that there is no power imbalance and because the conversation that we have around domestic abuse is that it is a gendered crime. And this notion that women are abused because men have more power, that conversation does not fit when we talk about same-sex domestic abuse.

A lack of clear understanding regarding the social constructions of masculinity and femininity, and therefore what a gender based analysis actually consists of, often leads to confusion or ignorance that LGBTQ people can perpetrate or experience abuse. This approach maintains the focus on male perpetrators and female victims, which results in invisibility of same-sex victims. This is illustrated by Ristock (2005: 5), who argues 'the largely gender-exclusive framework that has been developed … ends up ignoring or misunderstanding violence in LGBTQ people's lives'. By focusing only on gender, specific experiences and nuanced elements of DVA in LGBTQ relationships are overlooked, creating harmful, and potentially deadly consequences. Furthermore, it has been highlighted that this ignorance can be used by abusers to hide behind (Whiting, 2007), and used as an excuse to normalise abuse as standard in same-sex relationships. This is an abusive technique that DVA professional Ryan noticed during his work with LGBTQ individuals:

> What we are finding as well when it comes to domestic abuse and sexual consent, is that the perpetrator will very openly say 'this is a gay relationship, this is normal, you will do this because this is what every other gay person is doing, you will conform to what I am saying' which is something which I had not recognised when working with heterosexual relationship.

Ryan discussed how this normalisation forms a specific element of same-sex abuse, using victim's sexual identity to encourage them to conform and accept the abuse as normal. This also reflects Hassouneh and Glass' (2008: 317) research into LBT DVA, in which their

participants frequently accepted abuse as 'just the way that things are 'supposed to be''. One of their participants cites being told by their abuser to 'get used to it because this is the way lesbians are'. They also found this to be particularly common within first same-sex relationships, or in relationships with a substantial age gap between partners. This is consistent with other research, identifying first same-sex relationships as a particular risk factor for abuse (Ristock, 2003; Donovan and Hester, 2015).

Another phenomenon focused on gender binaries acting as a barrier to men identifying as victims is Nils Christie's (1986) seminal work on the 'ideal victim'. He theorised about the type of victim who generates the most sympathy from the public, and who is therefore 'most readily given the complete and legitimate status of being a victim' (Christie, 1986: 18). Christie's ideal victim is not only female but possesses a certain form of femininity framed in terms of weakness and conformity to female gender roles (Donovan and Barnes, 2018).

Donovan and Barnes (2018: 88) highlight that Christie's ideal victim/ideal offender binary fits within the public story of domestic abuse, as 'passive femininity and aggressive masculinity are pitched in opposition in the abusive relationship dynamic'. Additionally, not only does the theory of ideal victims and ideal offenders uphold gender binaries, but Donovan and Barnes (2018) highlight how the theory is underpinned by other binaries, including the weakness of victims and strength of offenders, victims are blameless and offenders are to blame, ideal victims are respectable and offenders are bad. However, as DVA professional Liam stresses:

> What we know about victims of domestic abuse is they are very rarely a shrinking wall flower that doesn't use violent resistance or shout back at their partners, but it's that societal perception.

This adds to previous research suggesting that victims can, and do, fight back. Whether this is the result of violent resistance or self-defence (Johnson, 2006; Hester, 2009), therefore challenging the notion of an 'ideal victim'.

It has been suggested that sexuality interferes with gendered experiences of DVA (Ferraro, 2013), however, Whiting (2007: 1) suggests that 'a gender based analysis of domestic abuse

and contemporary gender theory can assist considerably in our understanding' of same-sex abuse. Gender roles, norms, and expectations still play out in same-sex relationships and as a result, shape the way sexual minority men experience and deal with DVA. To use a gendered analysis simply means to contextualise abuse and gender together. Therefore it still provides an important theoretical basis for understanding male same-sex abuse, and is used in this thesis alongside analysis of sexuality.

3. Public story

One key sociocultural factor is built on Donovan and Hester's (2015) work on LGBTQ domestic abuse. It is the public story, a concept developed during their COHSAR (comparing heterosexual and same-sex abuse in relationships) project. It refers to the constructed and prevailing representation of DVA that is fabricated in the popular imagination, which is subsequently upheld by myths and stereotypes. Regarding DVA, Donovan and Hester (2010: 279) suggest that public stories 'construct domestic violence as a gendered, heterosexual phenomenon, that is predominately physical in nature', which in turn damages recognition of abuse. Unlike other public stories, which typically originate from powerful institutions and people of power (Jamieson, 1998), the public story of DVA does not. Rather, it is the result of feminist activism and scholarship spanning decades (Donovan and Hester, 2014). The feminist movement successfully removed domestic abuse from the confines of the private sphere and placed it into the public eye. Despite the significance of this movement, an unintended consequence of feminists' efforts is that the public story surrounding DVA makes it difficult for other experiences of domestic abuse to be seen (Donovan and Barnes, 2018). They argue the public story of DVA is one that 'locates the phenomenon inside heterosexual relationships within a gendered victim/perpetrator dynamic … and forefronts the physical nature of violence' (Donovan and Hester, 2014: 9).

The emphasis placed on the traditional gendered victim/perpetrator dichotomy was a continuous theme during my interviews with DVA professionals. Evidence shows that domestic violence is perpetrated by people of all genders, ages, ethnic and socioeconomic backgrounds, however, the heteronormative stereotype persists that perpetrators are men and victims are women. This stereotype of DVA is damaging, as it inhibits other experiences

from being recognised and subsequently treated as DVA, including abusive male same-sex relationships. Messinger (2017: 4) argues the reason why LGBTQ DVA is not taken as seriously as male to female violence is due to the prevailing myths[50], or 'erroneous assumptions that undercut the legitimacy of LGBTQ IPV as a real phenomenon worthy of societal attention'.

The gendered victim/perpetrator dynamic of the DVA public story was epitomised in my discussion with DVA professional Liam, with whom the notion resonated. Speaking of a particular client, Liam stated:

> I have worked with a client who had fled [English city] and moved to [English city] and he was 6ft 3, he was a doorman, he was really muscular. And his partner was 5ft 6 and quite petite and quite effeminate. And police really struggled to identify him as a victim because he was much physically bigger, and it fit that belief that your perpetrator is going to be bigger and stronger and your victims going to be weaker, smaller. So I think with professionals you quite often get that confusion.

In this instance, the man with the larger physique is presumed to be the perpetrator, and the smaller man the victim, reflecting the gendered public story of DVA. This reflects Donovan and Hester's (2015: 162) work, which also found how the public story of DVA emphasised 'a particular embodied gendered enactment of violence, that is, the bigger, stronger [man] partner being physically violent to the smaller, weaker [woman] partner'. As Liam highlighted, this particular public story often makes it difficult for the police to identify the primary perpetrator and primary victim when it is a same-sex relationship as they do not represent the gendered victim/perpetrator dichotomy, which emphasises traditional feminine/masculine characteristics. This was also theorised by Pattavina et al. (2007), as they found that police view abuse in same-sex relationships as less serious than that heterosexual abuse with female victims, with gender being the most influential factor shaping police responses. Messinger (2017) also highlights a disparity in levels of care provided by the police between heterosexual and LGBTQ DVA.

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[50] Messinger (2017) argues there are five prevailing myths of LGBTQ intimate partner violence (IPV): 1) LGBTQ IPV is rare; 2) LGBTQ IPV is less severe; 3) LGBTQ IPV abusers are masculine, 4) LGBTQ IPV is the same as all other IPV; and 5) LGBTQ IPV should not be discussed.

Such a dichotomous gendered DVA binary illustrates how engrained the gender order, and discourse of masculinity and femininity are in UK society and culture. Liam echoes this, continuing to discuss the characteristics of, and what it means to be an archetypal victim:

> If it is two men especially, this belief that there is no power imbalance and because the conversation that we have around domestic abuse and again, a lot of that comes back to this belief of what a victim looks like and that they do not want to identify as a victim, because to them victims are women that cower in corners.

The typical victim is therefore presumed to be a woman, who appears weak, passive, and who 'cowers in corners'. Liam also illustrates how deep the public story of DVA penetrates, as individuals themselves are refusing to identify as a victim because they do not align with the public story of DVA. In turn, the public story will therefore stop gay men from seeking help. This meshes with Donovan and Hester's (2015) findings, whose participants also dismissed help seeking or reporting abuse based on the fact they did not fit within the public story of DVA.

Another stereotype is that DVA perpetrators are also presumed to be from a low socioeconomic background, and abuse is often explained by external factors such as alcohol (Leonard, 2005; Foran and O'Leary, 2008) or drugs (Bennett et al., 1994). Denise, who works in a male refuge, noted the prominent use of these stereotypes, and highlighted the influence of the media in creating and perpetuating this stereotype:

> Yeah, because for years people just thought domestic abuse was around a woman being hit by some bloke who was drunk, who was generally supposed to be working class or poorly educated. That was the general view, and was put about a lot by the media that that's what domestic abuse was. Whereas we all know that is as much rubbish as, well, anything.

Another barrier that inhibits sexual minority men from being acknowledged as victims is the fact they are still implicitly seen as criminals in the UK. Donovan and Barnes (2018: 92) highlight that as well as people who belong to ethnic minority groups, gay men are seen as 'potential criminals to be the subject of surveillance rather than as potential victims of crime'. LGBTQ communities have a deep-rooted history of being criminalised and pathologised by the state (Donovan and Hester, 2010). As outlined in Chapter One, the

Sexual Offences Act 1967 decriminalised homosexuality in England and Wales, however, the fight for equality and LGBTQ rights continues today. Despite any societal advances or legislative changes, LGBTQ people still face discrimination and challenges in their everyday life. Sexual minorities still regularly face the stigma of the 'deviant' label that accompanied the historic criminalisation of homosexuality remains, and there is 'little room to think of LGBT people in the criminal justice system as anything other than deviant sexual offenders' (Woods, 2017: 667).

The idea that LGBTQ people pose a threat to society is most commonly associated with gay men (Donovan and Hester, 2014). In particular, they are perceived as a threat to children because of the historic (and wrongful) perception of their sexuality that confuses it with or links it to, paedophilia (McDonald, 2016). Uggen and Blahnik (2016: 222) discuss the pervasiveness of labels, and how they are 'increasingly difficult to 'peel off', dissolve, and remove'. It can be argued this phenomenon applies to sexual minority men, regarding their criminal or deviant label. Letellier (1994) supports this, arguing that despite progress and advancements made by the global gay rights movement, mainstream society still views gay men as 'sexual perverts, criminals, a danger to children, and pathologically disturbed'. It is therefore not surprising that barriers exist to sexual minority men assuming victim status. Furthermore, if this is internalised, it could explain the incompatibility between this label and the victim label. However, Woods (2017) also contends that decriminalisation of homosexuality opened up a narrow space for those scholars and policymakers who utilised the anti-discrimination principles to shift the discussion about LGBTQ people and crime away from deviant sexual offenders, toward innocent and non-deviant hate crime victims. Although this paradigm shift can be celebrated, Woods (2017: 674) concludes that it has 'fallen short', therefore resulting in 'flat narratives of LGBT offenders as deviant sexual offenders and of LGBT victims as hate crime victims'. Outside of these two categories, there has not been much room for LGBTQ people as victims within the criminal justice system, or in criminological research.

Therefore, the public story coupled with the binary perceptions of ideal victims and ideal offenders, and the historical criminality of sexual minorities, positions male same-sex victims of abuse as *un*ideal victims, as Donovan and Barnes (2018: 87) acknowledge, 'with

particular reference to LGB and/or T people – that 'victim' status is not so readily available to all who experience victimisation'.

4. Heteronormativity

As discussed in Chapter Three, the theory of heteronormativity, also referred to as the 'heterosexual assumption' (Weeks et al., 2001) or 'compulsory heterosexuality' (Rich, 1980), relates to heterosexuality as the privileged and normative form of sexuality. It is deeply embedded throughout society and repeated across the cultural discourse, resulting in all other sexualities being suppressed and constructed as abnormal. This has consequences, as it impacts the daily lives of LGBTQ people as those who fall outside of the constructed 'normal' sexuality.

Further, Javaid (2018a) highlights the hierarchical nature of sexuality. Meaning, for heteronormativity to successfully operate, heterosexuality must subordinate all other sexualities. This does not mean the sexuality hierarchy is a fixed and unchanging phenomenon, rather, it is fluid, and negotiated dependent on contextual factors (Javaid, 2018a). To put it simply, heterosexuality is the hegemonic sexuality in today's society.

Donovan and Hester (2014) argue that individuals make sense of their sexuality and/or gender identity through social and cultural norms. This is where heterosexuality becomes embedded, as 'society's institutions, infrastructure, legislation and policy have also embedded in them the dominant ideas about how heterosexuality should be lived' (Donovan and Hester, 2014: 59). Heterosexuality is repeatedly asserted as 'the right life to live' (Martinsson et al., 2007). Heterosexuality controls both gender and sexuality (Whiting, 2007) and assumptions about sexuality have a direct impact upon the intimate lives and relationships between people, regardless of their sexuality, therefore impacting on experiences of domestic abuse. This section demonstrates how, and in what ways, heteronormativity plays a part in the experiences of abuse in male same-sex relationships.

As Chapter Three highlights, perhaps the most notable characteristic of heteronormativity is the inherent assumption that individuals are heterosexual unless otherwise told. These

assumptions are made practically every day until they 'come out'. That is unless they are in specific homonormative spaces, such as gay pride or gay bars (Adams, 2010). However, coming out is not a one-off occasion and LGBT people have to come out multiple times throughout their lifetime. One DVA professional I interviewed, Liam, recounts a victim's typical journey during and after phoning the police. In doing so, he highlights how this assumed heterosexuality can impact when victims report abuse or seek help:

> If you are not out and you phone the police, when the police arrive you have to tell them it's your partner not your housemate or whatever they identify as. So you have got to out yourself to the police. You then might be referred into victim support because that is their referral process, you have then got to out yourself to victim support. They might refer you to a domestic abuse specialist, you have to out yourself to them. They might refer you onto health or mental health, substance misuse, therapy services and you have to out your sexual orientation to all of those. If it is a challenge for you, and you don't feel comfortable in doing so … you are going to drop off that journey at any point because it does not feel like something that is safe for you.

This shows how frequently and how much heteronormativity impacts not only the daily lives of individuals but also experiences of abuse and help seeking behaviours. It echoes the findings of Kay and Jeffries' (2010) research, who found that alongside hegemonic masculinity and societal homophobia, heteronormative ideals of DVA prevent male victims from seeking help. They argue that within their research area of Brisbane, Australia, those factors negatively impacted the development of, and access to, service provision for male same-sex DVA. Service provision, or lack thereof, in the UK will be addressed in Chapter Eight.

Furthermore, the impact of heteronormativity on help seeking will be much more significant for an individual if they are not 'out', or have feelings of shame attached to their sexuality. Persistently having to 'come out' is a phenomenon reiterated by one of my survey participants, who referenced how in general they feel safe being out, but highlights some settings in which they do not:

> In the UK I generally feel pretty safe being 'out' about my relationship, but in some settings and work environments I still feel nervous and guarded about being open about it. I've had a past boss suggest I not refer to my husband as 'my husband' to

work contacts as some might find it uncomfortable. When referring to him as 'my partner', the next question I am usually asked is 'oh, what does she do?' at which point I have to say that my partner is a 'he' and it gets a bit wearying. I've fortunately never been a victim of discrimination or abuse in any substantive sense, but it does continue to feel like I cannot be as open and casual about describing my relationship as someone in a heterosexual relationship could (Survey participant number 19).

This individual recounts how it becomes draining having to constantly disclose their sexuality, and how they feel they cannot be as open about their relationship as a heterosexual individual would. Another survey participant expressed caution about disclosing one's sexual identity: 'mostly, be smart about who you reveal your true sexuality to, whether this be family, friends or strangers' (Survey participant number 26).

As the gay identity remains stigmatised, coming out can potentially be dangerous (Adams, 2010), and disclosing sexual identity can still cause humiliation, rejection, or violence from family, friends and strangers (Kimmel and Mahler, 2003; Pascoe, 2007). These feelings of humiliation and rejection can lead to an individual's heightened dependency on their perpetrators. Kay and Jeffries (2010) outline how this dependency further isolates victims from support networks, which are tenuous to begin with, due to pervasive homophobia in society. Using his own experience as a gay man, DVA professional Joe reiterates how frequently sexual minorities come out and questions the safety aspect of doing so:

> When I think about my experience, just to contextualise it, I am a gay man, I am not in an abusive relationship, I have got economic resources and I am well educated. But I have still had those experiences when I engage with a service and they assume that my partner is female … and I will challenge that. But there have been times I have not felt able to do that, so you know. Structurally I am pretty privileged and that experience of slight anxiety or reaction to an assumption about my sexual orientation and relationship status, that has a toll. So for someone who is actually in a situation where they are seeking help or are in crisis … gay men in this case, will ask themselves that question - is it safe to tell this service that I am gay, and what do I think they will do with that?

Joe highlights how his own experience of constantly coming out becomes cumbersome and draining despite his, self-identified privileged position. This causes significant implications for help seeking, and illustrates why male same-sex victims can be hesitant to report abuse and are selective about who they confide in. For LGBTQ individuals who are experiencing

abuse, having to disclose their sexuality to a potentially homophobic and heteronormative service or individual, presents an obstacle to help seeking, especially if they believe their safety is at risk. This echoes St. Pierre and Senn's (2010) research, as they found that individuals who are more open about their sexuality were more likely to seek formal help. Donovan and Hester's (2015) research supports this as they found that individuals experiencing same-sex abuse tend to rely on informal or privatised sources of help. This disparity between formal and informal help seeking is revisited in Chapter Eight.

Barriers to help seeking have been the focus of some research regarding same-sex abuse in Australian, US and UK contexts (eg. Ball, 2011; Donovan and Hester, 2014; Huntley et al., 2019; Messinger, 2017), with much emphasis on the police (eg Donovan and Hester, 2011; Guadalupe-Diaz, 2016). My research has identified that discomfort in disclosing sexual identity has a significant impact on whether or not abuse is reported to the police. This is reflected in the experiences of gay male DVA victims in the UK. DVA professional, Liam, observes:

> The police being really patriarchal and heteronormative, a lot of clients that are not necessarily out or not wanting to disclose to the police, because they then have to out themselves.

This supports Vickers' (1996) description of the criminal justice system as a heterosexist institution in which homophobia flourishes. This is perhaps most pertinent when relating to the police, due to historical tension and hostility between the police and the LGBT community (Merrill and Wolfe, 2000). This sentiment also resonates with Bricker (1993: 1388), who stated 'there is virtually no area, from victim emergency services to the police and judicial responses to the batterer, where homophobic attitudes do not colour the way same-sex intimate violence is treated'. The police are often identified as the least common source of support for same-sex victims of abuse (Donovan and Hester, 2011; Merrill and Wolfe 2000). This is confirmed by my original survey data, where only one survey respondent had sought help from the police for their relationship[51]. This is most likely a result of the distinct lack of trust the LGBT community holds for the police, what Donovan

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[51] See Table 8 in the Appendix.

and Hester (2011) identify as a 'gap of trust', preventing LGBTQ individuals from reporting their experiences of abuse. Guadalupe-Diaz (2016) outlines how gay men perceive the police as hostile towards their community and therefore have heightened negative attitudes regarding police response towards LGBTQ DVA. Other reasons explaining lack of reporting to the police include fear of homophobic attitudes upon disclosure (Kay and Jeffries, 2010) and unhelpfulness from the police (Frierson, 2014; McClennen et al., 2002).

The culturally positioned heteronormativity of the police not only corresponds to disbelief that same-sex abuse exists but also results in secondary victimisation. It has been well documented that LGBTQ individuals have experienced secondary victimisation and homophobia when they have reported abuse to the police. (Burke et al., 2002; Pattavina et al., 2007; Guadalupe-Diaz and Yglesias, 2013). Individuals are not only victimised by their abusive perpetrator but also at the hands of the police via ineffective or biased responses to their victimisation. Pattavina et al. (2007) highlight how the police do not respond to calls involving same-sex DVA in the same way they would respond to calls which involve heterosexual couples.

This relates to other research which found that male victims are less likely to be taken seriously, regardless of their sexuality (Poorman et al., 2003). Jablow (2000: 1110) examined police response to same-sex DVA, describing it as 'misguided at best, and homophobic at worst'. Furthermore, Bernstein and Kostelac (2002) found police officers to hold more negative attitudes toward gay men compared to lesbians. In turn, this reveals how heteronormativity is rooted in gendered assumptions which consequently affect how gay male victims are viewed. Female victims perhaps fit more neatly into the heteronormative and gendered discourse of DVA, even if their violence is also perpetrated by a woman.

Unfortunately, perceived heterosexism and homophobia within UK DVA services and help seeking is not limited to the police. Literature has shown that LGBTQ people are also put off seeking help from charities or organisations (Donovan et al., 2006; Kay and Jeffries, 2010). This meshes with DVA professionals' experiences with their clients. For example, when I asked what would inhibit victims from seeking help, DVA professional Joe replied 'I think it's because everyone assumes that services are heterosexist or homophobic'. Another DVA

professional, Laura, discussed how their organisation is typically viewed as a heteronormative service. This has culminated in a desire for partnership work with a specialist LGBTQ agency, to try to minimise any impact that the assumed heteronormativity creates. Laura stated:

> The complexities of those dynamics is why we would want to be working in partnership with a specialist agency, as well as build up trust for service users to walk through a door of an LGBTQ agency, rather than a generic previously seen as heterosexual and heteronormative agency that [the service] is probably viewed as.

Huntley et al. (2019) describe how men who have sex with men (MSM)[52] generally found professional services not designed for their needs, and therefore could not respond appropriately. This echoes Kay and Jeffries (2010) research, which suggests not only that homophobic and heteronormative beliefs about DVA create barriers to men seeking help, but that these beliefs also restrict the availability and adequacy of service provision at the outset. The heteronormative and gender binary nature of the public story of DVA means services are focused on heterosexual female victims and male perpetrators, and therefore fail to cater for LGBTQ needs (Kay and Jeffries, 2010). This highlights the need for DVA services to have specific and nuanced knowledge about the LGBTQ community and how to deal accordingly with their needs. This is what my interviewee Laura would want for her service[53], as described above. The importance of services having specific and in depth knowledge about the LGBTQ community and their needs will be revisited in Chapter Eight.

Not only does heteronormativity impact help seeking behaviours, but it also impacts how male same-sex victims may view their own relationships. Here, DVA professional Joe discusses how sexual minority men commonly struggle to recognise a healthy or respectful relationship:

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[52] Men who have sex with men (MSM) is a term used mainly within the public health sector, for it's supposed neutrality and shift away from labels.

[53] Laura's service is a perpetrator service, which aims to tackle men's violence. It currently does not run any specific programmes for, or advertise that they work with, GBT men, though they have worked with this population previously. During our conversation, she explained why, but expressed an interest to set something up in partnership with a specific LGBTQ organisation.

> If you do not ascribe to particular views of what relationships should look like, you struggle even more to necessarily know what is a healthy and respectful relationship in a different context.

We can see here how the public story interplays with heteronormativity, and ultimately maintains the invisibility of LGBTQ DVA. As individuals whose relationships lie outside the 'norm' of heterosexuality may struggle to recognise unhealthy or abusive relationships. Donovan and Hester (2014) explored this, and ultimately argued that the public story can delay recognition of abuse because it construes DVA as a heterosexual problem and one that focuses primarily on physical violence. This mirrors Ball's (2011) research, which argues that gay men as a group are overwhelmingly absent as victims of abuse, due to heteronormative and patriarchal assumptions found within DVA discourse. In addition, this paucity in recognition of abuse impacts whether individuals view themselves as victims. Ball (2011) argues that due to the invisibility of gay men as victims of DVA, victims themselves lack the language to articulate their experiences of abuse. A similar thought was given by DVA professional Laura, who discussed with me how victims internalise the heteronormative assumptions, by questioning whether their experiences of abuse will be believed:

> Men who are on the receiving end of abuse from another man will feed into the heteronormative thing of like 'well you know the majority of the world doesn't understand or have my kind of relationship. I don't know if I will be believed and also I don't know if what is happening to me fits in with what a man should be like you know a man should be able to take it and should be able to stick up for himself' … and I do not think they have to be conscious messages. I think they could be quite under the surface still, which I think could create quite a lot of confusion for a gay man who is experiencing abuse, whether its physical or emotional.

This reflects the literature, which shows that fear of not being believed is a significant factor in help seeking behaviours of gay men (Kay and Jeffries, 2010; Donovan and Hester 2015; Huntley et al., 2019).

Finally, heteronormativity can be used as a way to minimise and normalise men's violence towards each other. When violence happens within an intimate relationship, there remains

an expectation that because they are men they are meant to get over it. DVA professional Laura touches on this, stating:

> A heteronormative way of normalising two men having a fight, rather than two drunken men having a fight over a woman in a pub on Friday night and forgetting about it by the next day, it is two gay men in a relationship together having a fight and maybe using drugs or drinking. But they are still supposed to forget about it the next day.

This finding updates Island and Letellier's (1991) research, as they outlined several myths relating to gay male domestic abuse, such as 'it is not really violence when two men fight; it is normal; it is boys being boys' (Island and Letellier, 1991: 17). They argue this myth addresses a wider social attitude about male violence, that it is somehow acceptable for men to be violent. The historical and societal acceptance of male violence has also inhibited work on men as victims in general, as there is a lack of research into male victimisation. Bunker Rohrbaugh (2006) also indicated that one of the most widespread and damaging myths surrounding male same-sex DVA is considering that the violence is mutual and an equal fight, as men are presumed to have equal strength and aggression. Further, they argue this myth is legitimised by societal gender expressions and norms relating to men, masculinity and violence. These ideas of masculinity and male violence are further examined later on in the chapter.

5. Homophobia

As discussed in Chapter Three, another prominent element within this sociocultural theme is homophobia. Homophobia is the term given to 'antigay prejudice and stigma' (Herek, 2004: 6), and it 'exist[s] at both the cultural and personal levels' (Herek, 1986: 926). On the personal level, internalised homophobia occurs when individuals adopt self-hatred due to their sexuality, as a result of the stigma and negative social attitudes placed on them by wider society. On the other hand, experiential or externalised homophobia refers to hostility and discrimination at the hands of the public, or social structures and institutions. Like heterosexism, the role of homophobia 'in maintaining silence is profound, both in individual survivors and the level of community acknowledgement' (Vickers, 1996: 5). This section examines how homophobia manifests at both these levels, consequently

contributing to the invisibility of male same-sex DVA, and impacting the experiences of their victimisation. By analysing data from my interviews with DVA professionals, I examine how homophobia manifests at both the individual level and structural level. I show how these themes are reinforced, impacting experiences of abuse and resulting in barriers to help seeking.

5.1.   Individual level and internalised homophobia

When examining same-sex DVA, homophobia that is established at the personal level can take two forms; internalised homophobia and homophobia experienced at the hands of a perpetrator.

Internalised homophobia is considered by some to explain why DVA occurs in gay and lesbian relationships (Byrne, 1996; Ohms, 2008). Arguments here are centred around the idea that individuals internalise trauma caused by external and structural homophobia, causing them to become violent (Bartholomew et al., 2008; Tigert, 2001). For example, Cruz's (2000) research identified homophobia as a key theme, noting that it can place strain on gay men's relationships resulting in volatile situations subsequently leading to violence within the relationship. This argument has also been strongly associated with Meyer's (2003) minority stress model, which considers unique minority stressors important in explaining the presence of abuse (Carvalho et al., 2011; Mendoza, 2011). However, others dispute the concept of minority stress as a simplistic and limited measurement which is too reliant on individualistic and psychological responses (Donovan and Hester, 2014). Internalised homophobia has also been found to impact victims' ability or willingness to leave an abusive partner (Cruz, 2000; Letellier, 1996; Merrill, 1998). Finally, it has also been suggested that internalised homophobia reinforces victims' feelings of self-blame, manifesting as a result of constant negativity from their perpetrator (Balsam and Szymanski, 2005; Kay and Jeffries, 2010).

During my interview with DVA professional Joe, he confirmed the impact that internalised homophobia has on male same-sex abuse:

The idea of internalised homophobia or just generally being raised in today's society as a gay man, you can naturally follow that theory and think well that makes sense for why someone might perpetrate or how they might experience victimisation. I do not really buy that, necessarily, I think all those things have some merit but they are often presented in isolation … and that goes back to the idea that I don't think we have really conceptualised how domestic violence works properly … So I have worked with gay men who have … accounted for their violence by drawing on ideas of internalised homophobia, or internalised homophobia has been an influence.

Interestingly, Joe rejects the idea of internalised homophobia as the only reason why men perpetrate abuse in their same-sex relationships, although he recognises that it may interact with other factors to influence experiences of abuse. Donovan and Hester (2014) are similarly cautious of internalised homophobia as an explanation for why abuse occurs in gay relationships, but like Joe, they also recognise that sexuality is a key component of the DVA experience. Nevertheless, Joe does discuss how internalised homophobia impacts on men's experiences of abuse, and how they account for it. This finding resonates with Letellier's (1996) argument, which contends that internalised homophobia impacts men's help seeking behaviours or their capabilities to leave the relationship, in addition to how men account for their victimisation by drawing on ideas of this internalised homophobia. Furthermore, this illustrates the slow pace of change in addressing male same-sex DVA and this research provides a contemporary update to the discourse.

Internalised homophobia can also impact an individual's experiences by manifesting after the relationship has ended or the victim has successfully left the perpetrator. Here, DVA professional Ryan discusses this in relation to service users having 'identity crisis'. In one example Ryan mentioned to me how a victim's sexual identity was manipulated by their perpetrator, which was subsequently internalised by the victim which led them to question their identity:

It is also internalised homophobia as well. A lot of my service users, and I am including all the LGBT service users, they come to me when they leave and they say 'I am having an identity crisis', and … 'I do not know who I am anymore'. Because they have originally gone into that relationship as bisexual for example, their partner has convinced them that they are gay, and they come out of that relationship and they don't know who they are.

This identity crisis and internalised homophobia interacts with experiences of abuse to the extent where the abuse becomes normalised, and the victim is being convinced that abuse is a normal part of a same-sex relationship. The targeted manipulation of the individual's sexual identity in this example is what Donovan and Hester (2015: 204-205) would define as 'identity abuse', whereby perpetrators use victim's identity to 'undermine, threaten, isolate or punish a partner'. Additionally, Donovan and Hester (2014) found that people in their first same-sex relationship are particularly at risk of domestic abuse. They state 'it is with the experiences of those entering their first same-sex relationships that it is possible to explore the extent to which intersecting identities and socio-cultural positioning might have an impact on the experience of DVA' (Donovan and Hester, 2014: 78).

DVA professional Ryan discusses how feelings of internalised homophobia can link to the normalisation of abuse:

> So that hatred about their sexuality as well, they start to really disassociate themselves from that because of the shame and then being convinced that being abused within same-sex relationships is normal and then that is not what they want.

My research suggests that victims normalise their experiences of DVA. This finding updates previous research, such as Oliffe et al.'s (2014: 570) study which found normalising of abuse to be a frequent behaviour, and highlighted that violence was often normalised as being 'endemic to manhood and gay relationships'. This behaviour is not specific to male same-sex relationships, as literature has long emphasised that women normalise and dismiss their experiences of abuse, often as a coping strategy (Wood, 2001). However, as Oliffe et al. (2014) argue, sexual identity creates a nuanced arena for normalisation to occur. Consequently, the normalisation of abuse in this context feeds back into and further perpetuates the public story, and reinforces the myth that abuse in a male same-sex relationship is two men fighting.

Another DVA professional, Liam, discussed how victims put off seeking help because they feel ashamed. He highlighted how common this was for victims of *all* domestic abuse, regardless of gender or sexuality:

I think it is fairly common across the board when we are talking about domestic abuse. I think a lot of that shame again sits with that internalised homophobia, but also issues of patriarchy that as a man you should be able to protect yourself and you should fight back.

Feelings of shame were also replicated in my survey. For example, when asked whether they had ever sought help for their relationship one survey participant disclosed they were 'too ashamed, never tried' (Survey participant number 73). Feelings of shame and self-blame are not newly identified phenomena and have been extensively identified within DVA and victimisation research and literature (eg. Goffman, 1963; Miller and Porter, 1983), which focuses on heterosexual female victims. Furthermore, abused women's sense of shame about their victimisation (Beaulaurier et al., 2005) and internalisation of perceived stigma (Overstreet and Quinn, 2013) have been documented to impact their willingness to seek help.

For male same-sex victims, a great deal of this shame can also be rooted within internalised homophobia, in addition to wider issues of the patriarchy, masculinity discourse, and how men are expected to defend themselves. These feelings can culminate in a rejection of the victim label, which Ball (2011) describes as an 'incomprehensibility' of being a victim and Donovan and Barnes (2018: 88) describe there being only a 'tenuous eligibility of LGB and/or T people to be ideal victims'. Therefore, sexual identity is again creating a nuanced and specific experience of DVA and help seeking. An examination of this disconnect between sexual minority men and victim status emerged clearly in my research and is developed later on in the chapter.

There are also suggestions that homophobia can be used by perpetrators to form part of their abuse. For example, Joe states:

The last thing that I think is interesting but is under explored, is we don't really know how perpetrators use homophobia bi or transphobia at all. In training we talk about the use of that kind of language, and whether that is threats that services will not help you because you are [gay], or whether it is actually homophobic, biphobic, transphobic language, or sometimes there's these ideas of these people calling their partner not gay enough or not a real gay not a gold star lesbian, whatever the language is.

The behaviours Joe points to here have also been demonstrated within the literature, highlighting different ways that homophobia is used by perpetrators to manipulate victims, or to trap victims in relationships. Most commonly this manifests as threats to 'out' them to friends, family, or colleagues (Kulkin et al., 2007; Dempsey, 2011). Cruz and Firestone (1998) identify outing as a tool of abuse. Within a homophobic society, the threat to out a partner can effectively act as a means of control. Homophobia may also be used by the perpetrator within identity abuse, by accusing the victim that they are not a 'real' lesbian or gay man, or by isolating their partner from the LGBTQ scene either via jealousy or denigration of the scene (Donovan et al., 2006).

Isolation from friends, family, and community is not a newly discovered phenomenon, and has been extensively examined within DVA literature (Rees et al., 2006; Stark, 2007; 2012; Walker, 1979) and is widely recognised as a DVA tactic[54]. Whereas the focus has previously been on heterosexual female victims and their abusive male partners, my research focuses on men in same-sex relationships. My findings support the notion that same-sex DVA is similar to heterosexual DVA, but compounded by sociocultural factors linked to their sexual identity (Donovan and Hester, 2014). These men may have already been ostracised by their family due to their sexuality, and can experience further isolation from their friends and community at the hands of their perpetrators.

5.2.   Structural level and societal homophobia

In addition to personal level homophobia, as discussed in Chapter Three, homophobia manifests on a structural[55] level, which also impacts experiences of same-sex abuse. Not only does homophobia manifest as shame, therefore, creating a barrier to help seeking, but men may also be put off help seeking due to a fear of a homophobic response upon disclosure. This was highlighted by Dempsey (2011), who contends individuals may fear discrimination or homophobic abuse if they seek help, in addition to reported fear of

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[54] Cross-governmental definition of DVA in England and Wales recognises patterns of control and recognises isolation as a tool of emotional abuse and control (Home Office, 2012).
[55] Also referred to as 'societal', 'external', and sometimes 'experiential' homophobia.

bringing further condemnation to an already marginalised community. Additionally, Kay and Jefferies (2010) highlighted two ways in which homophobia creates barriers to leaving abusive relationships. Firstly, as a result of the bond created with perpetrators out of loyalty against a homophobic world, and secondly as a result of a threat of outing – which would simply not exist in the first place without homophobia. My research data from both the survey and interviews illustrates the depths of internalised homophobia in male same-sex DVA victims.

Homophobia manifests throughout society in many forms including, but not limited to, discrimination, verbal abuse, and physical abuse. This is what is most commonly referred to as societal homophobia. As Eribon (2004) contends, it reminds gay individuals that their sexual identity is 'other', creating feelings of hostility throughout society, within which gay people live their lives.

Societal homophobia resonated with many of my survey participants. They expressed their experiences of external homophobic abuse. For example, one individual described how they 'learned quickly not to show such affection [in public] due to abuses suffered, both verbally and physically' (Survey participant number 84). Another participant disclosed how men they had been in a relationship with 'did not have the courage or feel ashamed to hold hands in public' (Survey participant number 74). Finally, another survey participant describes same-sex relationships as 'tough' as 'some members of society aren't accepting and can be judgemental and make an open same sex relationship tough' (Survey participant number 72). These findings highlight how often LGBTQ people experience abuse relating to their sexuality, and how they will adapt their lifestyle, even hiding their relationships, to avoid such abuse.

In addition to societal homophobia, homophobia can also be viewed as a more structural or institutional phenomenon. In that, it is embedded throughout policy and practices and within organisations and institutions, whether that is discrimination based on sexual identity or services failing to accommodate the needs of sexual minorities. In this way, institutional homophobia is closely related to heterosexism. Herek (1986: 927) discusses the phenomenon of institutionalised homophobia. He claims the 'bulk of institutional

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oppression results from heterosexism: from ignoring the existence of lesbian and gay people in insurance policies and wills; in hospital visiting rules allowing 'immediate family only'; in mass media that have historically portrayed the world as entirely heterosexual, and elsewhere'.

Whilst some of the examples Herek draws on are now outdated, the basis of his argument is still pertinent today – that the heterocentric nature of society results in institutions and social structures disadvantaging LGBTQ people. As I found, with reference to male same-sex DVA, this argument can be applied to domestic abuse services and the police failing to cater to the needs and experiences of these gay male victims. These findings will be discussed in detail in Chapter Eight. Herek (1986: 927) continues to suggest that cultural homophobia and heterosexism can be overcome by 'changing institutions, including laws and organizational policies' as opposed to eliminating personal homophobia and heterosexism, which 'requires changing individuals'. He does recognise, however, that these distinctions are not absolute, and in practice there exists overlap, for example, combating the prejudice of individuals within institutions.

Homophobia within institutions has been identified extensively within LGBTQ DVA literature. As Messinger (2017) outlines, (at the time of his writing) only 22 nations had fully legalised same-sex marriage, highlighting the widespread and deep-rooted nature of heterosexism and homophobia, whilst also presenting as 'undeniable barriers for LGBTQ IPV victims' (Messinger, 2017: 18-19). Laws which inhibit and damage LGBTQ rights contribute to the invisibility of their victimisation, as it reduces their options for help seeking and disclosure significantly for which silence may be their only option. This concept resonates with a survey respondent, who stated that 'same-sex relations in some instances are hidden away' (Survey participant number 72). The hidden nature of same-sex relationships, in general, contributes to the invisibility of DVA victimisation.

Fear of institutional homophobic abuse during help seeking was illustrated throughout my interviews with professionals. Here, DVA professional Joe recounts one victim's fear of homophobic abuse if they were to report their victimisation. This eventually stopped them from reporting to police:

I am reminded of one man I worked with who just would not report to the police and that is for two reasons. One, he did not want his partner to experience homophobic abuse from the police, and two, his sense of the police was formed when he was a young man. And he would not have called himself a young gay man, in the 50s, so as far as he was concerned police were the enemy and would not treat him seriously and would treat him with disrespect.

Difficulty reporting victimisation to the police has been widely recognised within literature when concerning LGBTQ victims of DVA (Guadalupe-Diaz, 2016; McClennen, 2005; Merrill and Wolfe, 2000; Renzetti, 1992). In part, this is a result of the historical relationship with the police (Donovan and Hester, 2011) an idea that DVA professional Rodger considered:

Men in same-sex relationships find it much more difficult to report. Some of that is down to the way that historically gay men have been treated by the police, so they feel they are going to be treated with a homophobic attitude by reporting.

This is not surprising, given the fact that after laws criminalised 'homosexual behaviour', sexual minority men were exposed to 'regular police surveillance and arrests' (Connell, 2002). This speaks to the structural and institutionalised nature of homophobia, in which homophobic attitudes remain embedded within organisations. Not only does homophobia inhibit reporting to the police, but it can also extend and manifest as a barrier to approaching other services and organisations, such as domestic violence services.

DVA professional Liam recalled his own individual level experiences of homophobia throughout his life, relating this to feelings of being 'less than'. Liam continued to describe how homophobia and biphobia are often used by male perpetrators to manipulate their male victims. In one particular example, Liam recounted a bisexual client's identity being challenged and used as a tool of abuse itself:

I think for a lot of gay men, they already started from this disempowered starting point. So that emotional abuse ties in with that, but also you will see the 'you are not a real gay man'. So huge challenges for bisexual men around accessing help and support, because it is almost this notion of you don't fit anywhere. But we see it used in abuse to say, 'you need to make a choice' or 'you are just sitting on the fence' or anything that comes with this language around bisexuality.

Liam highlights the societal homophobia that sexual minority men are regularly exposed to, which is often already internalised by victims. Its negative effects then become twofold if perpetrators use homophobic abuse tactics. As Liam suggests, language is significant in this mechanism of abuse. He references how perpetrators play on the masculinity discourse, in that gay male victims cannot be 'real men'. The importance of discourse cannot be ignored here. It is imperative as it shapes meanings and values both externally and internally, socially and subjectively.

One particularly stark experience of homophobia was recalled by DVA professional Joe, who had placed a client into a male refuge to escape high levels of violence from their perpetrator:

> [He] was placed in a generic refuge and the experience of homophobia he had, which essentially pushed him back to the perpetrator was horrific, and probably not a surprise frankly. But where else would he have gone?

Here the homophobic abuse experienced within a refuge was so extreme that this individual felt more comfortable returning to his abusive perpetrator. This echoes Cruz's (2000) findings, whereby victims of same-sex abuse may feel a bond towards their perpetrator, and feelings of loyalty and unity towards their relationship in the wider setting of a homophobic society. A similar concept was also raised by Joe where a perpetrator was described as a 'protective factor' despite also being abusive in this particular case:

> The victim was from a particular ethnic minority and was subject to quite a lot of racist abuse in and around their home. So, in that context the perpetrator was a protective factor, because the perpetrator had a particular reputation it meant that mitigated racism.

Although this particular case did not involve homophobic abuse, it reiterates how perpetrators often create a safety net from external abuse, such as homophobia or racism, despite their own abusive behaviours. Consequently, this feeds into a reluctance to leave the relationship and continues to keep the victim entrapped. These examples of homophobic abuse are in line with Herek's (1986) suggestion that overlap exists between personal level and structural level homophobia. Although abuse is perpetrated by

individuals, the experience of abuse is compounded by social structures or institutions. As Herek's arguments were made 35 years ago, this indicates again how long it takes for change to happen. My research provides a contemporary update to Herek's arguments, and it aims to challenge these deep-seated societal notions.

Not only does homophobia affect access to and experiences of victim's services, but likewise, homophobia interferes with perpetrator services. For example, it is common for perpetrator services to be unavailable for male same-sex perpetrators, as a result of the group setting. This was discussed by DVA professional Liam:

> The majority of them are group work programmes. And as a gay or bi man, you might not want to go sit in a room with 12 heterosexual men and talk about your experiences of abuse. Because it is not necessarily going to fit within your beliefs, you might get challenged and you might get that homophobia in group programmes. It is really challenging.

This highlights gaps in services not only for LGBTQ victims but perpetrators as well. Donovan and Barnes (2016: 303) highlight that 'provision for perpetrators reflects the statistical reality of DVA', therefore, interventions that have been developed are mainly targeted at heterosexual men. As a result, there remains little provision for LGBTQ perpetrators of abuse, and it is not surprising that homophobia manifests as a barrier to accessing the scarce places that might available. Barriers to help seeking will be examined in greater detail in Chapter Eight.

As I have outlined, the effects of homophobia can be seen on both an individual and structural level. They have wide-reaching impacts on behaviours of abuse, experiences of victimisation, and help seeking behaviours which are deep-seated and pervasive. Cruz and Firestone (1998) suggest the first step in providing support for victims of male same-sex abuse is to tackle homophobia. In line with the analysis above, tacking homophobia would certainly alleviate and alter experiences of male same-sex DVA and subsequent help seeking behaviours and responses when help seeking.

6. Masculinity

As discussed in Chapter Three, Connell's (1995; 2005) seminal work on masculinities examines gay masculinity as subordinate to hegemonic masculinity. Being gay is the epitome of exclusion from hegemonic masculinity, due to its historical association with femininity. The study of masculinities has been extensively applied to male on male violence (Whitehead, 2005; Ellis, 2016), and also within the VAWG sector (Stanko, 1990; Dobash and Dobash, 1992). More recently, masculinity has been identified as a factor in male same-sex abuse (Cruz, 2000; Huntley et al., 2019; Kay and Jeffries, 2010; Oliffe et al., 2014). As this research focuses on male same-sex DVA, masculinity discourse provides a useful lens through which to examine this phenomenon. This section addresses how the theme of masculinity is illustrated in my survey and interview findings.

Hegemonic masculinity has been linked to homophobia. To examine this, you first have to address the link between masculinity and heterosexuality. For Connell (2005), the concept of being a 'real' and 'tough' man intrinsically means heterosexuality. Similarly, Messerschmidt (1993) suggests that hegemonic masculinity would not be successful without the capacity for violence, which may be real or symbolic. As gay masculinity is constructed as opposing hegemonic masculinity, hostility towards gay men is almost demanded of heterosexual men (Connell, 2005). The main form of hostility towards sexual minority men is homophobia, which often extends beyond a way of thinking. Rather, it involves 'real social practice' (Connell, 2005: 40). This can range from discrimination to vilification in the media, and physical violence, and can be experienced in everyday life. As a result, it has an extensive impact on the way sexual minority men experience their intimate relationships and any abuse which takes place within them.

Notions of masculinity have been used by some to explain why male same-sex DVA occurs in the first place. This is argued by Island and Letellier (1991), who suggest that gay perpetrators experience feelings of masculine failure, and such feelings are established through uncertainty as to what it means to be masculine. Sexual minority men may try to replicate representations of hypermasculinity to compensate for a perceived lack of masculinity, resulting in them displaying violent behaviours as a way to assert power and control (Island and Letellier, 1991; Cruz, 2000). Additionally, Ball (2011) draws attention to

the lack of visible gay role models, coupled with traditional exclusion and marginalisation of gay identity from perceived masculinity.

When examining gay masculinity, it is important to remember that minority sexualities are dressed in the same cultural suit as heterosexual men, meaning they have also been socialised in the same society and culture. As Cruz (2000) argues, gay men are socialised based on gender, not on sexuality. For Connell (2005: 148), compulsory heterosexuality is a 'taken-for-granted part of growing up', and public discourse also takes heterosexuality for granted. Connell (2005: 147) also theorised that all men have a 'moment of engagement' with hegemonic masculinity in their lives, which can range from 'heavy commitment to wistful fantasy'. It can therefore be argued that alongside heterosexual men, sexual minority men also internalise narratives of hegemonic masculinity. This can impact how men experience their same-sex intimate relationships, and therefore any abuse which occurs within them. DVA professional Paul discusses how narratives of masculinity mesh within experiences of DVA:

> And you often hear it is easier for say men, gay bisexual or trans men, to leave the relationship. Because they say 'well it is two men, you can just leave, you can resist violence and you can resist', all those sort of male and masculinity narratives, that gay and bi men continue to internalise as well, not just heterosexual men.

It is also important to examine the connection between masculinity and victimhood (Dunn, 2012). As men strive to achieve masculinity, it obscures their ability to see themselves as victims. This was echoed in my conversation with DVA professional Joe:

> I think people struggle to account for it [DVA victimisation] … and of course that is also linked, I think for some of these victims, to their idea about masculinity. So they either could not explain being a victim when they were of a similar physique to their partner, or because they thought the power dynamic did not work in the same way, or where they felt they should have been able to defend themselves. So it became really complicated in terms of how they expressed and experienced that physical violence, but it was definitely there.

He discusses an individual's struggle to account for victimhood due to the similar physicality of themselves and their perpetrators, or because their relationship does not fit within

traditional gendered power dynamics. This finding updates Ball's (2011: 134) research, which examined the intersection between three broad discourses, that ultimately 'render[s] the position of gay male victim of IPV as incomprehensible'. The discourse Ball (2011) examined is the general social discourse around DVA that provide a framework to understand the violence, the feminist criminological discourse that dominates literature and policy within the sector, and finally masculinity discourse that informs men's understanding of themselves. Additionally, Cruz (2000) argued that gay men do not recognise their victimhood, or attribute their experiences as DVA because men are socialised to normalise aggression and violence as appropriate gendered behaviour.

The intersection between masculinity and victimhood can therefore culminate in an inability, reluctance, or hesitancy for men to see themselves as victims (Dunn, 2012), or believe that masculinity and victimhood can coexist. This is supported by Huntley et al. (2019), who identified 'challenge to masculinity' as a key consideration in male victim help seeking, suggesting that men consider disclosure of abuse to be a threat to their masculinity. Similar themes emerged during my interviews. For example, DVA professional Denise discussed how abuse is seen to undermine the masculinity and sexual identity of individuals, and how this often intersects with mental health issues. Denise highlighted how victims would experience a 'complete undermining of their masculinity and sexuality as part of their abuse, which then lays on another layer of mental health issues'. This supports Ball's (2011: 322) research, which highlights the assumption that 'men should remain stoic and unemotional in the face of problems', reinforcing the incomprehensibility of male victim status.

The use of language and terminology presents an important and interesting dynamic, this time within the masculinity discourse. Gray (2005, cited in Ball, 2011) has suggested that many victims do not comprehend the existence of abuse, as they lack the language to articulate their experiences. My research findings confirm this, as my discussion with DVA professional Rodger illustrates:

> To call anyone a victim, they do not like it, so we have to look at how we term things I suppose. We don't advertise for male 'victims', it is more about men who are in

unhealthy relationships. We do not mention domestic abuse, because that again creates the 'I am not experiencing domestic abuse I am a bloke. I should be able to deal with it, I am a man' … So we have to look at subtle ways of changing things until we can get the client or the customer through the door and then we can make them aware this is actually where you are, you are a victim, it is domestic abuse. And it is a lot easier to do it that way when working with men.

He explained how, when working with male victims, the conversation is framed to avoid the term 'victim', focusing more on unhealthy relationships as opposed to domestic abuse. this is not a new phenomenon, however, as activists and scholars have drawn attention to problematic language used within the wider DVA discourse (eg. McClennen, 2005; Gupta, 2014). Nonetheless, the presence of masculinity creates a specific element. As DVA professional Laura suggests here, being a male victim creates additional struggles:

It is an added thing on top of what it would be for a female victim of coercive control might struggle with … people will then think that he is allowed himself to be dominated by another man what does that make him as a man, and all those kind of things.

This is also shown in Dunn's (2012: 3447) study of gay men and victimisation, in which the majority of his participants rejected the term victim as having 'wholly negative connotations' and being 'unhelpfully gendered'. Similar thought is given by Donovan and Barnes (2018), who comment on the 'unideal' LGBTQ victim. They argue the heteronormative and gendered public story of DVA impacts how LGBTQ people recognise their experiences of abuse. They continue to outline how the public story of DVA interacts with other public stories and discourse to 'impact on whether they identify victimisation' (Donovan and Barnes, 2018: 90).

This reluctance that sexual minority men struggle to see themselves as victims is echoed again in my conversation with DVA professional Liam, in which he recalls working with survivors from a particularly high profile and widespread domestic and sexual abuse case:

I think it is really a different response in sexual violence cases, but still even after we did a 3 month programme, so we did 12 sessions with them, a lot of the victims wouldn't identify it as domestic abuse and would not understand it as rape. So I

think there's something around the conversations that happen in society around same-sex domestic abuse and sexual violence.

Liam also revealed that even at the end of the programme, the men still did not identify as victims. This confirms Ball's (2011) research findings that suggest victim status often conflicts with the understanding of what it is to be a man. The prevailing societal notion of DVA is that it is a heterosexual problem (Donovan and Hester, 2014). As long as this notion persists, sexual minority men will be uncertain of their ability to be DVA victims. This was also suggested by Letellier (1994) who emphasised that one of the major distinctions between male same-sex abuse and heterosexual abuse is that men are unable to see themselves as victims, simply because they are men.

Masculinity and gendered notions also relate to experiences of homophobic abuse. Connell (2005: 219) highlights that homophobic humour among straight men revolves around 'the limp wrist, the mincing walk and innuendo about castration' Again, DVA professional Liam draws on his own experience and identity as a gay man to illustrate this:

> So I think it is quite similar to when we look at heterosexual men's experiences. A lot of the play on it is 'you are not a real man' and a challenge to somebody's masculinity. I think when we talk about gay men that notion of masculinity's already very much challenged internally, and that comes from an early age. I remember being told as a child to 'stop acting like a faggot', all the derogatory comments were either associated to gender or sexual orientation.

Liam highlights how homophobic comments are embedded in gendered notions and assumptions about sexual identity. This updates Connell's (2005) work, which theorises the presence of masculinity politics surrounding contemporary men's sexuality, based upon gay masculinity being subordinated within the contemporary gender order.

This section has examined the impact that the wider discourse of masculinity has on experiences of male same-sex DVA. For example, prevailing notions of masculinity dictate that by virtue of being male, you cannot be a victim. These notions mesh with the public story of DVA and are internalised by victims of male same-sex abuse, which subsequently impedes their willingness to disclose abuse or seek help.

7. LGBTQ community

Another common theme considered throughout my interviews with DVA professionals was the way the LGBTQ community is perceived and treated by society, and how this impacts experiences of domestic abuse. The socio-legal history of the LGBTQ community within the UK[56] has a significant impact on their lived experience, including any instances of abuse. As DVA professional Joe stated, the 'complexity of how the DV experience can intersect with these wider conditions in which gay men exist and what that might mean'. It is imperative to examine the wider connotations in which sexual minority men live, as this often interacts with the DVA experience.

Weston (1998: 400) argues that for LGBTQ people, the term 'community' has become 'as multifaceted in its meaning as it is ubiquitous'. Popularised after the rise of the gay liberation movement, the community provides both support and a safe space for LGBTQ people to be who they are without fear of hostility. It is common for LGBTQ people to form what is known as a 'family of choice', which 'offer substitutes for blood ties lost through outright rejection or the distance introduced into relationships by remaining in the closet' (Weston, 1998: 397). Consequently, this contributes to the tight-knit LGBTQ community, as DVA professional Ryan highlighted: 'with gay people friends do become their family, that support network is enhanced'. However, the LGBTQ community may also create unintended negative consequences when individuals are experiencing male same-sex abuse. The tight-knit community can be a double-edged sword, as it can inhibit discussions around domestic violence within the community itself. DVA professional, Denise, echoed this in our conversation, stating 'there's also the terrible shame thing, of like letting down the community. We're supposed to be better than this'. This updates previous literature, for example, Island and Letellier (1991: 37), who suggested that the LGBT community responds the same way a victim first responds to their abuse:

> Our community is minimising the problem. We choose to believe it is not widespread (false), or that it only affects certain sectors of the community (false), or that the violence itself is not serious (false). Much as a victim does, we downplay the severity of domestic violence in our midst.

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[56] As examined in Chapter One.

Again, although written 30 years ago, the same sentiment persists today. DVA professional Denise discussed her work establishing a national same-sex domestic abuse project, and how they received backlash from community members once it gained publicity and news coverage:

> I got phone calls from people saying 'you are letting down the community, we do not want this kind of thing you know, dirty linen washed in public'. So I got a lot of, at that time, so called heavy hitters from the LGBT community basically telling me to shut the fuck up. Which of course didn't work.

Merill and Wolfe (2000) argue that silence or ignorance from the wider LGBTQ community will subsequently harm victims, as they will experience even more isolation and alienation. They also queried whether the lack of research into this topic is a result of the mistaken assumption that domestic abuse is a heterosexual phenomenon, or from fear that investigating this issue may result in an increase in negative stereotyping. Similar thought has been given by Klinger (1995), who suggests that recognition of domestic abuse in the LGBTQ community may endanger any positive steps taken to combat homophobia, and Hester and Donovan (2009) highlight fears of making domestic abuse in LGBTQ lives a known problem within a community which is already considered problematic within a homophobic society. This is reinforced by Kay and Jeffries (2010: 8) research, which suggests that male same-sex DVA has been 'silenced', due to a lack of community acceptance and awareness. McClennen (2005: 3) also contends that same-sex DVA has been silenced by LGBTQ communities. Finally, Ristock (2002a) contends that silence from the community is an attempt to avoid negative stereotypes that already exist about the LGBTQ people as 'sick' or 'perverted'.

This disregard or silence about DVA within the LGBTQ community could be minimised by increasing the discussion and awareness within the community itself. DVA professional Liam highlights how there is a distinct lack of discussion around DVA within the community, and coupled with the closure of domestic abuse services this helps to keep the phenomenon underground:

> Ultimately it is not a conversation that happens very much in the LGBT community, there's not really campaigns or discussions around domestic abuse and I think a lot of that is because our LGBT domestic abuse services keep shutting down, our national services especially.

This argument was echoed by DVA professional Susan. She discussed the importance of community engagement work when launching a police initiative, and getting the community thinking and talking about DVA:

> We had all the organisations involved, hoping they would then spread the word to their community or people in the community, to try and include them to come. So it was quite successful. Since then, we have just been keeping on top of pushing it out … And that is why it is important that we promote what we are doing, through people that are trusted within those communities, so that yeah they feel they can come forward and they will be believed.

A lack of discussion surrounding DVA within the community may also be exacerbated by the closeness of the community. It is commonplace for victims to have a shared group of friends with their perpetrator, and often individuals are estranged or have been ostracised from their family, as described by DVA professional Ryan:

> Because we do find that when service users leave the relationship, a lot of the time they are leaving a big part of the LGBT community because they have been kicked out and isolated, and it is really building that sense of self that they have lost throughout that.

The idea of a shared support network was brought up throughout my interviews and was also linked to a difficulty in leaving the relationship. As discussed by DVA professional Rodger:

> Our LGBT clients are far more likely to have a shared support network with their partner or ex-partner, so they might have the same group of friends which makes it difficult to remove themselves from … additional risk of being isolated or potentially ostracised depending on how well you are embedded in that community.

Isolation from biological family is frequently intertwined with feelings of love and loyalty towards an abusive perpetrator, which often remain present despite the occurrence of abuse (Cruz, 2000; Donovan and Hester, 2014; Gelles and Straus, 1988; Geoetting, 1999).

This was reiterated by DVA professional Ryan, who discusses the idea of perpetrators being a 'comfort blanket':

> When it comes to same-sex relationships, what we find is there is a lot more mutual friends. The LGBT community is a very small community anyway, so getting rejected from that is a huge thing and has a massive impact on that person. So, I think dependency and that love and going back to that person is because of the closeness, that comfort blanket. You are getting that emotional connection, that emotional support, you are getting your friends back, you have got that emotional social space which you lost when you left that relationship.

This resonates with earlier arguments about perpetrators acting as protective factors from external abuse, eg. racism or homophobia. Perpetrators offer feelings of familiarity, intimacy, and dependency despite their abuse, which makes it hard for individuals to leave their perpetrators and not return. This finding updates Cruz's (2003) research who found love, hope for change, loneliness, commitment and emotional dependence are all primary reasons as to why gay men remain in abusive relationships.

The idea of 'letting down the community' isn't just thrust upon activists and professionals, as previously highlighted by Denise. It may also be internalised by victims themselves. The community has already suffered immense stigma and having tirelessly fought for acceptance, legal rights, and recognition, fear of re-establishing stigma of LGBTQ relationships may inhibit gay men from disclosing abuse (McClennen et al., 2002). DVA professional Jane echoed this during my interview:

> I think it can be difficult for men within the LGBT community to speak up, and offer support, or get support to address the abuse that their experiencing from the perpetrator, who is also part of the community. And I think there are some dynamics there that are worth unpicking, and thinking about.

Additionally, it is likely men are put off disclosing the presence of abuse to friends within the community out of fear their perpetrator will find out. In turn, this can heighten experiences of isolation, as discussed by DVA professional Rodger:

> The isolation as well because they don't feel they can talk to other people about it, particularly in the gay community, because they feel it will just come back and their abuser will be told about it and will make things worse for themselves.

This section has examined the discourse of DVA within the LGBTQ community. Key findings here relate to the idea that a lack of collective discussion and recognition within the LGBTQ community regarding DVA may contribute to the overarching invisibility of same-sex abuse. This could be the result of not wanting to bring further stigma to an already discriminated and minoritised community. Furthermore, the tight-knit nature of the LGBTQ community, with victims and their perpetrators often sharing the same network of friends, can have an impact on men when they disclose their experiences of abuse. This section has highlighted nuanced circumstances of DVA, which relate specifically to minority sexual identity. In doing so, it has demonstrated differences between same-sex and heterosexual DVA.

8. Conclusion

This chapter has outlined the sociocultural position of sexual minority men in society, linking this to their experiences of abuse. Not only do these sociocultural factors influence abusive behaviours themselves and how they are experienced by victims, but they also influence how society perceives these men as victims, and how these victims perceive themselves. This chapter began by addressing the use of a gendered analysis of DVA within same-sex relationships. Ultimately, a gendered analysis is still applicable and is a useful conceptual tool through which to examine male same-sex DVA. However, this analysis can be expanded further, in order to account for other identities and additional needs, as explored in Chapter Seven.

The sociocultural factors examined in this chapter contribute to the invisibility of male same-sex DVA victims in many ways. Firstly, by upholding the public story of DVA which locates DVA as a heterosexual phenomenon. Secondly, prevailing heteronormativity organises society in a way which disadvantages those outside of normative sexuality. Thirdly, societal homophobia provides a tool through which to control and abuse victims, while internalised homophobia can offer an explanation as to why men perpetrate abuse in same-sex relationships as well as impact victims' ability to account for their abuse. Fourthly,

the prevailing discourses of masculinity reinforces the supposed incompatibility of victimhood and masculinity. Finally, hesitancy or reluctance from the LGBTQ community as a whole to acknowledge DVA, as a result of not wanting to bring further stigma to the community, contributes to the hidden nature of same-sex abuse. Each of these factors impacts the ability and willingness of gay male victims to seek help, which will be addressed in depth in Chapter Eight.

Examining the sociocultural factors of minority sexuality allows for a more nuanced understanding of how male same-sex DVA occurs, and the help seeking behaviours of victims. Furthermore, the lessons learnt and developed by examining key sociocultural factors may contribute to knowledge about heterosexual DVA and help seeking behaviours associated with female victims, and in turn developing prevention and intervention methods not just for gay male victims, but for all victims.

This chapter has provided a sociocultural framework for the upcoming analysis in the following findings chapters, which examine more in depth the individual lived experience of male same-sex DVA and how this is shaped by identity factors. The following chapter, Chapter Six, offers a micro-level analysis of sexual identity and addresses the impact that this has on victims' experience of abuse. Using my original survey and interview data, Chapter Six explores behaviours of coercive control, physical abuse, and sexual abuse within male same-sex intimate relationships, and the specific behaviours of abuse that sexual identity establishes. The reasons why men may stay in their abusive relationship are also examined. Throughout the chapter, similarities and differences in the experience of heterosexual and male same-sex DVA are scrutinised. It also emphasises the invisibility of male same-sex DVA, due to the prevailing and historic focus on female victims.

Chapter 6
Sexual Identity and Experiences of Male Same-Sex Domestic Violence and Abuse

1. Introduction

Following on from the examination of the overarching sociocultural positioning of gay male and how this impacts domestic violence and abuse (DVA) victimisation, this chapter examines how gay male identity shapes experiences of DVA at a more individualised level. This chapter draws on previous literature discussed in Chapter Two about the nature of male same-sex DVA. It illustrates that findings from my original victim survey and interviews with DVA professionals suggest that whilst there are many similarities, there are also some key differences, in the experiences of abuse between male same-sex and heterosexual relationships. It is not surprising that abuse in same-sex contexts possesses similar dynamics to heterosexual experiences of abuse, given that the same social factors influence same-sex and heterosexual relationships (Kurdek, 2005). However, in terms of differences, this chapter demonstrates that these key differences significantly relate to sexual identity. It is this concept of universal and specific experiences of abuse that guides analysis throughout this chapter, and the rest of the thesis.

This chapter builds upon the theory of identity and sexual identities as examined in Chapter Three. By doing so, it demonstrates how the experiences of male same-sex abuse are significantly impacted by sexual identity. The nature of male same-sex abuse is examined in four main sections; coercive control and emotional abuse, physical abuse, sexual abuse, and men leaving abusive relationships.

2. Coercive control and emotional abuse

This section examines the experiences of coercive control and emotional abuse in male same-sex intimate relationships. As this section demonstrates, these abuse tactics are aimed at undermining and manipulating a victim's identity, which in the case of male same-sex DVA can be sexual identity. Although coercive control and emotional abuse are

commonly explored as distinct phenomena, this thesis will examine them together with emotional abuse forming part of coercive control.

As examined in Chapter Two, Evan Stark's (2007) seminal work *Coercive Control: How Men Entrap Women in Personal Life* offered a new understanding of domestic violence and abuse. Stark (2007) framed DVA as human rights violations, as opposed to incident focused physical abuse. For Stark (2007), coercive control is aimed at identity. In particular, he suggested that gender identity is at the root of coercive control, with perpetrators focusing on victims' femininity as a direct opposition to perpetrators' manhood. Therefore, Stark's theory of coercive control operates within the heteronormative DVA discourse.

Despite outlining that the general definition of abuse is gender neutral, Stark (2007: 5) hypothesised the main routes to establishing control in intimate relationships are related to 'microregulation of everyday behaviours associated with stereotypic female roles'. Examples of these regulated behaviours include criticism based on appearance, homemaking, housewifery, mothering or caretaking skills (Hattery, 2009). According to Stark, coercive control is gendered as it relies on women's vulnerability and gender inequality.

Stark (2007: 392) wrote that almost every victim he worked with felt their 'femininity was under siege … even when the most obvious professions of hatred were directed at a victim's race, age, or disability'. It has therefore been suggested that coercive control of cis-gendered heterosexual women is different in its scope, substance, duration, dynamics, societal significance, and individual consequences than its use in other relationship types or institutional settings (Stark and Hester, 2019). This led Stark to conclude that coercive control exceeds the setting of intimacy, and is not entirely associated with enacting violence. Rather, he places coercive control within sexual politics, as it reflects gender discrimination, inequality, and women's oppression in wider society. So, for it to exist in male same-sex relations might suggest they also exhibit such power inequality. This chapter, along with Chapter Seven, highlights how this power inequality can arise and how it relates to the experiences of male same-sex DVA as well as the key theme of similarities and differences in heterosexual and male same-sex DVA experiences.

2.1.   Coercive control and same-sex domestic violence and abuse

Originally, Stark (2007) doubted whether the theory of coercive control could be applied outside of male perpetrated violence towards women, therefore including same-sex relationships. As discussed in Chapter Two, gender symmetry of DVA is a debate central to DVA discourse. Some scholars argue that DVA is gender symmetrical, in that it is perpetrated and experienced by both men and women (eg. Straus, 1979; Straus and Gelles, 1986). On the other hand, gender asymmetrical theories dominated the literature, arguing that DVA is overwhelmingly committed by men towards women and is deeply rooted in patriarchal norms and male control over women (eg. Dobash et al., 1992; Johnson, 2006).

Research later turned to examine coercive control outside of the heterosexual arena, which highlighted how similar practices of coercion and controlling behaviours are also experienced in LGBTQ relationships (Donovan and Hester, 2014; Frankland and Brown, 2014; Freedner et al., 2002; Raghavan et al., 2019). A recent study by Raghavan et al. (2019) strongly suggests that coercive controlling behaviours are also used by male perpetrators towards male victims. They found participants had experienced controlling behaviours pertaining to micro-regulation, intimidation and punishment – mirroring Starks (2007) original theory of coercive control. This has implications for this research as there are experiences of coercive control that exist outside of the heteronormative binary of male perpetrator and female victim. As a result, they must be examined with a broader lens than Stark's original gender inequality model.

As Stark (2007) suggested, perpetrators of coercive control target facets of identity, whether that is gender, sexuality, or ethnicity. Therefore, coercive control can expand beyond masculine control of femininity and be directed towards any identity factor. For this reason, it can undoubtedly be applied to same-sex contexts. Later, Stark (2012: 206) stated that when coercive control is used in same-sex relationships, it is 'rooted in forms of privilege other than sex-based inequality ... including social class, income, age, race, or homophobia'. This has also been explored within previous research. Woulfe and Goodman (2021: 2657) highlight that LGBTQ individuals are particularly vulnerable to 'identity abuse',

which they define as a set of abuse tactics that 'leverage heterosexism and cissexism against LGBTQ survivors'. Identity abuse was also highlighted by Donovan and Hester (2014) and Messinger (2017). Furthermore, the social positioning of sexual minority men, as explored in Chapter Five, lends itself well to identity abuse and the effective manipulation of male same-sex DVA victims, as this section will explore. This is a notion also shared by Messinger (2017: 61), as he states 'the social and legal stigma of being LGBTQ can significantly expand the range of abusive tactics at the disposal of their partners'.

The idea that coercive control is tailored towards individuals and their specific identity factors resonated with DVA professionals throughout my interviews conducted for this thesis. For example, DVA professional Liam highlighted how the experience of coercive control is individualistic, with sexual identity creating unique routes of control:

> When we talk about coercive control it is all tailored towards the victim, that you know you are not necessarily going to see the same forms of coercive control used, it is about … playing on that vulnerability of the victim … when we look at same-sex domestic abuse we might be looking at that internalised homophobia, or impact on their familiar relations … I guess the perpetrator has another way in.

DVA professional, Ryan, also discussed the use of sexual identity as a tool of abuse:

> If we are looking at just being gay, that is a massive part of emotional abuse. Using their sexual or gender identity against them so you know if we look at all of this violence and that cultural aspect and the risk of outing someone among those communities is insane. It is a massive risk. We are seeing that this is getting used against the victims of domestic abuse, their sexuality, the same with gender as well.

This confirms Donovan and Hester's (2014) research, which found that sexuality was used against victims by their partners, as well as age, education, and class. One specific example of sexual identity abuse they found is participants being accused of not being a 'real' gay man or lesbian by their partner. Earlier research by Donovan et al. (2006) also found sexuality to be an effective tool of control. However, they found it to be used more in female same-sex relationships compared to male same-sex relationships.

As highlighted above, research has demonstrated that coercive control also features in same-sex abusive relationships (eg. Donovan and Hester, 2014; Frankland and Brown, 2014). This is updated and detailed by results from my DVA victims survey, which asked respondents about their experiences of emotionally abusive and controlling behaviours. Out of 103 participants, 30 (31%) had experienced aggressive language, 27 (28%) had experienced belittling language, 24 (25%) had experienced name calling, 21 (22%) had experienced insults and taunts, 11 (11%) had experienced body shaming, 10 (10%) had been stopped from speaking to friends or family, 3 (3%) had their money controlled, 3 (3%) had been threatened with violence, and finally 2 (2%) had experienced threats to kill. Speaking generally of their experiences, one survey participant stated:

> I have experienced a lot of controlling behaviour during my relationships including a desire to cut me off from my wider support network such as friends and family and a tendency to criticise my looks (Survey participant number 7).

Another survey participant also recalled their experiences of controlling and emotionally abusive behaviours more widely, stating they have experienced:

> Lovebombing, gaslighting, other controlling behaviours, cancelling premade plans with others on my behalf (controlling my schedule), emotional manipulation, other mentally and emotionally abusive behaviours (Survey participant number 85).

The pervasiveness of controlling behaviour was also highlighted by accounts from DVA professionals during my interviews. For example, Liam identified 'high levels of coercive control when we're working with gay and bisexual men'. Similarly, when asked whether coercive control is as pervasive in same-sex relationships as in heterosexual relationships, DVA professional Denise replied:

> Oh yeah, absolutely. It has been pervasive within any kind of abusive relationship for donkey's years. It has become popular to give it a label and talk about it … 'coercive control' is just another way of saying what we have been saying for years. It happens within abusive relationships, it is just been given a package so that people can be trained, it can be talked about, and it can actually be given legislation around abuse.

Likewise, DVA professional Jane also discussed coercive control as a key component in same-sex abuse, mirroring that of abusive heterosexual relationships:

> Coercive and controlling behaviour is common in same-sex relationships, as well as opposite sex relationships I would say. It is one of the main themes that comes through across all … in fact it is not really domestic abuse unless there is coercive and controlling behaviour, it has to be a feature.

As both Jane and Denise indicate, coercive control is a fundamental part of DVA. As Jane contends, it is not domestic abuse unless there is an element of coercive control. Given that coercive control is such a fundamental and pervasive feature of domestic abuse, it is hard to dispute that it also logically materialises in male same-sex abusive relationships.

Furthermore, research has suggested that coercive control is a more accurate measure of danger to DVA victims, rather than physical abuse (Beck and Raghavan, 2010), as cases which involve coercive control are more likely to end in harm, such as domestic homicide (Dobash and Dobash, 2015; Myhill, 2015; Myhill and Hohl, 2019). Furthermore, it has been suggested that the trauma associated with psychological abuse and coercive control makes it just as harmful as physical abuse (eg. Bartholomew et al., 2008). Therefore, when coercive control is successful, the physical violence needed to maintain control is less frequent and less severe (eg. Stark, 2007). For Pain (2012), keeping a victim in a state of chronic fear does not require physical violence to be used frequently, if at all. These findings were mirrored in Raghavan et al.'s (2019) study on coercive control in male same-sex relationships, which found that once fear was induced, physical abuse was no longer necessary to create or maintain control.

Interestingly, data from my survey supports the idea that if coercive control is effective then little, if any, physical abuse is needed to maintain control of a victim in an abusive relationship (Stark, 2007; 2012). My survey respondents disclosed experiencing more coercive and controlling behaviours than physical abuse. Out of 103 participants, 80 (78%) had experienced at least one coercive and controlling behaviour, compared to 54 (52%) experiencing at least one physically abusive behaviour, and 21 (20%) experiencing sexually abusive behaviours[57]. Furthermore, 29 (28%) participants disclosed experiencing coercive and controlling behaviours without ever experiencing physical abuse. physically abusive

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[57] See Figure 9 in Appendix.

behaviours. The disparity between experiences of coercive and controlling behaviours and physically abusive behaviours suggests that physical violence is not necessarily needed in order for perpetrators to gain control.

It is possible, however, that physical violence develops at a later stage in the relationship to ensure control is maintained, or is perhaps introduced when perpetrators feel they need to regain that control. For example, Monckton Smith (2020) theorises that a perceived irretrievable loss of control precedes domestic homicide. Discussing the relationship between coercive and controlling behaviour and physical abuse, Stark (2007: 246) highlighted how physical assaults are 'experienced in relation to their nonviolent predicates and sequelae rather than as distinctive or purely physical'. However, it must also be considered that men may be less likely to admit to experiencing physical abuse compared to non-physical behaviours. Ultimately, more research is needed to examine the relationship between coercive control and physical abuse in male same-sex contexts.

2.2. Same-sex specific experiences of coercive control

This research has demonstrated that coercive control occurs in abusive male same-sex relationships, just as it occurs in abusive heterosexual relationships. The question now turns to any similarities and differences in DVA experience between these two relationship types. These nuances were highlighted by professionals throughout my interviews. For example, DVA professional Rodger argued that the experiences of coercive control are heightened in same-sex relationships:

> You have got the same types of abuse that is going on, but it is worse. Particularly the coercive control, sexual violence, with alcohol with substance misuse, there is a big increase with that as well. Financially there can be as well, because of that control element, so more bribery financially. Particularly towards the threats of outing.

Rodger proposes that for the most part, types of abusive and controlling behaviours used in same-sex contexts are the same as in heterosexual contexts. However, there are additions of specific behaviours that relate to sexuality, such as outing. Although Rodger mentions

same-sex abuse as being 'worse' than heterosexual abuse, in the context of the interview Rodger was responding to prompts on additional factors of control relating to sexual identity. Therefore, I consider him to be referring to the additional complexities of male same-sex abuse and specific behaviours that arise owing to sexuality, rather than claiming that male same-sex abuse is worse than other experiences of abuse. Furthermore, it is not the aim of this research to frame certain experiences of abuse as worse than others, rather, it aims to understand the nuanced behaviours of abuse that sexuality creates in male same-sex contexts.

A similar examination of specific behaviours of abuse was given by DVA professional Joe, who also points to coercive control in same-sex contexts mirroring heterosexual contexts. Joe argued how the LGBTQ identity creates additional components to abuse, what he calls 'LGBT version[s]':

> Whether that is control of finance, control of dress, behaviour … with each of those there's an LGBT version of that as it were … certainly I can think of some clients where their partner was very controlling about where they went, who they were seen with, and how they presented. And that was linked to their partner not being out.

Joe's understanding of how coercive control materialises in same-sex contexts confirms Woodyatt and Stephenson's (2016) previous research, which concluded that a broad range of emotionally abusive behaviours are used in male same-sex relationships and they are largely similar to behaviours that occur in heterosexual abusive relationships. However, they also found there to be a 'sub-set of coercive actions that are specific to male-male relationships' (Woodyatt and Stephenson, 2016: 1145). For example, they highlight how experiences of abuse in male same-sex relationships are intensified by instances of internalised homophobia.

Many of my DVA professionals also highlighted the effectiveness of coercive and controlling tactics in same-sex relationships. For example, DVA professional Claire states how her clients report feeling like 'prisoners in their own home'. She describes coercive control as manipulation 'without using physical force. But you're still abusing that person'. Similarly,

Denise depicts how powerful coercive control is at trapping men in same-sex abusive relationships:

> There is the 'your families not gonna want to take you in after I tell them things' and they can say that they are gonna make up stuff: 'oh I am gonna tell them you have got HIV or AIDS or you are going out having sex all the time with men in bushes or cottaging[58]', or whatever, to use that as a control method to stop them leaving. Also 'I will kill myself if you leave'.

Of significance are the behaviours Denise identifies which are specific to men in same-sex relationships, such as HIV status or fabricating lies regarding particular stigmatised sexual behaviours. These specific behaviours have unique connotations for sexual minority men, as a previously stigmatised and vilified population. These findings update research which suggests there are specific coercive and controlling behaviours used towards specific identity factors. For example, Woodyatt and Stephenson (2016: 1137) propose there are 'unique forms of emotional violence experienced by gay men'. For example, they identify 'additional drivers' of emotional violence for male same-sex relationships, such as one or both partners concealing their sexual identity (Woodyatt and Stephenson, 2016: 1147). Another study by Stephenson and Finneran (2013) also identified several male same-sex specific behaviours, including several HIV-related behaviours and perpetrators telling victims to 'act straight', which is an act of control indisputably related to sexual identity.

Emotional abuse and coercive control are often used in conjunction with physical violence in DVA relationships. Despite numerous victims' accounts and research findings surrounding emotional abuse and coercive control, physical violence and injury remain at the forefront of the public story surrounding DVA (Donovan and Hester, 2014). Physical violence within intimate relationships has been extensively documented, ranging from lower-level violence such as slapping and shoving to violent physical assaults and domestic homicide (Dobash and Dobash, 1992). However, both anecdotal and research evidence has exposed that often the effects of emotional abuse and coercive behaviour outweigh that of physical abuse (Stark, 2007; Tanha et al., 2010; Woodyatt and Stephenson, 2016). This phenomenon

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[58] Cottaging is a slang term used in the UK to refer to sexual acts between strangers in public places, most often in public toilets. It is criminalised under section 71 of the Sexual Offences Act 2003, which applies to both heterosexual and same-sex contexts.

resonates with DVA professional Jane, who discussed the deeper effects of emotional abuse:

> When we talk to survivors about this [coercive control], even if they have experienced physical abuse, what they all routinely say is the bruises fade. What does not fade is the emotional abuse … survivors are very clear that even if they have experienced physical abuse, it is not the physical abuse that has the lasting impact … and it takes a very, very, very long time generally for someone to detach themselves from that control.

This finding updates previous research, such as Woodyatt and Stephenson's (2016: 1142) study of emotional abuse in male same-sex relationships, in which their participants described name calling and verbal aggression as 'more degrading and personal' than physical harm. Their participants insisted that emotional violence was more harmful than other types of violence, as it 'lasts longer and is more deeply seated' (Woodyatt and Stephenson, 2016: 1144). It is important to make clear that emotional abuse and coercive control are more than just name calling and verbal aggression. Rather, it is a sustained pattern of ongoing controlling tactics employed to govern victims' beliefs, lower their self-esteem, humiliate, and isolate them (Stark, 2007). Consequently, this leaves injury as a poor way to assess risk and establish criminal justice responses (Stark, 2006). This not only highlights the significance of coercive control legislation but also sheds light on the importance of acknowledging the different forms of coercive control relating to specific identity factors, which my research has uncovered.

As highlighted previously, my survey participants experienced coercive and controlling behaviours at a higher level than physical abuse[59]. However, just examining the number of participants who experienced at least one coercive and controlling behaviour is ultimately flawed, as this does not indicate the type of sustained and systematic pattern of abuse that characterises coercive control (Stark, 2007; 2012). This is particularly true when certain behaviours are experienced on their own, such as 'lying to you'. Whilst this behaviour can certainly play a part within a pattern of abuse, taken alone it does not necessarily indicate an abusive relationship.

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[59] See Figures 9 – 11 in the Appendix.

To more accurately represent experiences of coercive control in male same-sex relationships, it is important to examine participants who had experienced multiple coercive and controlling behaviours within their relationship. Out of 103 survey respondents, 48 (47%) had experienced three or more coercive and controlling behaviours, and 36 (35%) had experienced four or more coercive and controlling behaviours in a relationship. The highest number of coercive and controlling behaviours a single participant had experienced was 19, out of a possible 21 behaviours. Finally, 51 (50%) participants had experienced both coercive and controlling and physically abusive behaviours[60], and 16 (16%) participants experienced coercive and controlling, physical, and sexually abusive behaviours[61]. Examining the survey responses in this way gives a more accurate indication of a sustained and systematic pattern of abuse, which is indicative of coercive control. Based on this original data, it is evident that coercive control manifests within male same-sex abusive contexts, alongside physical and sexual abuse. Furthermore, this research demonstrates that although there are similar experiences of coercive control between male same-sex and heterosexual DVA, there are also nuanced and specific ways in which men can experience coercive control victimisation.

2.3.   Outing

As discussed throughout this thesis, experiences of male same-sex abuse share similarities with heterosexual abuse. However, research into the experiences of LGBTQ experiences of DVA has also unearthed specific and nuanced factors relating to sexual and gender identity, one of which is outing. This section examines how outing can be used by perpetrators as a tool of control, specific to the experiences of same-sex DVA.

Outing has been prominently explored within the literature and identified as a tool of control (Duke and Davidson, 2009). In McClennen et al.'s (2002) study of gay male DVA survivors, 14.1% of their participants disclosed that their abusive partner had threatened to out them. Messinger (2017: 64) also describes outing as a unique 'psychological IPV tactic',

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[60] See Figure 13 in the Appendix.
[61] See Figure 14 in the Appendix.

which he argues is 'highly prevalent among LGBTQ people'. Outing was also repeatedly identified as an abusive behaviour by professionals during our interviews. For example, DVA professional Rodger described outing as a 'dominant' part of domestic abuse in same-sex relationships, alongside isolation. Similarly, DVA professional Ryan also touched on a link between outing and isolation:

> For LGBT domestic abuse, isolation is increased in comparison to heterosexual domestic abuse. With the risk of outing, less family protection, being in a small community, so losing quite a lot of mutual friends.

This updates Bornstein et al.'s (2006) study researching LBT[62] experiences of DVA, in which isolation was identified as central to experiences of abuse, especially isolation tactics which are specific to LBT communities. Furthermore, they highlighted how isolation served as an effective way to keep victims trapped in abusive relationships. Participants from Woodyatt and Stephenson's (2016) study also identified enforced social isolation as an emotionally violent behaviour, highlighting it as a key factor in their perpetrator's desire to control, alongside stalking and the use of threats.

Another DVA professional, Jane, also explained how outing is often used as a way to control a victim. She highlights how outing, or the threat of outing, is particularly effective when the victim has not yet disclosed their sexuality to their family, friends, or workplace:

> What is used to control the other person is sometimes different. So obviously there is control related to outing, so you know if you are in a relationship and it is an abusive relationship and you have not come out to family, friends, work colleagues for example. Often that is used as a tool to control with.

Crucially, Cruz and Firestone (1998) identified fear of outing as a reason why gay men stay in their abusive relationships. This indicates the effectiveness that outing has when used as a tool of control. This is bolstered by the account of one of my survey participants, who disclosed that upon ending a relationship he was 'outed by ex' (Survey participant number 28). This highlights how the threat of outing is not just a perceived threat but is a very real

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[62] Bornstein et al. (2006) specifically examined lesbian, bisexual and trans survivors of abuse, although I argue these results can be extrapolated and applied to male same-sex abuse.

possibility in same-sex contexts. Fear of outing was also reflected in my conversation with DVA professional Rodger, who described his clients 'fear of being outed', including a more specific fear surrounding outing upon disclosure of abuse to the police. Another DVA professional, Claire, highlighted just how far-reaching the effects of fear of outing are, stating: 'They fear they could lose their job, and I always sit and encourage them, you are not going to lose your job because of your sexuality, that is illegal and they cannot do that'.

These accounts speak to the widespread nature of fear of outing, ranging from potential impact on help seeking behaviours, to impacting a victim's public and work life. One reason why fear of outing presents such an effective tool of abuse is that it is propped up by wider public homophobia and heterosexism (Chan, 2005; Kay and Jeffries, 2010). As Kay and Jeffries (2010: 413) state, the fear of outing 'would not exist without societal homophobia'. Chan (2005) highlights how perpetrators can rely on heterosexism to control their partners. Put simply, if heterosexuality wasn't portrayed and upheld as the normative sexuality, the context of coming out would not exist. Therefore, outing or the threat of outing by perpetrators would not be such an effective tool of abuse. This highlights how experiences of male same-sex abuse are not only governed by the perpetrator's behaviour, but also by wider societal factors that marginalise sexual minorities, which were examined in Chapters Three and Five.

3. Physical abuse

As previously outlined, early research into DVA focused on physical abuse of female victims following the battered wives' movement (eg. Dobash and Dobash, 1979). A consequence of this is that physical abuse remains the archetypal behaviour of domestic violence, upheld within the public story of DVA (Donovan and Hester, 2014). This is despite the recent emphasis and legislation on coercive control, and evidence that the effects of emotional abuse outweigh any physical injuries (Stark, 2007; Tanha et al., 2010; Woodyatt and Stephenson, 2016). This section examines the physical violence that is used and experienced in male same-sex abusive relationships. In addition, any similarities and differences between heterosexual experiences of physical violence are highlighted throughout.

Island and Letellier's (1991) seminal work produced an extensive catalogue of abusive behaviours that can occur in male same-sex relationships. Examples of physical abuse captured by Island and Letellier (1991) range from hair pulling and slapping, to hitting with an object or weapon, forced sex, and imprisonment[63]. Likewise, in Donovan and Hester's (2014) research into same-sex DVA, some of the most commonly reported physical behaviours to have ever been experienced by their respondents include being slapped, pushed, shoved, kicked, punched, restrained or held down, and stalked. These physically abusive behaviours that have been identified in the previous literature were largely mirrored in discussions with DVA professionals in my interviews. One DVA professional, Ryan, discussed some of the most common physical abuse behaviours his clients experience:

> Head butting, scratched, punched, pinned up, kicked, having a lip bust, hit over the head with objects. That is just quoting the main forms of physical abuse that we're seeing coming to our service.

Similarly, DVA professional Denise described some of the physical abuse her clients have endured:

> Every kind of abuse, the fact they have been sexually abused by their partner, that their partner has beaten them, hit them, made them do things, stuff like clean their toilet with their tongue.

These physically abusive behaviours experienced in male same-sex relationships largely mirror those that are experienced by heterosexual female victims, which have been recorded since the beginning of the battered women's movement (eg. Dobash and Dobash, 1992). The notion that, for the most part, physical abuse in same-sex relationships mirrors physical abuse that occurs in heterosexual relationships has also been argued by Messinger (2014) and Serra (2013).

Original data from my survey confirms the physical behaviours highlighted by DVA professionals during my interviews, and documented within previous literature. For

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[63] See Island and Letellier (1991) pages 26 – 27 for a full list of potential physical, psychological and property behaviours.

example, out of 103 survey participants, 12 (12%) had their privacy denied, 12 (12%) were enticed to use drugs, 18 (17%) had been pushed or shoved, 9 (9%) had been punched or slapped, and 4 (4%) had been injured by their partner[64]. These findings further evidence that physical abuse experienced in same-sex DVA largely mirrors the heteronormative DVA experience.

3.1.   Same-sex specific experiences of physical abuse

Although there are clear similarities between physical abuse in male same-sex and heterosexual relationships as highlighted above, there are also some distinctive and unique behaviours that occur in male same-sex relationships. This is the same for physical behaviours of abuse. DVA professional Ryan touched on some specific physical abuse behaviours experienced by male same-sex victims:

> When it comes to physical abuse, a lot of gay men in particular, we are looking at withholding their medication … so obviously the prevalence of HIV and holding that medication.

The difference in abusive behaviours highlighted here by Ryan is based on specific circumstances relating to men based on their sexual and gender identity. The specific impact of HIV and AIDS on male same-sex DVA has been previously researched. For example, Donovan and Hester (2014) also included HIV related abuse within their definition of identity abuse. Likewise, Letellier (1996: 72) noted that 'abusive gay and bisexual men are likely to be equally ingenious [as heterosexual male abusers] in choosing their weapons of control, and HIV can be a very powerful weapon'.

Furthermore, access to medication, eg. PrEP[65], has specific circumstances for male same-sex abuse due to the presence of HIV and AIDS. This emphasises how some similarities of abuse across relationship types, though it is important to highlight how sexual identity can create nuanced and specific elements of abuse. Interestingly, withholding medication has been

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[64] See Figure 11 in the Appendix.
[65] Pre-exposure prophylaxis (PrEP) is a drug which is extremely effective at protecting against HIV when taken properly. It is taken daily, therefore *before* potential exposure to the virus. It differs from post-exposure prophylaxis (PEP) which is a month long dose taken *after* potential exposure to the virus.

highlighted as an abusive behaviour commonly experienced by DVA victims with disabilities (eg. Baladerian, 2009; Lightfoot and Williams, 2009). They highlight how individuals can experience additional types of control by an abuser or a wider range of abuse pertaining to their disability. Therefore, the behaviour is targeted at a facet of identity that perpetrators can manipulate and control, much like access to PrEP as a way of controlling someone. Having medication withheld was also asked in my survey, however, just one respondent had experienced this behaviour. This is anticipated due to the nuanced nature of the behaviour, and specific conditions that are required to be in place, for example, not everyone takes medication that can be withheld or controlled. Despite the relative infrequency of this behaviour within my sample, when used, it is a very effective way to control victims.

Not only is HIV status used as an abusive tactic through controlling medication, but it has also been documented that abusers purposefully infect victims with HIV (Jacob, 1993, cited in Letellier, 1996; Letellier, 1996; Merrill and Wolfe, 2000). Furthermore, both Letellier (1996) and Merrill and Wolfe (2000) found that HIV status impacts victims' willingness and ability to leave abusive relationships. This literature supports the theory that whilst physical abuse in a male same-sex relationship largely reflects abuse in heterosexual contexts, they experience some behaviours of physical abuse which specifically relate to their sexual identity.

It also remains important to remember that LGBTQ victims are not a homogenous group, and differences exist between each identity regarding their experiences of abuse (Magić and Kelley, 2018). This was touched upon by DVA professional Ryan, who noted a difference between male same-sex and female same-sex abusive relationships:

> If I look through my case load of domestic violence, the crimes committed by males do seem to be a bit more complex and high risk. There is a lot more violence involved which is leading to medical intervention and I see less of that with female clients, they seem to be a lot more physiological abuse and mental abuse. Whereas I am seeing a lot more physical violence among the male same-sex.

Gendered differences have also been noted in previous studies (eg. Donovan et al., 2006; Donovan and Hester, 2014). Donovan and Hester (2014) found that men in same-sex

relationships are more likely to experience physically and sexually abusive behaviours compared to women in same-sex relationships. Respectively, women in same-sex relationships were more likely to experience psychological abuse, such as their sexuality used against them. They subsequently theorise that these differences reflect the wider gender socialisation of men and women. However, this conflicts with Turrell's (2000) findings, which found that lesbians reported significantly higher frequencies of abuse than gay men. Including physical abuse, coercion, threats, shaming, and using children as a tool of control. Turrell (2000) also theorises that this is the result of gender role socialisation, as being women it is easier for lesbians to slot into connotations of the ideal victim and therefore report abuse compared to gay men.

Another variance in experiences of abuse is a potentially higher level of physical abuse in male same-sex relationships. Throughout my interviews, DVA professionals repeatedly pointed to a high level of physical violence and a high risk level in male same-sex relationships. For example, DVA professional Paul discussed the severity of abuse stating 'with LGBT survivors often the abuse can be more severe ... our male survivors are more likely to experience violence'. Furthermore, DVA professional Liam noted that the majority of high risk cases he worked on did involve men in same-sex relationships. He recalled the account of one particular client, who had experienced extremely high levels of physical violence:

> This young man … as I say really high levels of violence, and I am really surprised he is not dead to this day to be honest. His partner was extremely physically violent, and from a large family who had all used lots of violence there was lots of threats. The victim had helped the perpetrator bury a gun that had been used in a crime … so the most recent incident of violence was his partner had invited him over to have sex with him, waited until he got naked and covered him in lighter fluid and tried to set him on fire.

This anecdotal evidence is backed by a study conducted by the DVA charity SafeLives (2015), in which they found the prevalence of all types of abuse among LGBT[66] clients to be higher than in non-LGBT clients. For example, 64% of their LGBT clients had experienced physical abuse compared to 57% of their non-LGBT clients. Breaking this down into severity of abuse,

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[66] This reflects terminology used by SafeLives.

37% was classified as 'high' for the LGBT client group, compared to 33% for the non-LGBT client group. Theorising about the difference, SafeLives (2015) argue this could be because LGBT clients take longer to report abuse, therefore leaving more time for the severity of abuse to escalate. Other literature has also noted the high level of physical abuse. For example, a study by Tjaden et al. (1999) found that DVA was much higher in gay male relationships compared to their heterosexual counterparts. Additionally, Island and Letellier (1991: 33-34) described severe physical violence, including this autobiographical example:

> He's on top of me, his hands on my neck and throat, shaking me, choking me. He shouts repeatedly … He's punching me in the head, the face, in the chest, the sides, on the head again.

As a result of the higher levels of and more severe physical violence, DVA professionals also noted it was commonplace for male victims to experience crisis intervention. For example, Claire discussed men being 'at crisis' point leading up to their engagement with her service and calling the helpline. Furthermore, Claire highlights that often this stage is when police involvement ensues. She describes how physical violence is high at this stage, stating: 'when it gets to that police referral state, it's escalated to such a degree that it needs police intervention'. Similar thought was given by DVA professional Denise, who contended:

> There needs to be a higher level of fear of violence of psychological abuse for them to leave … it is a much higher number of abuse incidents before gay, bi or trans men will actually either report to the police or seek help.

This finding adds to previous research, which argues that reaching a crisis point is an important trigger to help-seeking (McCarrick et al., 2016; Morgan et al., 2014; Simmons et al., 2016), a process which Huntley et al. (2019) term 'tipping the balance'. However, much of this literature focuses on male victims of female violence, therefore this research updates previous literature in a same-sex context.

Furthermore, the presence of homophobia and heteronormativity create additional obstacles to help seeking. This is explored in Kay and Jeffries (2010) study, which found that men in same-sex abusive relationships rarely approach the police, and when they did it was in the face of extreme violence. Eleven years later and sadly little has improved, as my

research indicates that men experiencing same-sex DVA still rarely approach the police for help unless they are faced with extreme violence. As is explored in Chapter Eight, data from my survey shows that only one respondent had sought help from the police regarding their relationship[67]. Interestingly, the same respondent disclosed experiencing numerous coercive and controlling behaviours and extreme physical violence, including threats to kill, coerced sexual activity, and acts of violence from which they suffered an injury. In addition, they also disclosed experiencing stalking and being physically attacked after the relationship had ended, illustrating an ongoing high risk associated with this individual.

4. Sexual abuse

This section examines the experiences of sexual abuse within male same-sex intimate relationships, as an important theme that emerged from my victim survey and professional interviews. Elliot (1996) observed over 20 years ago that sexual abuse is 'perhaps the most understudied topic in same-sex domestic violence'. This statement rings true today, as there remains a dearth in the literature surrounding sexual abuse in male same-sex relationships (Bates and Weare, 2020). Although there is little academic research exploring sexual abuse in this context, it does show significant differences from heterosexual relationships. SafeLives (2018b) for example, reported that LGBTQ victims are more likely to have experienced sexual abuse compared to their heterosexual and cisgender counterparts, at 28% and 21% respectively. Messinger (2017) also found that sexual minorities are more likely than their heterosexual counterparts to experience sexual DVA victimisation.

In my own research, sexual abuse was repeatedly flagged by DVA professionals in my interviews. For example, Liam estimated that 70% of the high risk cases of male same-sex abuse he worked on included some element of sexual abuse. He reflected on sexually abusive behaviours his clients experienced, including:

> Unwanted sexual advances, unwanted touching, through to rape … the majority of the high risk same-sex victims that I worked with had been raped by their partners. And again, it was something that had become normalised. A lot of clients were using sex to appease their partner when they were becoming violent or aggressive, so it

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[67] See Table 8 in the Appendix.

felt like a safety mechanism for them … a lot of the conversation around that was that the client didn't identify it as rape because they felt like they were consenting.

However, despite studies and professionals reporting relatively high levels of sexual abuse victimisation, Liam suggested that victims often viewed their sexual victimisation as secondary to their experiences of DVA. In addition, they would not recognise the behaviours as sexual abuse. Furthermore, Liam discussed how victims would only disclose sexual abuse after a period of working with professionals:

> The majority of clients would come talking about their experience of domestic abuse, and then the sexual violence was an afterthought. Ultimately for a lot of them it was the domestic abuse that would make them feel at risk, that was putting them at physical risk, so it is around addressing that need first … And then having done some work around the understanding of power and control and freedom of decisions, at that point they would raise concerns around what had happened in their sexual relationships.

Another DVA professional, Claire, noted a similar experience as she reflected on the difficulty of getting same-sex victims to discuss the sexual abuse they have experienced: 'I think initially, on your first assessment, they'd find it hard to talk about. You know, that comes maybe a bit later'.

One important element to acknowledge here is prevailing taboos around topics of sex and sexual abuse, particularly regarding the LGBTQ community. Taboos and stigma surrounding male rape and sexual minority men have been highlighted by Javaid (2018a; 2018b), who argues that male rape is 'forgotten', rendered invisible by the prevailing discourse of hegemonic masculinity, which subsequently maintains normative heterosexuality and upholds the patriarchy. In particular, Javaid (2018b: 209) contends that gay male rape victims are 'most likely to remain hidden, invisible, alienated' resulting in a lack of reporting. Hickson et al. (1994) also highlighted how gay men are less likely than heterosexual men to report rape, and less likely to be taken seriously by the police. This was discussed in my interview with DVA professional, Jane, who stated 'there is still relatively a taboo around same-sex relationships'. Taking into account the taboo of male rape on top of the prevailing stigma surrounding same-sex relationships, this will undoubtedly impact victims' disclosure of sexual abuse experiences. Again, this reiterates how, despite similarities in experiences of

abuse between heterosexual abuse and male same-sex abuse, sexual and gender identity creates specific and nuanced contexts.

Discussing the types of sexually abusive behaviours she had seen in clients' relationships, DVA professional Denise highlighted the presence of some behaviours as universal to all relationship types, but others that are specific to male same-sex relationships:

> Issues around the partner going out and having sex with who they want, but forbidding the abused to have sex with anyone but them. Methods of having sex, ways of having sex, having unprotected sex, access to medication, access to PrEP. There's many ways within a gay male relationship.

Sexual abuse and the behaviours that Denise listed above are not uncommon in DVA contexts. Leading DVA charities Women's Aid and Refuge include sexual violence in their definitions of DVA, and research has also demonstrated the prevalence of sexually abusive behaviours within abusive relationships (eg. Breiding, 2014). Estimates also show that around 80-90% of rape victims know their perpetrator (MoJ et al., 2013; NSVRC, 2015), evidencing that sexual abuse occurs within intimate relationships. However, some sexual abuse behaviours have very specific and serious consequences within male same-sex relationships. For example, it is well known that gay and bisexual men are at a higher risk of HIV infection (Letellier, 1996), therefore rape and forced unprotected sex pose a significant threat to those experiencing same-sex sexual abuse. As Letellier (1996: 73) states, 'there is little reason to believe that a man who will rape his partner will only do so with a condom. A man who will beat and/or sexually abuse his partner is not likely to care enough to protect him from HIV infection'.

During my interview with one DVA professional, Ryan, he disclosed to me the results of a survey conducted within his workplace, which found that 31% of their clients had disclosed some form of sexual abuse in their relationship. However, Ryan believed that based on his personal caseload, that figure would actually be up to 60%. Ryan discussed the types of sexual abuse his clients have experienced, including:

> Sexual assaulted repeatedly, perpetrator forced them to inject drugs, unwanted sexual advances, raped by the perpetrator and their friends as well, and forceful sex resulting in injury.

Ryan did not give a gender breakdown of these results, so it is unclear whether physical violence occurred more in male or female same-sex relationships. However, Donovan and Hester's (2014) research found gender differences between types of sexual abuse in the LGBTQ community. They found that men in same-sex relationships were significantly more likely to experience forced sex, refusal to use safe words, and refusal to comply with safer sex, compared to women in same-sex relationships. Waldner-Haugrud et al.'s (1997) research into sexual coercion in gay and lesbian relationships also examined gender differences. They theorised that gay men are also subject to the same gender role socialisation as their heterosexual counterparts, which positions men as 'dominant and entitled to particular privileges in their intimate and family lives' (Donovan and Hester, 2014: 196). Waldner-Haugrud et al.'s (1997) findings also suggest that gay men were more likely to be victims of sexual coercion, however, these results were not statistically significant. Additionally, they suggest that men are likely to underreport their experiences as being a victim is inconsistent with a masculine gender role.

Kelly's (1987) continuum of sexual violence, which explored the link between commonplace behaviours to more extreme behaviours of sexual abuse, is particularly relevant to this discussion of same-sex sexual abuse. One DVA professional, Joe, explained to me that he had also observed a high level of sexual abuse in his clients' relationships spanning the spectrum of Kelly's continuum:

> I think that continuum that you see in other relationships was present as well … sometimes that was outright rape and sexual assault, sometimes that was sex without, or lying about use of, condoms for example. Or having other sexual partners and enforcing either engagement with other sexual partners, or lying about sexual health status, through to that … kind of coercive sex which is not necessarily illegal because technically someone has consented but, is about sex for the sake of peace or presumption of sex.

The sexually abusive behaviours Joe mentions here have also been well documented within the literature. For example, in Donovan and Hester's (2014) study, the most commonly

reported behaviours of sexual abuse are: had sex for sake of peace, touched in a way that caused fear, alarm or distress, hurt during sex, forced into sexual activity, safe words or boundaries disrespected, and refused requests for safer sex. It is important to consider that forced penetration and rape are not the only sexually abusive behaviours. Messinger (2017) also notes the capability for other less common behaviours to become sexually abusive when attempted through coercion, under substance use, or with force.

Original data from my online survey supports the accounts of sexual abuse given by DVA professionals in my interviews, as well as sexual abuse findings within existing literature. Out of 103 survey participants, 21 (20%) experienced at least one sexually abusive behaviour. 15 (15%) participants disclosed experiencing unwanted touching or kissing, 9 (9%) participants disclosed experiencing coerced sexual activity, and 4 (4%) participants experienced a partner refusing to engage in safe sex[68]. This provides new and important empirical insight into sexual abuse suffered in male same-sex relationships. However, compared to coercive control and physical violence, sexual abuse remains relatively understudied. More research must be carried out, especially to examine the nuanced elements of sexual abuse relating to sexual identity.

4.1.   Chemsex

One area which is related to, but not entirely or always constituting sexual abuse, is the phenomenon of chemsex. The phenomenon of chemsex is being examined here as it was repeatedly touched upon during interviews with professionals, as well as by one survey participant. It is not an abusive behaviour in itself, but it provides the opportunity for abuse to occur; an opportunity which is specific to gay and bisexual men, and therefore points to a nuanced context of abuse based on sexual identity.

Due to the relatively new spotlight on the phenomenon, scholarship pertaining to chemsex is slight. Where research has been conducted, it has examined the link between chemsex and sexual violence (Javaid, 2018c), the link between chemsex and mental health in gay and

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[68] See Figure 12 in the Appendix.

bisexual men (Halkitis and Singer, 2018; Morris, 2019a), or the link between chemsex and HIV (Bourne et al., 2015; Pufall et al., 2018). Although there is no universally agreed upon definition, Javaid (2018c) defines chemsex as 'group sexual encounters between gay and bisexual men wherein the recreational drugs GHB/GBL[69], mephedrone and crystallized methamphetamine are consumed'. These are the three main drugs, or 'chems'[70], associated with chemsex. However, Stuart (2019) argues it is not the drugs that solely define chemsex, as people have been using drugs and alcohol for sex for generations, both within and outside of the LGBTQ community. Instead, he contends that chemsex is defined by unique factors relating to gay culture. These include societal, cultural, and religious attitudes towards minority sexuality, trauma and stigma relating to the AIDS epidemic, technological and sexual revolution aided by smartphone technology and hook-up apps, and a gay-specific rejection culture born from hook-up apps. As a result of these unique factors, Stuart (2019) proposes it is hurtful and culturally appropriated to use the term 'chemsex' when referring to heteronormative contexts.

Statistical data on chemsex is also limited (Javaid, 2018c), however, it is believed to be a widespread phenomenon in the UK among sexual minority men, particularly in larger urban areas such as London. At Antidote, the UK's only LGBTQ-specific drug service, 88% of men seeking help between January 2012 and January 2018 were doing so for chemsex related drug use (Stevens et al., 2019). This demonstrates the widespread nature of chemsex use.

The prevalence of chemsex, and its potential as a tool of abuse in male same-sex relationships, is confirmed and explored in my research. During my interviews, DVA professionals highlighted a recent increase of their clients engaging with chemsex and disclosing issues surrounding chemsex. One DVA professional, Laura, spoke of a rapid increase over recent years in men who access their service engaging in chemsex culture:

> I think it is definitely been mentioned in *all* of the same-sex gay men that have been [to the service] in the last two years certainly, possibly three or four years.

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[69] Gamma-hydroxybutyrate and Gamma-butyrolactone are drugs commonly associated with the chemsex scene.
[70] The term 'chems' originates from a nickname given to methamphetamine and GHB/GBL by sexual minority men which is used when communicating via phone or text with drug dealers in the latter half of the 20th Century.

The recent increase in men with chemsex related issues presenting at Laura's service is consistent with both anecdotal and research evidence of the rise of chemsex. Hampel et al. (2019) found a recent increase in chemsex related drug use, and news outlets are reporting a general upward trend for chemsex (Flynn, The Guardian, 2015; Gallagher, HuffPost, 2019). Other DVA professionals also echo these themes during my interviews. DVA professional, Joe, also pointed to an increase in reported chemsex. He recalled one story of a gay man who had been seen at a multi-agency risk assessment conference (MARAC), and pointed to chemsex use within abusive relationships:

> What was fascinating is the victim of DV … was reporting concerns around sexual violence, possibly the use of GHB and also forced sexual activity, so their partner was bringing people home and then to have sex with them.

Similarly, DVA professional Paul highlighted the increased use of chemsex drugs in relationships. He also acknowledged the role that chemsex drugs can play in homicides, though he recognised that not every case would have necessarily involved an intimate-partner relationship, but perhaps more casual relationships. Nonetheless, Paul did touch upon what the use of drugs or chemsex might look like in an intimate relationship:

> So in a relationship, what might happen is that one or both of the parties are using chems, and that makes it really volatile and dangerous. Because if somebody particularly is using crystal meth, they develop paranoid behaviours and episodes and that's what's been happening, unlike the Port murders[71] which were premeditated. Other murders involving that is where the perpetrator or murderer is using chems and has been hearing voices or has developed extreme psychosis, so in a domestic intimate partner you can imagine that situation where that is really volatile.

This anecdotal evidence of chemsex related deaths given by Paul has also been recorded in the literature. For example, Hockenhall et al. (2017) reported that between 2014 and 2015,

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[71] The 'Port murders' refer to the crimes of convicted serial rapist and serial killer Stephen Port. Responsible for at least 4 murders and multiple rapes around Barking and Dagenham in 2014 and 2015. Port met his victims on online social networks and 'hook up' apps and then used GHB to render them unconscious before raping and murdering them. Questions surrounding the case focus on potential failings of The Metropolitan Police investigation, including a reluctance to consider at first that the murders were linked. After Ports conviction, The Metropolitan Police re-examined 58 unexplained deaths that involve date rape drugs.

there was an increase of 119% in GHB associated deaths in London alone. It has also been estimated that one gay man dies approximately every month in chemsex related contexts (Stuart, 2019). However, the true figure of deaths relating to chemsex is likely to be higher, as the drugs GHB/GBL are not included as standard in toxicology reports.

Similar themes emerged in my interview with DVA professional Liam, who also described how chems and chemsex can be used in abusive relationships as a tool of manipulation:

> So, a perpetrator that might be providing substances for victims, they might get them to go to sex parties and things like that where they know these substances can be available, and then encourage them to have sex with other people.

The context of chemsex providing the opportunity for perpetrators to force their partners into unsafe and unwanted sexual behaviours has been outlined in previous literature (Martin, 2016). Reflecting on his experience as a probation officer, Morris (2019b) also highlights a potential link between domestic violence crimes and the context of chemsex. Finally, a study by Miltz et al. (2019) explored DVA, depression, and sexual behaviours in gay and bisexual men and suggested that sexualised drug use (including chemsex) is significant in the context of DVA. They found that men who reported involvement in group sex are more likely to report DVA victimisation in the last year. This limited research and anecdotal evidence points to a relationship between the two phenomena, however, more research is essential before any distinct conclusions can be drawn.

One significant factor regarding the relationship between same-sex DVA and chemsex involves issues of consent and sexual abuse. Due to the volatile nature of certain drugs used in chemsex, loss of consciousness due to accidental overdose is very common[72]. As a result, this is perceived as relatively normal in these contexts (Bourne et al., 2014). This loss of consciousness provides the opportunity for criminal activity or abuse to take place. This was suggested by Bourne et al. (2014) in their study of men engaging in chemsex. They found 10% of their participants disclosed they had been a victim of non-consensual sex, with men

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[72]As GHB and GBL are mainly taken in liquid form, just 1mm too much can leave someone in a comatose state. This is otherwise known as 'going under' or a 'G-hole'.

describing how they regained consciousness to find they 'had been (or were in the process of being) penetrated without their consent' (Bourne et al., 2014: 59). This was later supported by Ward et al. (2017: online), who noted that 'within the chemsex population, report of sexual assault, non-consensual sex and coercion are rising'. It is important to remember, however, that not all men who engage in chemsex are committing offences or abuse, but as Morris (2019b: 23) stipulates 'a not insignificant percentage are and this needs to be cause for concern'.

Interestingly, Bourne et al. (2014: 59) also highlight their participants' hesitancy to use the words 'rape' or 'sexual assault', because of what they felt was a 'blurry line regarding consent in the context of chemsex. Similarly, Ward et al. (2017) found men were less likely to disclose instances of abuse when terminology such as 'forced into sex' was used. After realising the complexity of consent in those circumstances, they focused on discussions around unwanted sexual attention, which yielded more reports of abuse. This reinforces the importance of language and terminology when discussing abuse and victimisation with sexual minority men, as discussed previously in Chapter Five of this thesis. These findings are confirmed by my interviews with professionals, several of whom raised the issue of consent. During our discussion around chemsex, for example, Ryan discussed the issue of consent, and examined how boundaries become blurred:

> So, we are seeing a rise in chemsex at the moment … using specifically crystal meth, meow, and G in order to have sex parties where consent is blurred … We are seeing a lot of that in domestic abuse relationships and in open relationships where partners are coming in and out, drugs are involved, consent is an issue. And we are seeing forcing people to inject drugs because this will make them lose their inhibitions and those boundaries again are blurred.

Similar thought is given by DVA professional Laura, who also pointed to a blurring of boundaries and consent within chemsex:

> There is an issue around consent, there is an issue around blurred boundaries of negotiating what either of the men want in certain situations of the ability to consent.

The same issue surrounding consent and sexual violence within intimate relationships was also evidenced within my survey, as one survey participant bravely disclosed their experience of non-consensual chemsex, stating:

> During our 10 year relationship I was the victim of domestic violence and repeated sexual violence by my former partner. The sexual violence I had been unaware of until I went to the doctors seeking help about my forgetfulness only to find there had been a pattern of being drugged and involved in group unsafe sex (Survey participant number 102).

This section has examined a specific phenomenon that relates to male same-sex relationships, and its potential relationship to broader issues of domestic abuse and sexual violence. The use of chemsex to render individuals unable to withhold consent parallels the use of 'date rape' drugs used in the VAWG context. However, chemsex is a phenomenon specifically related to the wider social and cultural positioning of sexual minority men, such as trauma and stigma relating to sexuality (Evans, 2018; Stuart, 2019).

 Therefore, the phenomenon of chemsex and its potential nexus to DVA, represents a point of difference between male same-sex and heterosexual accounts of DVA. It speaks to the additional experiences of abuse that relate to sexual identity, which is a key theme of this research. Additionally, this section suggests that taboos that remain regarding the discussion of gay male sexual activity and contribute to the hidden nature of male rape and sexual abuse in male same-sex and the invisibility of gay male victims in general. Finally, this analysis of chemsex has also underpinned wider discussions of discourse and language regarding male DVA victimisation. It has illustrated the supposed incompatibility between victim status and men in same-sex relationships, which subsequently has a significant impact on an individual's lack of recognition of male same-sex abuse.

5. Leaving male same-sex abusive relationships

Finally, this chapter explores the specific nature of leaving abusive relationships in a male same-sex context. The findings presented here are important, as the greater the understanding of why men may choose to stay in these relationships, the more effective the response to these victims can be. It also further demonstrates the similarities between

heterosexual and same-sex DVA. In doing so, it allows these findings to be applied to policy and practice aimed at all DVA victims.

The question of 'why do women not leave?' was prominent during early domestic violence activism, and factors exploring victims' decisions and/or ability to leave abusive relationships were subsequently extensively researched (eg. Pagelow, 1981; Strube and Barbour, 1984; Strube, 1988). Again, like much of the early and traditional feminist literature on DVA, the focus has been on heterosexual female victims of male abuse.

However, some research has explored this in relation to same-sex abuse. For example, Cruz (2003) examined why gay men stay in abusive relationships, ultimately finding their reasons largely mirror the heterosexual experience. For example, at 18.6%, financial dependence was the most common reason for staying in abusive relationships given by Cruz's respondents. This was followed by naivety and inexperience in same-sex relationships at 16.3%, then by love at 14%. These findings are updated by data from my research, as similar themes were reflected in my interviews. For example, DVA professional Liam, discusses the relationship between the time it takes men to leave abusive relationships to normalising and minimising the abuse:

> I think there are lots of conversation around 'it is not that bad', and it has to meet a victim's internal threshold for them to reach out and access help, and quite often that is when it becomes significantly physically violent, and anything less than that is not so bad. And what we also see is that sort of boundary moving, and minimising, that it was just a slap it was just a push, and then it escalates but when the violence escalates that boundary moving to become more extreme violence.

Normalising abusive behaviours has also been previously explored by Oliffe et al. (2014), who found that victims would routinely normalise abusive behaviours as just part of the relationship and therefore remain in the relationship. This mirrors Ferraro's (2013) findings of heterosexual female DVA victims. However, Oliffe et al. (2014: 570) state that for gay men these findings are 'even more striking' because normalisation was linked to manhood and the way they perceive intimate gay relationships. These findings reinforce the discussion of the normalisation of violence linked to hegemonic masculinity, as explored in Chapter Five of this thesis.

The anecdotal evidence from my own research and the findings in the literature point to the length of time it takes victims of male same-sex abuse to flee or seek help, compared to heterosexual DVA victims, which could explain the higher levels of physical abuse. The prolonged time it takes victims to leave abusive relationships is usually matched with a higher level of police intervention. This was discussed in my interview with DVA professional Rodger, who deals with more clients who have been referred by the police as opposed to self-referrals. This was also mirrored by DVA professional Liam, who considered physical abuse and police involvement:

> I think the majority of the cases I worked on, because they were referred in by the police, they had met a certain threshold where the victim felt like a police intervention was the only thing that was going to stop the physical violence. And it really varied from low level physical violence to some extreme violence that could have potentially resulted in death.

However, these findings are in contrast to Galop's client data set from their DV advocacy service. Only 12% of their clients came through a police referral route, compared to 39% from an LGBT+ domestic abuse/sexual violence specialist and 22% from self-referrals (Magić and Kelley, 2018). Furthermore, Messinger (2017: 182) stated that law enforcement referrals to support resources are rare, although notably, the study is US-focused. The disparity between the literature and professionals accounts could be because Liam and Rodger work with medium and high risk clients. These clients are more likely to have experienced police intervention and therefore police referral, compared to low risk victims.

This finding updates a previous study by Donovan and Barnes (2020b), in which the majority of their participants would fall below the threshold for professional intervention and police involvement. This highlights how medium and high risk cases are more likely to involve the police. However, Donovan and Barnes (2020b) also highlight critique surrounding risk assessments, particularly that they have been adopted and simply replicated from heterosexual relationships to same-sex relationships, regardless of appropriateness (Donovan, 2013; Donovan and Barnes, 2020b; Robinson and Rowlands, 2009). To do so

overlooks specific behaviours of abuse relating to sexual identity, that this chapter examines.

6. Conclusion

This chapter has illustrated how abusive behaviours play out within male same-sex contexts, taking into account how experiences of abuse interact with sexual identity and the social positioning of sexual minority men to create nuanced and specific tools and experiences of abuse. In addition to these points of difference, this chapter has also outlined how many similarities exist between DVA in male same-sex and heterosexual contexts.

Accounts from DVA professionals and original data from my online survey coupled with existing literature demonstrate that coercive control, physical abuse, and sexual abuse can all manifest within same-sex relationships. Moreover, additional factors and tools of abuse that occur in male same-sex contexts. For example, outing, and the fear of outing, present unique issues and creates specific aspects of abuse that perpetrators can manipulate to gain control over victims. HIV also presents unique contexts of physical abuse which are specific to male same-sex DVA contexts, such as withholding HIV medication. Furthermore, chemsex has been highlighted as a unique specific issue pertaining to male same-sex contexts. These additional and compounding experiences must be acknowledged throughout the DVA sector in order to fully understand the phenomenon of male same-sex abuse, and subsequently improve the service response to and support for these victims. The circumstances of men leaving their same-sex abusive relationships were also examined. Findings here relate to the internal threshold that victims have to meet in order to recognise and seek help regarding their abuse.

The examination of sexual identity in this chapter provides a framework for the following chapter, which examines how other identity factors, such as ethnicity and age, mesh with sexual identity to create nuanced experiences of abuse. It also examines additional multiple needs of male same-sex victims, such as mental health issues or immigration status. Like fixed identity factors, they also compound the experiences of male same-sex DVA. In doing

so, the following chapter underpins the recommendation for a person-centred approach to DVA support.

Chapter 7
Identity and Additional Needs Within Male Same-Sex Domestic Violence and Abuse

1. Introduction

Following on from Chapter Six, which examined sexual identity and the influence it has on experiences of same-sex abuse, this chapter unpacks other identity factors and additional needs, which also impact the experience of male same-sex domestic violence and abuse (DVA). It utilises the concept of identity as outlined in Chapter Three and builds on the examination of sexual identity and experiences of abuse. This is necessary because these contexts also mesh with different identities and abusive behaviours to create additional layers and nuanced experiences of abuse. By doing so, I highlight how identity factors and complex needs combine and ultimately reinforce the invisibility of gay male victims.

Firstly, this chapter examines the identity factors of ethnicity and age and their impact on the experiences of abuse and subsequent needs of male same-sex DVA victims. In doing so, this analysis underpins the importance of a multi-faceted approach to examining DVA which extends beyond a gender based analysis. Secondly, this chapter examines key areas of additional complex needs for DVA victims including mental health, drugs and alcohol abuse, and immigration status support. These factors have implications for same-sex DVA as, like the identity factors of ethnicity and age, they can act as vulnerabilities which perpetrators can manipulate or exploit. Finally, first same-sex relationships and a lack of LGBTQ specific relationship and sex education (RSE) are examined. In particular, I examine how they can pose as vulnerabilities or additional routes of abuse for perpetrators.

Though the additional needs are not identity factors per se, they act in the same way that identities do by impacting the way victims experience abuse and their willingness to seek help. They do so by creating a further marker of vulnerability and opportunity for perpetrators to exploit, control, and abuse victims. They are different to other identity variables as they are situational and may be very transient and slight, or profound and long-

term. Like identities, individuals may experience a vulnerability in just one category or a combination of several at the same time, or indeed shift from one category to another.

2. Identity and same-sex domestic violence and abuse

This section examines the roles that ethnicity and age play in the experience of male same-sex DVA. Despite the fact ethnicity and age were repeatedly acknowledged by DVA professionals during my interviews, they are rarely examined in academic literature in relation to male same-sex victims. Although these identity factors can also impact heterosexual experiences of DVA, they are examined here in relation to sexuality to fulfil the overarching research aim to gain a better understanding of how DVA is experienced in male same-sex relationships. As this chapter demonstrates, sexual identity meshes with these identity factors and compounds experiences of DVA.

It is important to note that although this chapter examines identities and characteristics, this is done so outside of an intersectional analysis. Intersectionality theory relates to a specific framework which examines multiple intersecting identities that occur within structures of oppression, such as ethnicity/racism and gender/misogyny. Since Crenshaw's (1989) seminal work, intersectionality perspective has been incorporated into research design throughout many disciplines, as it allows for a more in depth and effective analysis.

Unfortunately, an intersectional analysis was not possible in this research due to methodological limitations which are outlined in greater detail in Chapter Nine. This is not an unusual impediment, owing to intersectional research being 'methodologically messy' (Sawyer et al., 2013: 82). Nonetheless, this thesis still examines certain identities and characteristics of DVA victims, as they emerged as key findings in my data collection, mainly during my interviews with DVA professionals. It just does so in isolation and outside of an intersectional framework. In doing so, it recognises this as an important step in the incorporation of intersectionality in any future DVA research; a notion advocated for by Sawyer et al., (2013: 81) who assert the importance of pursuing research on singular identities as a 'building block to a larger end goal'.

My research allows for a more comprehensive understanding of singular identities, correlating to the overarching aim of this research which is to understand the experiences of male same-sex DVA. This answers previous calls for a better understanding of how identity and sense of self shape experiences of abuse, and vice versa. For example, Crawford et al. (2009) argue that 'in order to fully understand and support women that have experienced domestic abuse, we need to listen and learn from women's own detailed descriptions of their experiences' as well as 'develop a better understanding of the variation and complexities that exist in women's experiences'. This research applies this argument to male same-sex DVA victims by examining different identities and complex needs and how they influence experiences of abuse to develop a deeper understanding and more effective support for the victims.

2.1.   Ethnicity

The first identity factor which impacts the experiences and help seeking behaviours of DVA victims is ethnicity. Criticisms that the early battered women's movement centred on homogenous assumptions led to consideration of the diverse experiences of DVA, and marginalised voices existing at the intersection between ethnicity and victimisation rapidly gained attention (Sokoloff and Dupont, 2005). However, underpinned by the wider violence against women and girls (VAWG) perspective and intersectional feminism, literature focused on female victims of male perpetrated abuse. This illustrates the heteronormative nature of the traditional DVA discourse, which contributes to the invisibility of male same-sex DVA victims.

Research that has explored the relationship between ethnicity and DVA victimisation has suggested that ethnic minority women are more likely to experience abuse. For example, Straus et al. (1980) found African American women to be nearly four times as likely to experience DVA compared to white women. Recently, it has been found that women who identified with mixed or multiple ethnicities were more likely to have experienced partner abuse over the past 12 months, compared to any other ethnic group (ONS, 2018a).

These findings are not universally agreed upon, however, as other scholars conclude there are no significant differences in the risk factor of abuse based on ethnicity (Lockhart, 1987; Walby and Allen, 2004). Women's Aid (2020) also state there is no evidence to suggest that ethnic minorities or cultural communities are more at risk than others, however, they do acknowledge that forms of abuse may vary. Forced marriage, female genital mutilation, and honour-based violence are particular forms of violence that are specifically and overwhelmingly related to certain cultures and communities. Akin to the impact of sexual identity, experiences of abuse may be compounded due to issues of racism and victims may face additional barriers when accessing support.

Whether or not there is a higher risk of victimisation amongst ethnic minorities, there certainly exist nuanced and specific elements of abuse relating to ethnicity. Until recently, the intersectional approach has seldom been applied outside of the heteronormative context. However, scholars have begun to stress the importance of analysing intersecting identities in same-sex contexts (eg. Donovan and Hester, 2014; Donovan and Barnes, 2020b). Unfortunately, as identified above, this thesis was unable to adopt an intersectional approach due to the methodological implications that are discussed in Chapter Four and Chapter Nine.

Research exploring ethnicity and LGBTQ abusive relationships is scarce. As Messinger (2017: 70) highlights, 'little research has examined racial and ethnic differences in psychological sexual minority IPV victimisation rates, which is particularly problematic given that many studies skew toward a predominately White sample'. Furthermore, the literature that has emerged is predominately from the United States, and typically only focuses on one ethnic group at a time (Messinger, 2017). Barrett (2015) argues that for LGBTQ ethnic minority individuals, specific cultural ideologies within their communities may perpetuate silence surrounding their relationships in general, or in particular their experiences of DVA. Similarly, Mendez (1996) highlights the relationship between ethnic minority gay and lesbian individuals and deep-rooted mistrust of the police, which is likely to inhibit help seeking. This mirrors literature on heterosexual female victims which highlights that, although there is no variation in victimisation by ethnicity, the level of disclosure for ethnic minority women is far less than the general population (Walby and Allen, 2004).

When marginalised identities coexist, individuals can become more vulnerable as there are additional layers of identity for abusers to exploit. This resonates with Messinger (2017: 102), who speculates that ethnic minority LGBTQ victims are 'ideal targets'. Akin to internalised homophobia, perpetrators can manipulate victims' internalised racism, as well as exploit fears of racist responses from services upon help seeking (Messinger, 2017). In the context of my research, clear examples emerged of the role ethnicity played in same-sex abuse victimisation. These ideas can be seen in the following example that DVA professional Liam gave in his interview when he recalled working with a particular client:

> The young guy who had met his partner and they had their civil partnership 6 months after meeting … his case was really complex because it started off as an honour-based violence case. He was a white Egyptian Muslim male and I think he was 24 or 25 when I first met him. He had fled Egypt at the age of 16 because he had come out and his Mum, Sister, and Father had all tried to kill him so he fled to the UK … He has come into services because his partner had taken him to Egypt for a holiday, not to see his family, but on the flight on the way back, he stood up on the plane and said this is my husband he is a gay Egyptian Muslim, knowing there would be a fairly Muslim heavy flight, and invited anybody on the flight to come and physically assault him. So when the plane landed at Heathrow they were met by the police and he was arrested and taken off, so he was then referred into the service.

Liam also points to his client experiencing honour-based violence. There is currently a dearth in the literature pertaining to the male experience of honour-based violence, as current research places honour-based violence within the wider VAWG sphere (eg. Gill et al., 2014). When men are the subject of honour-based violence research it is typically in the capacity of the perpetrator, as honour-based violence is deemed an extension of male violence aimed at controlling and suppressing women (Idriss, 2018). This is despite recent statistics showing that 20% of cases of forced marriage cases involve male victims in the UK (Home Office, 2017). Recent research has begun to examine the experiences of male victims of honour-based violence, including men facing abuse as a result of their minority sexuality (Idriss, 2021; Jaspal, 2020; Khan and Lowe, 2020).

Power imbalances between same-sex partners of different ethnicities are also highlighted by Poon (2000: 39), who suggested the 'accentuated socio-economic differences between

Asian men and their Caucasian partner may result in their vulnerability to intimate violence'. Power imbalances that arise due to differences in ethnicity create the opportunity to manipulate and control the victim. Furthermore, Poon (2000) notes how systemic homophobia within certain cultures and ethnic backgrounds interplays with experiences and risk of abuse. He points to the presence of homophobia within Asian cultures, leading to rejection and ostracisation from family and communities. Consequently, these men may rely on their intimate partners for emotional support and acceptance. Using Cardarelli's (1997) theory of violence, Poon stipulates that high degrees of emotional dependency in relationships leave individuals more susceptible to experience violence.

Although they did not point to it being a factor of abuse, one survey participant touched on cultural differences and the impact that ethnicity has on attitudes towards sexuality:

> I am from the UK my husband is from Iraq, and there are social and cultural norms which prevent my partner from feeling confident in revealing our relationship to his family without risk of ostracisation.

This aligns with the story of Liam's client, who was ostracised and threatened by his family as a result of their sexuality and amplifies how nuanced the intersection between ethnicity and sexual identity can be, with a subsequent potential impact upon an individual's experience of DVA.

Moreover, literature has identified forced marriage as a particular issue affecting women of certain ethnic backgrounds and its connection to VAWG (eg. Anitha and Gill, 2009; Gangoli et al., 201; Wilson, 2007). Whilst the majority of such literature focuses on the plight of women, led by the VAWG sector and a human rights approach, literature has also begun to recognise men as victims of forced marriage. For example, Samad (2010) notes male experiences of forced marriage as an unrecognised problem. He argues that whilst the experiences of men in forced marriage are largely similar to those of women, there are marked differences; such as the scarce acknowledgement of male victims and the influence of masculine norms and values, which causes reluctance for men to discuss their experiences. Furthermore, when you factor in sexual identity, men's experiences become increasingly complex.

My review of the literature finds there is increasing anecdotal evidence that gay and bisexual men are being forced into heterosexual marriage. For instance, Samad (2010: 198) highlights that knowledge of a man's gay sexuality is enough to trigger a forced marriage which is often seen as an 'antidote for their gayness'. My research findings contribute to this knowledge. For example, the issue of forced marriage was touched upon by DVA professional Kelly during our interview:

> The forced marriage unit are saying that in particular LGBT, well particularly gay men, were being forced to marry from certain communities because of the shame, and they wanted to basically force them into a heterosexual marriage to 'sort them out' if you like … I know it's an additional issue.

Kelly's notions of men being forced to marry to 'sort them out' updates findings in previous literature. It is not uncommon for families to force men into marriage, and threaten, or assault them upon finding out about their sexuality. This is confirmed by Samad (2010) who highlights how honour is associated with issues surrounding sexuality and the family.

It is evident from my findings that more research is needed to develop a deeper understanding of the additional issues and needs that form as a result of the combination of sexual and ethnic minority identity and DVA victimisation. The best practice for any further research would be to utilise the rich intersectionality framework as a template for analysis, as developed by Crenshaw (1989). Although heterosexual female victims experience similar issues, the relationship between ethnicity and sexual identity creates distinct experiences in male same-sex contexts. Until more insight is established, services must acknowledge the impact that ethnicity has on abuse to better address the needs of their clients.

2.2.   Age

Age is another emerging identity factor that significantly impacts the experiences and help seeking behaviours of same-sex male DVA victims. However, rarely have age-related differences in DVA been at the forefront of research (Wilke and Vinton, 2005). Again, where research has been conducted, it focuses mainly on female victims of male perpetrated abuse. For example, studies have found abuse disproportionately affects younger women

(Karakurt and Silver, 2013; ONS, 2018a). However, there is also a recent growing awareness of older women's experiences of DVA (eg. Bows, 2017; Rogers and Taylor, 2019; SafeLives, 2016), as well as recent research examining the experiences of DVA in older men (Bates and Carthy, 2020).

Despite growing acknowledgement regarding the impact of age on DVA in heterosexual populations, the same is not afforded to LGBTQ populations (Messinger, 2017). However, in male same-sex contexts, age seems to be an important identity factor that shapes experiences of abuse. During this analysis, it is important to remember the discussion in Chapter One which examined the socio-legal background of sexual minorities in the UK. Specifically, sexual minorities have lived through significant periods of LGBTQ history, including the decriminalisation of homosexuality in the UK, Section 28, and the AIDS crisis. These are experiences which have shaped the current LGBTQ culture and community.

Several research findings suggest that these experiences of stigmatisation, discrimination, and victimisation have also shaped the way that sexual minorities experience and perpetrate abuse and impact help seeking behaviours. For example, it is widely documented that discrimination over the life course has affected the willingness of sexual minority men to access health and support services in certain contexts (eg. Green et al., 2018; Fredriksen-Goldsen et al., 2011). For example, Barrett et al. (2015) explored the impact of homophobia on the lives of older gay men and lesbians, finding that participants were shaped by their experience of being labelled sick, immoral, or criminal in their youth. In later life when they accessed health or social services, Barrett et al.'s (2015) participants disclosed feeling the need to 'straighten up' or hide their sexuality.

Similarly, my research offers some unique insights into the connection between age and same-sex male abuse. For example, the relationship between age and experience of male same-sex abuse was touched on by DVA professional Joe, as he discussed the experiences of an older client:

> The extent to which this intersection between their age and sexual orientation just coloured everything in terms of experiences of abuse and access to services.

Joe highlighted how his client's experience of the police was homophobic, which would subsequently present as a barrier to disclosing abuse and accessing support services. This is evident in previous research. For example, Kay and Jeffries (2010), suggest that gay men face homophobic and heteronormative barriers, such as the historical illegality of homosexuality, when seeking support from formal service providers. This is explored further in Chapter Eight.

DVA professional Paul also touched upon barriers to services experienced by older victims, as he disclosed that older gay and bisexual men are the least likely demographic to approach his service. This was also the experience of DVA professional Liam, as the majority of his clients were in their 20s and early 30s. Questioning why this demographic may be more willing to seek help, he stated:

> I think intergenerationally, our younger generations are more likely to seek help. I think our younger generations have got more awareness around what a healthy relationship looks like, whereas our older generations, 35 upwards, you're looking at a group of clients that have not had any education around same-sex relationships at all, or healthy relationships. And actually, an age group where help seeking is not really an option. And a lot of that going back to his notion of coming out or not wanting to raise concern or awareness to services.

Another noteworthy element when examining age and DVA is the resources and financial stability of both perpetrators and victims. It has been documented that differences in resources between perpetrators and victims provide a mechanism through which control can be established. For example, Messinger (2017) indicates that power imbalance between partners is associated with DVA, as having greater power than a partner may encourage abuse perpetration. This resonated with DVA professional Claire, who described working with clients who have older and more affluent partners:

> Young clients that have been with older partners and it is 'well, it is his house, he is the one working, he pays all the bills, they are his friends' … So, he is totally beholden to that older partner. And that older partner will use that as control, as a control over him.

This is suggested within the limited literature, as Woodyatt and Stephenson (2016) found that men in same-sex relationships were more likely to include emotionally abusive behaviours if significant differences exist between partners' age or wealth. Specifically, they discuss that it is typically older men who have more financial resources, which enables them to control their less affluent partners. Men can feel 'indebted' to their partners, and as a result, feel 'obligated to pay their partner back in ways that make them feel controlled and possessed' (Woodyatt and Stephenson, 2016: 1143). These findings are not only reiterated in my work but also replicate levels of economic abuse found in heterosexual relationships (eg. Adams et al., 2008 and Postmus et al., 2020), although the relationship with age has seemingly not yet been explored.

Akin to ethnicity, the connection between age and experiences of abuse requires more attention within research, in both same-sex and heteronormative contexts. Although similar issues arise for heterosexual female victims, age also creates unique experiences in gay male contexts, as this section has demonstrated. As research examining age as a factor impacting experiences of abuse beings to emerge, experiences outside of the heteronormative binary must be included within the discourse to better address the complex needs of victims of male same-sex DVA.

3. Additional needs and the transient identity

This section discusses some of the additional needs that male same-sex DVA victims can face. These needs emerged as a key theme during my interviews with DVA professionals as they often witness these complexities in their client base. Within the literature, this is often termed 'complex needs', although this term lacks a clear definition (Harris and Hodges, 2019). Keene (2001: 13) offers a definition of complex needs as existing on a continuum, whereby 'vulnerable men and women lie at one end of the continuum and at the other end there are those who have a single "simple" need...in between there are many whose needs vary from the relatively straightforward to much less so'. Within the healthcare sector, complex needs generally refer to an individual with two or more needs affecting their physical, mental, social, or financial wellbeing, which typically interact with one another and are commonly experienced simultaneously.

Although these additional needs are not identities per se, they act as a situational or transient identity in that they impact the lived experience of abuse and help seeking behaviours in similar ways. My analysis in this section is therefore key in the development of a novel theory of transient identities. This concept can revolutionise the way in which professionals and services respond to male same-sex DVA victims, as discussed in Chapter Nine. Not only does this theory have implications for male same-sex DVA, but for all victims of DVA as well as for different fields of social research, by allowing for a deeper understanding of lived experience in all areas of life.

Additional and multiple needs of DVA victims have previously been located in the DVA discourse (eg. Harris and Hodges, 2019; Changing Lives, 2018). However, rarely has it been extensively applied to male same-sex DVA. This research, therefore, plugs a gap in knowledge and literature. During my interview with DVA professional Liam, he outlined how the concept of complex and multiple needs has previously been presented in the discourse, but the terminology has shifted in recent years:

> We used to call it 'toxic trio' - so mental health, substance misuse, and domestic abuse. Now we talk about it as complex needs and multiple needs clients. So the language tends to change quite often within the sector.

The additional needs that Liam touches on are highlighted in the literature. For example, ChangingLives (2018) note that mental health issues and alcohol or substance abuse are the most common needs of DVA victims. However, the list of additional needs experienced by DVA victims is not exhaustive, and can include; childhood abuse, housing issues or homelessness, involvement with the criminal justice system, physical ill-health, disability, poverty, immigration status and honour-based violence. Some of these needs are less common and as a result, are scarcely researched. However, they still have a substantial impact on the experience of abuse as well as on help seeking behaviours therefore it is still vital that they are examined and understood.

To date, literature examining complex and multiple needs has focused on women as victims, consistent with my analysis throughout this thesis that DVA discourse is largely

heteronormative. However, I argue that the same findings from heterosexual DVA relationships can be extrapolated and applied to men in same-sex relationships who also have various and diverse needs. Furthermore, there is evidence to suggest that LGBTQ people are more likely to experience multiple needs for a variety of complex reasons. For example, there is a wealth of research examining LGBTQ people and mental health issues (Huygen, 2006; Barber, 2009), alcohol and/or substance abuse of LGBTQ people (Flentje et al., 2016; Boyd et al., 2019), and the needs of older LGBTQ people (Kochman, 1997; Orel, 2014).

Research conducted by the charity SafeLives (2018a) has found that LGBT+[73] clients were more likely to have 'complex needs' compared to heterosexual clients. They argue that despite being less visible to services, abuse that LGBT+ people experience is often more severe and impactful. Compared to their heterosexual counterparts, LGBT+ DVA victims are almost twice as likely to have attempted suicide (15% and 28% respectively), more likely to have self-harmed (14% and 32% respectively) and more likely to experience mental health problems (38% and 51% respectively) (SafeLives, 2018a).

These findings were evidenced by DVA professionals during my interviews. DVA professional Jane, for example, highlighted a high level of complexity for LGBTQ clients:

> One of the things we do know … is the complexity of the cases for LGBT clients. There is more complexity. So, this applies to several subgroups of our client base that have a higher level of complexity, our BME clients, clients that go into our refuge provision, and our LGBT clients. With all of those, we see a higher level of complexity, and that includes drug and alcohol use, it includes mental health issues, physical disabilities, multiple disabilities, in some cases immigration status issues. So, for those subgroups, the level of complexity is marginally higher. We have got a high level of complexity anyway, but it is marginally higher and important to know that. And I think all the national research says that as well.

Similarly, DVA professional Liam also points to the multiple needs of LGBTQ clients, and highlights how these needs can subsequently be used by perpetrators as a way to control victims:

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[73] This reflects the terminology used by SafeLives.

And again, you know, whatever we look at and we know there are higher issues around mental health within the LGBT community, we might see higher levels of substance misuse, so all of these things are additional … additional tools that can be used against a victim to implement some of that coercive controlling behaviour.

The following sections focus on distinct additional needs or vulnerable identity factors of LGBTQ DVA victims, which each interact with sexual identity to create unique experiences of DVA. Viewing experiences through this lens of multiple needs highlights the multifaceted nature of male same-sex DVA, and will enhance knowledge of this complex phenomenon. In turn, this helps to inform responses to same-sex abuse and ensure the multiple needs of individuals are addressed.

3.1. Mental health issues

The first additional need that impacts same-sex DVA experiences is mental health issues. It is well established that LGBTQ individuals experience mental health issues and suicidal behaviour at a higher rate than their heterosexual and cisgender counterparts as a result of societal discrimination and stigmatisation (eg. Chakraborty et al., 2011; King et al., 2003; Meyer, 2003). Therefore, it is not surprising that mental health issues will compound male same-sex experiences of DVA. Throughout my interviews, DVA professionals consistently touched upon the mental health issues of LGBTQ DVA clients as an additional issue that further shapes their victimisation. This section explores how mental health issues impact experiences of DVA in male same-sex relationships.

Mirroring the experiences of female victims of abuse, some earlier literature has documented mental health as an additional vulnerability in abusive male same-sex relationships. For example, Merrill (1998: 135) applied Walker's (1979) battered woman's syndrome to male same-sex DVA contexts, stating 'like women who have endured prolonged abuse, it is not uncommon for battered gay and bisexual men to exhibit battered woman's syndrome. This syndrome includes a cluster of anxiety-related symptoms'.

This is bolstered by subsequent research into same-sex DVA in other contexts. For example, Pantalone et al.'s (2011) study examined HIV positive gay men who have experienced DVA and highlighted mental health issues as an additional issue. Their participants mentioned a range of mental illnesses, ranging from mood disorders to PTSD. However, they did highlight that the causal direction was not established, therefore it is not known whether mental health problems were caused by or exacerbated by DVA. Nevertheless, it presents an additional need which must be acknowledged and addressed during the support of victims. Furthermore, Messinger (2017) describes mental health issues as a common consequence of LGBTQ DVA, with victims experiencing feelings of stress, anxiety, sadness, depression, and PTSD.

During my interviews, DVA professionals frequently commented on the impact mental health issues have on same-sex experiences of DVA, which is reflective of the literature. For example, DVA professional Denise reflected on the higher likelihood of mental health issues for the LGBTQ community, regardless of experiences of abuse:

> Mental health issues involved, that I've found with survivors, GBT survivors. I think society's pressure on LGBT people anyway, lends itself towards issues with mental health ... So that's a big issue. Then of course the abuse just lays extra on that.

DVA professional Ryan also touched upon the prevalence of mental health issues within this specific client group:

> 80% of our clients were feeling depressed or were having suicidal thoughts, I would actually argue it is a lot higher than that. I think when we first ask that question, it is when we first meet them and they have got a bit of a barrier up. I would say that definitely, the majority of our service users have mental health difficulties as a result of that past relationship.

The presence of suicidal ideation touched upon by Ryan was also echoed by another DVA professional, Jane. Speaking to me about a client she had worked with, Jane highlights how other factors, such as housing and homophobia, mesh with mental health issues, culminating in high levels of suicidal ideation:

> We were able to get him access to accommodation and support. His mental health was severely affected and unfortunately, the housing he was provided was so not appropriate for his support needs that he was racially abused and experienced homophobia in the housing block he was in, that caused his mental health to deteriorate hugely … and high levels of suicidal ideation in cases like that. You know, people talking about being suicidal but in some cases taking action, to try and take their own life or self-harm.

These findings are mirrored in existing literature, as studies have shown a higher lifetime prevalence of suicide attempts and ideations for gay or bisexual men compared to their heterosexual counterparts in the general population (eg. Bagley and Tremblay, 1997; Herrell et al., 1999). Another study has suggested a link between experiences of DVA in male same-sex relationships and suicide attempts and ideations (Pantalone et al., 2010). My research updates these previous findings and presents a contemporary snapshot of the situation in the UK of this under-researched population.

My findings are also consistent with previous literature that finds that female victims of DVA regularly experience mental health issues such as PTSD and depression, which can subsequently lead to suicidal ideation (Guggisberg, 2006). Wolford-Clevenger et al. (2017) also suggest that coercive control is the type of abuse most commonly associated with suicidal ideation, compared to other forms of abuse such as physical assaults. DVA professional Liam echoes the universality of mental health issues in abusive relationship contexts, as he highlights the prevalence of mental health issues for victims across all relationship types:

> Mental health will always be a concern ... I have never worked with a victim of domestic abuse that it didn't impact on their mental health. Especially with that element of coercive control that it impacts on your self-worth and your mental well-being, but again a lot of victims will have to pick what service they want support from. So it might be a mental health, or it might be a domestic abuse service, but it is very rare you get a service that is holistic in that response. Especially for male victims.

However, as highlighted above, the LGBTQ population has a higher level of mental health issues and suicidal ideations compared to their heterosexual and/or cisgender counterparts (eg. Bagley and Tremblay, 1997; Chakraborty et al., 2011; Herrell et al., 1999; King et al.,

2003; King, et al., 2008; Meyer, 2003) regardless of any abuse occurring. Therefore presenting a particular threat to this specific population. Furthermore, Liam mentioned an additional struggle for male victims as service providers often lack a more informed and holistic approach to supporting victims, especially male victims who fall outside the archetypal DVA victims. Anecdotally, Liam describes how this often results in victims having to pick what need they want support for. This underpins the need for a person-centred approach, and a response that acknowledges and supports additional and multiple needs. This recommendation is outlined in Chapter Nine.

Finally, it is important to recognise how mental health issues relate to other needs. For example, Joe discussed how one client's story stood out to him as a significantly complex case:

> He had been involved in sex work, he had mental health issues, and experienced just awful levels of abuse … he was in statutory mental health services … It was so complicated a case that services just did not to some extent know how to deal with that, and within that, that meant a focus on his mental health rather than his experience of abuse.

Joe reinforces Liam's account, by also commenting on how often current services that are available to LGBTQ DVA victims struggle to address the multiple and connected needs of male same-sex victims. As a result, this particular client's needs were treated separately, choosing to focus on mental health needs which was to the detriment of their needs as a DVA victim. As with many of my findings, this has implications for service provision, as it highlights the need to recognise victims' multiple and complex needs which require a multifaceted approach to combat them. These findings also contribute to the end goal of incorporating a person-centred approach to service provision, as opposed to a one size fits all approach. This is argued by Harris and Hodges (2019), who call on commissioners and frontline services to provide support for victims who experience complex needs. Additionally, by recognising the diverse experiences of abuse, services also need to recognise and address the differences between heterosexual and same-sex experiences of DVA.

3.2.   Drug and alcohol use

Alcohol and substance use has been previously examined in relation to DVA victimisation, as both a correlate of perpetration and victimisation. However, as with the majority of DVA literature, there is a focus on female victimisation and male perpetration in this research, again demonstrating the heteronormative nature of DVA discourse. For example, Stark (2007) highlights how alcohol plays a 'major role' in violence. He documented that not only do victims self-medicate to manage depression and anxiety that daily anticipation of violence engenders, but also that perpetrators can control victims by creating or increasing dependence on substances, before restricting and manipulating their access to them. Earlier, in Holtzworth-Munroe and Stuart's (1994) typology of male perpetrators, they outline the 'antisocial batterer' as a distinct type of perpetrator who is defined by a dependence on drugs and alcohol. Recently, Gadd et al. (2019) explored how victims' experiences of abuse are compounded by their perpetrator's alcohol and drug use, finding that alcohol and drug use generates financial conflicts and intensifies other withstanding conflicts. It has also been reported that substance use features in around half of UK domestic homicides (Gadd et al., 2019; Home Office, 2016).

Similar to mental health issues, there is evidence to show that LGBTQ people suffer from higher levels of alcohol and substance abuse (Cochran et al., 2007; Drabble et al., 2005; Satre, 2006), the result of unique identity stressors such as discrimination (Mereish and Bradford, 2014). For example, Boyd et al. (2019) examined results from the US-based National Survey on Drug Use and Health 2017[74], finding that those who identify as gay or lesbian are more than twice as likely than their heterosexual counterparts to have a severe alcohol use, people who identify as bisexual are three times as likely than their heterosexual counterparts to have a substance use disorder. The majority of this previous research is based on US populations, therefore my research adds to this knowledge base in a UK context.

The impact of other sociocultural factors on LGBTQ substance use has also been examined. The most commonly cited risk factors for elevated substance use are the importance of the

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[74] The American National Survey on Drug Use and Health is a state-wide study which surveys tobacco, alcohol, drug use and mental health.

bar scene and nighttime economy in LGBTQ communities, minority stress, discrimination and internalised homophobia (Green and Feinstein 2012; Hughes and Eliason, 2002). It is therefore unsurprising that alcohol and substance use impacts the experiences of male same-sex DVA, as was repeatedly visited by professionals during my interviews.

Recently, scholarship has paid attention to the role that alcohol and drug use play in same-sex abuse. The previous discussion of chemsex in Chapter Six also highlights nuanced contexts of drug use for sexual minority men and its suggested connection to same-sex DVA. Bartholomew et al. (2008) examined alcohol and drug use as both causes and consequences of violence, noting them as risk factors for violence. Reflective of heterosexual relationships, they found alcohol and polydrug use[75] to be positively correlated to both physical and psychological abuse in male same-sex relationships. Similarly, Relf et al. (2004) found substance abuse is associated with victimisation by a same-sex partner. On the other hand, Bartholomew et al. (2008) suggest that alcohol and illegal drugs may be consumed as a way to cope with the distress that accompanies being in an abusive relationship, with high levels of consumption associated with men remaining in a high-risk relationship. Finally, it has been documented that alcohol and substance use is often used by perpetrators in LGBTQ relationships as a way to justify or attempt to excuse their actions (Island and Letellier, 1991; Messinger, 2017).

Alcohol and drug use as a common additional need within male same-sex abuse was frequently highlighted by DVA professionals during my interviews. For example, DVA professional Paul spoke about 'higher levels of drug and alcohol abuse' for LGBTQ victims of DVA. Similarly, DVA professional Ryan noted extensive drug use in same-sex relationships:

> If we look at drug use, for example, that is something we see a lot in same-sex relationships which are abusive. It is that pressure to use these drugs in a non-controlled space, where it does just come under that controlling coercive behaviour.

This supports previous research by SafeLives (2015), which found that their LGBT[76] client group disclosed drug use twice as much as their heterosexual client group, at 12% and 6%

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[75] Polydrug use refers to individuals using more than one drug, either simultaneously or sequentially.
[76] This reflects the terminology used by SafeLives.

respectively. Alcohol use was also disclosed by 17% of their LGB client group compared to 9% of their heterosexual client group. West (2012) also claims that substance abuse is linked to elevated levels of DVA in LGBT relationships.

Mirroring the previous analysis regarding the failure of a multi-faceted approach to mental health and DVA support highlighted in the previous section, DVA professional Paul spoke about a case where a victim's alcohol abuse was not taken into consideration upon support:

> [We] are working with a guy who is from a traveller community. He was in a very abusive relationship, again hospitalised. He has got alcohol problems, and he has left the relationship. The local authority had rehoused him temporarily above a pub, and we did not realise until we had seen him, like why would you put someone with drug and alcohol problems and house them above a pub, that is really going to help them recover. But that was the choice he had really, otherwise, he would be on the street.

The relationship between alcohol and substance abuse and same-sex DVA is complex, as it has been suggested that alcohol and substance abuse both increases the risk of victimisation, as well as cited as a consequence of abuse (Institute of Alcohol Studies, 2014; Galvani, 2010; Kaufman Kantor and Straus, 1989). If alcohol or drug use existed previous to the abuse, it has been cited as a tool of control. This was noted by DVA professional Jane, who outlined how drug use can present perpetrators with an opportunity to control victims:

> And there is more abuse related to use of illegal substances. So again, often a controlling approach, if somebody is dependent on illegal drugs for example that can be used as a way to control and use power over somebody. Encouraging them and forcing a drug habit that keeps them compliant basically.

Similar consideration is given by DVA professional Ryan, who also noted how victims can be pressured into drug use:

> The victim will be pressured into drug-taking. And we are talking about crystal meth which is a drug which numbs your feelings and kind of makes you forget what is happening in your life at the moment. I have got a service user who is using crystal meth, what he would define as 'Tina', on a regular basis just to make him forget about everything that is happening. So as well as the increased risk from the perpetrator, that perpetrator physically attacking, criminal damage, all of that. You

also have an increased risk of the person as well, that mental health, that substance misuse. What risky behaviours are they going to be undertaking?

Not only is there evidence to suggest drug and alcohol abuse present the opportunity to control victims, but it has also been identified as a consequence of DVA victimisation. Alcohol and drug use have been identified as coping strategies for traumatic events, particularly as a way for DVA victims to cope with pain, trauma, and anxiety (Holahan et al., 2001; Institute of Alcohol Studies, 2014; Stark, 2007). For example, Kaysen et al. (2007) identify alcohol use as a type of self-medication following traumatic events and specifically highlighted the importance of alcohol consumption among victims of DVA. This notion resonated with DVA professional Liam during our interview, who recalled the experience of a client who had been placed into a refuge upon leaving an abusive relationship, who subsequently entered into risky drug-taking behaviour: 'huge levels of substance misuse, the victim was going out on a Thursday evening and using party drugs all the way through to the early hours of Monday morning'.

Whether a cause or consequence of abuse, the findings from my research suggest that drug and alcohol abuse can be present within both heterosexual and male same-sex abusive relationships, creating an additional need which must be taken into account during support.

3.3. Immigration status

Immigration status has been previously identified as a factor impacting experiences of DVA (see Anderson, 1993; Bui and Morash, 1999; Erez, 2000; Kasturirangan et al., 2004; Menjívar and Salcido, 2002). However, much of this research stems from an intersectional feminist perspective, again reflecting the heteronormative nature of DVA discourse.

Erez et al. (2009: 51) utilised an integrated feminist analysis of immigration and domestic violence in a US-based study, and argued that the 'general difficulties that battered women face coexist with challenges they experience as immigrants'. Furthermore, they consider immigration as an aspect of identity, as opposed to a sub-category within race, which subsequently shapes the experience of DVA. My research mirrors this notion, as I consider

immigration status to be a transient or situational identity which has implications for the experiences of DVA. They also found an overwhelming majority (75%) of their female participants reported that perpetrators would use their immigrant status to 'force them into compliance' (Erez et al., 2009: 46). Immigration status was threatened in several ways, including threats to call officials and threats of deportation. Reina et al. (2014) state that language barriers, isolation, and economic and legal status are at the heart of DVA experiences of immigrant women. Furthermore, there is some evidence that DVA immigrant women are more likely to experience DVA victimisation compared to native-born women (Orloff and Little, 1999). However, research remains fairly limited in scope.

There still exists a dearth in the knowledge of immigrant experiences of same-sex DVA, as the majority of literature is focused on female victims of male perpetrated abuse. While limited literature has examined the link between LGBTQ identity and immigration or asylum-seeking and other factors, such as mental health (Hopkinson et al., 2017), rarely has it explored the link between LGBTQ identity, immigration status, and experiences of DVA. Messinger (2017) has noted the comparatively understudied nature of this topic but highlighted that power imbalances related to immigration status can contribute to LGBTQ DVA. Nonetheless, anecdotally within the DVA sector, immigration status is increasingly recognised as an additional need for DVA victims. Despite the relatively limited recognition and knowledge of the connection between same-sex relationships and immigration-related issues, it was repeatedly touched upon during my interviews with DVA professionals. For example, Paul described immigration status as a 'massive issue' within his client base. He stated:

> So you will either get those people, as I mention, who have no recourse [to support and/or funds] or they are on spousal visas. So if you are a single gay or bi man and your relationship ends, we do know of people who have been deported. People say it is unlikely but actually, it has happened.

Deportation as a threat of abuse or a way to keep victims trapped in a relationship has been highlighted within the DVA literature (Congress and Brownell, 2007). For example, Erez (2000: 31), describes deportation as an 'omnipresent weapon for abusers to threaten their immigrant partners'. Furthermore, Anderson (1993) also identified deportation as an

effective way to control victims, as one of their participants, Maria, put up with her husband's abusive behaviour for months as she was afraid of being deported. Finally, a key finding from García's (1999) study of Asian-American women who had been involved in same-sex DVA was that being undocumented made for more malleable victims, with the fear of deportation providing a key opportunity for initial abuse and escalation of abuse. The undocumented immigration status of victims was also highlighted by Mendez (1996) as a key weapon of power and control. By examining the nexus between immigration status and experience of male same-sex DVA, my research contributes to a significantly under-researched area.

Another important element to note here is the relationship between immigration status and experiences of homophobia. DVA professional Jane stressed how homophobia can also impact issues surrounding ethnicity and immigration, stating:

> The intersection with race that the person has experienced in this country and the homophobia they experienced before they came here and then when they settled here can be really difficult.

Again, this points to differences in experiences of DVA between same-sex and heterosexual contexts, especially when multiple identities and additional needs exist. Although heterosexual female victims may also experience immigration status related issues, as the literature has highlighted above, the addition of minority sexual identity compounds experiences of abuse. As DVA professional Jane highlights, it creates nuanced elements of abuse, particularly when sexual identity meshes with ethnicity and immigration status. It is not uncommon for GBT men to emigrate or seek asylum from home countries which condemn minority sexuality, often fleeing homophobia, discrimination, and even punishment and persecution (Jansen, 2013; Reading and Rubin, 2011).

In addition to presenting a problem for victims, DVA professional Paul outlined how immigration status related issues could also affect perpetrators:

> We have had perpetrators deported as well … sometimes the victim does not want to leave the relationship where the perpetrator is a non-EU national, because then

the perpetrator will lose their right to remain. And the victim feels responsible for them because they would be deported and go back to Pakistan or West Africa[77] for example. And we had a couple of examples there where we have worked with somebody to get injunctions and actually they approached us and said 'oh we want to stop it' because the perp had said ... I am going to be deported, and it is all that 'it is your fault' kind of thing. So that is difficult, immigration status is a big thing.

This demonstrates how the immigration status of the perpetrator, as opposed to the victim, still generates a technique to control victims. Furthermore, the sense of loyalty that victims feel that Paul highlights links back to Cruz's (2003) study, which identified victims' feelings of love, commitment and guilt towards their perpetrator.

Literature exploring the immigration status of perpetrators is scarce, perhaps due to the limited nature of literature exploring perpetrators in general as not to distract from the plight of victims. However, one study by Orloff et al. (2003) which examined the impact of victims' immigration status on their willingness to access help does touch upon the immigration status of the perpetrator. They highlight that for abused immigrant women, complexities can arise when reporting their abuse, as it can lead to the deportation of their abuser. For some women, this can be beneficial, as it removes the violence from their lives, allowing them to recuperate. This is not a universal sentiment, however, for others, it leaves them exposed to economic difficulty and removes the opportunity to obtain their legal immigration status. Ultimately, Orloff et al. (2003) found that the immigration status of the perpetrator had no impact on the victim's willingness to call the police. It is worth noting though, that this study was focused on female victims of male perpetrated abuse, and was geographically limited to the Washington DC area. My work offers a more contemporary set of insights into the situation of immigrants in the UK who find themselves in male same-sex abusive relationships.

Some research has focused on the connection between LGBTQ identity and immigrant status outside the DVA context. For example, Gridley and Kothary (2016: 391) highlight how LGBTQ immigrants routinely face 'double marginalization', as a result of being both a cultural and sexual minority. Moreover, if these individuals are experiencing DVA on top of

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[77] There are currently 69 countries that still criminalise same-sex activity across the world. This includes Pakistan and many countries in West Africa.

these existing minority identities, it can create a complex and intertwining context of needs. This is a phenomenon which resonated with professionals, such as DVA professional Jane, who recounts the narrative of a client experiencing many different but simultaneous needs:

> I can think of a recent case of somebody that was an asylum seeker in this country because he was persecuted because of his sexuality. And he came and used our services. We were able to get him access to accommodation and support. His mental health was severely affected, and unfortunately, the housing he was provided was not appropriate for his support needs. He was racially abused and experienced homophobia in the housing block he was in, that caused his mental health to deteriorate hugely. And those situations are not uncommon for us. We are seeing more immigration status-related issues generally, and insecure immigration can be really powerful to use, for an abuser to use against the partner.

Here, Jane draws attention to her client's mental health issues. Similarly, Hopkinson et al. (2017) examined the mental health of asylum seekers, finding that LGBTQ asylum seekers face unique and specific mental health issues. This overlap of needs was also highlighted by DVA professional Liam, who recounted one client's experience of multiple and simultaneous needs, which had resulted in a particularly strong context of control:

> So I worked with a man … who was over here on a tourist visa, even though he was married to his partner. His partner refused to bring him over on a marital/spousal visa. And it all formed part of his control. The victim and the perpetrator were both alcoholics, and when the victim came to the country, his partner had to sign something to say that he would cover any medical bills because he wouldn't be entitled to any support through the NHS. The victim collapsed in the street one day because of his alcohol use and was taken to the hospital and ran up a couple of thousand-pound bill on the NHS. So actually, when he had identified that he needed to leave and wanted to leave the country to go back to Mexico, he had this huge fear that he couldn't go because of this debt that he had to pay to the NHS. And actually, that led to him later on using violent resistance against his partner and getting arrested and the dynamic shifted, he had had very little support, the perpetrator was extremely affluent and yeah there were loads of barriers around that. So again it just feeds into this notion of isolation.

This section has highlighted how immigration status impacts experiences of DVA, as well as combines with other additional needs to create a unique arena of control. However, it has also highlighted how this is an area lacking in knowledge and understanding. Ultimately, my findings indicate that more research is needed into the immigration status of LGBTQ victims

of DVA to fully understand the nuances of these experiences, and subsequently inform best practice for professionals dealing with these clients.

4. First same-sex relationship

This section discusses the context of first same-sex relationship abuse. Similar to the additional needs discussed in the previous section, first same-sex relationship is not an identity by and of itself. However, it can act as a situational identity by creating another context of, or vulnerability to, abuse. Such as being used as a tool of abuse for the perpetrator to manipulate and control the victim or it can create additional needs in the support of these victims, such as education surrounding what abuse looks like in male same-sex relationships.

Research suggests that first same-sex relationships are a risk factor for experiences of abuse (Donovan et al., 2006; Donovan and Hester, 2008, 2015). This is because a lack of knowledge about being in a same-sex relationship leads to partners being unsure of what to expect or know what to do if something does not feel right (Donovan and Hester, 2008), as well as a lack of role models showing healthy relationships (Donovan and Hester, 2014).

This notion resonated with DVA professionals during my interviews, including Denise, who stated: 'first relationship abuse is a big danger because they don't know what a proper gay relationship is supposed to look like'. Denise also points to little or no prior knowledge or guidance on what a same-sex relationship should be like leading to first relationship danger. Therefore, unhealthy relationship practices subsequently become accepted and normalised.

Additionally, although not all first experiences in same-sex relationships happen when individuals are young, it has been documented that LGBTQ individuals 25 years and under are associated with a higher risk of experiencing DVA (Donovan and Hester, 2008). This is consistent with findings relating to a young heterosexual population (Walby and Allen, 2004). This was confirmed by professionals during my interviews. For example, DVA professional Rodger discussed young men in particular who enter into first same-sex relationships being 'groomed by an older male' who then subsequently believe that violence is part of a gay relationship.

Nonetheless, youth is not always an indicator of a first same-sex relationship. It is not uncommon to come out later in life and therefore enter into a first same-sex relationship as an older man. First same-sex relationship danger is also applicable to these individuals, which can result in 'older aged LGBQ people being positioned as 'young' and therefore subordinate in terms of their experience and knowledge about living in a same-sex relationship' (Donovan and Hester, 2014: 78). However, research has shown a decrease in age when individuals come out due to relative social acceptance of LGBTQ lives and greater tolerance (Dank, 1971; Troiden and Goode, 1980).

It is therefore important to examine age in conjunction with first same-sex relationship danger, recognising that not everyone entering into a first same-sex relationship will be young. This was explored during interviews with professionals. Liam, for example, revealed to me how one of his clients was a man in his 60s in his first same-sex relationship. His younger partner had been 'extremely financially abusive and the police had been involved'. This phenomenon was also recognised by DVA professional Claire, who stated:

> You have got the one male that could be, you know, an older generation male. Maybe it is his first relationship. He has got with a younger partner, the younger partner is outwardly gay, so he is [the] more experienced person in this relationship, even though he is younger. And he is using the art of manipulation, and the art of control. And the older person in the relationship does not always see that. Does not even recognise it.

This supports the idea that first same-sex relationship danger is not always correlated with age. However, the experience of same-sex relationships is important. Claire puts this simply:

> You may be older in years, but you are younger in having this type of relationship. They are a lot more savvy in that relationship, and how to behave in that relationship and how to get their own way.

This also resonated with DVA professional Liam, who discussed how this experiential power influences the control over victims. Furthermore, he highlights how this replicates domestic violence in heterosexual relationships:

Whether that is their first same-sex relationship or their partners being out longer than them and things like that, that you get that sort of drip-feeding of a belief system that almost is replicated with heterosexual women's experiences.

Here Liam also touches on the length of time individuals have been out about their sexuality influencing experiences of abuse. Durish (2011) also found the level of outness to be a common factor that contributes to abuse in LGBTQ relationships. Another professional, Rodger, also noted outness as a risk factor for abuse.

Furthermore, first relationship danger could lead to victims staying in their abusive relationships or prevent them from help seeking (Donovan and Hester, 2014). This was explored by Cruz (2003) in his study examining why gay men stay in abusive relationships. He found that naivety and inexperience of gay relationships to be one of the top reasons his participants gave for staying with their abusive partners. Quoting one of his participants, Cruz (2002: 316) highlights how this can affect men:

Not noticing at first what was going on. And I didn't really pay attention till after I got out of the relationship and looked back did I really notice what was going on (Barry, in Cruz, 2003: 316).

Cruz's (2003) findings are updated by themes from interviews with my participants. In particular, Denise highlighted victims 'confusion' regarding 'what is acceptable and what is not'. Similar thoughts were expressed by one survey participant, who stated:

I think the first one [relationship], you do not realise you are dependent of them and that there are many negative behaviours as you are not used to this level of emotional connection (Survey participant number 46).

Specifically, they highlight not being 'used' to certain feelings, which subsequently clouds their judgement of certain behaviours. Lack of experience in sexual relationships is very evident in my findings as contributing to being a victim of abuse. This is a factor that is un-researched in heterosexual relationships as far as I am aware. This naivety was found by Donovan and Hester (2014: 81) in young people's first same-sex relationships, who linked this to a 'paucity of role models' for young people who are contemplating their sexual

identity and relationships for the first time. This is something that is explored in depth in the following section.

5. Lack of LGBTQ relationship and sex education

Another common theme of discussion throughout my interviews relates to a distinct lack of relationship and sex education (hereinafter RSE) within schools that is focused on LGBTQ lives and relationships. Again, this reflects on the heteronormative nature of society in which intimate relationships are constructed and perceived, which further contributes to the overall invisibility of victims in a same-sex DVA context.

This concept has previously been explored by Donovan and Hester (2008), who identified four aspects of abusive first same-sex relationships that provide a rationale for including same-sex relationships within RSE. Firstly, that first same-sex relationships often serve as an affirmation of identity, meaning that abusive behaviours can become overlooked or minimised. Secondly, a lack of knowledge about what to expect in same-sex relationships. Thirdly, a lack of embeddedness in LGBTQ communities or friendship networks. Finally, a lack of resources whereby help and support could be sought to enable them to identify the relationship as abusive. They argue the importance of including same-sex relationships in RSE and conclude by highlighting this inclusion will provide young LGBTQ people with the knowledge and skills to identify abuse and seek support where necessary.

The lack of LGBTQ-focused RSE was emphasised throughout my interviews with professionals as a potential barrier to both recognition of abuse and help seeking. For example, DVA professional Joe highlighted how the lack of LGBTQ-focused RSE contributes to the lack of language and discourse we have surrounding sexual violence:

> Lots of those young men, for example, would not have considered that sexual violence. They may have thought it was distasteful, or something they would rather maybe had not had to do. But I do not think the way we talk about sexual violence would have reached them.

Again, this links back to the 'incomprehensibility' of men being a victim (Ball, 2011) as discussed in Chapter Five. For these men, there is no discourse surrounding 'other' types of

victims, and as a result, they categorise their experiences differently. Joe identifies how men often classify certain behaviours as 'distasteful' but fail to recognise them as abusive, let alone illegal.

During their research, Donovan and Hester (2008) found that many people who experienced abuse in their first same-sex relationship cited their lack of knowledge about what to expect in a same-sex relationship as an explanation for their tolerance of the abuse. This is bolstered by DVA professional Joe, who stated: 'if people do not know or are not confident what those ideas and boundaries are themselves it is very hard to necessarily know what to do when you experience that'. One survey participant also disclosed their own experience, and how they found the lack of same-sex RSE impacted their knowledge of same-sex relationships:

> As there is no mandatory same-sex Sexual Health and Relationship Education currently being implemented in schools I have found that much of my information has come from the internet (which isn't reliable or realistic) (Survey participant number 60).

Discussing the lack of LGBTQ education in schools would not be complete without mentioning the notorious Section 28 of the Local Government Act 1988[78], which prohibited the 'promotion of homosexuality' by local authorities, which included education in schools. As a result, there is a group of people who not only had no education regarding LGBTQ lives and LGBTQ RSE but for whom it was also forbidden and stigmatised. DVA professional Liam highlights the disparity between the younger generation and older generation gay males, and alludes to the impact Section 28 had:

> I think our younger generations have got more awareness around what a healthy relationship looks like, whereas our older generations, 35 upwards, you are looking at a group of clients that have not had any education around same-sex relationships or healthy relationships at all.

It is important to remember that lack of awareness of what abuse is and naivety is not just a problem confined to LGBTQ relationships. DVA professional Jane explained how this

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[78] Section 28 and its long-lasting impact was outlined previously in Chapter One within the socio-legal context of LGBTQ lives in the UK.

problem is occurring across relationship types. Instead, she questioned whether young people as a whole could benefit from an increased curriculum around RSE:

> [It is] extremely alarming how little young people understand about consent and control in relationships, and how they are putting up with things that make them feel uncomfortable because they think it is the norm.

However, Jane does recognise that for those in same-sex relationships it represents a 'broader and wider issue because there is still relatively a taboo around same-sex relationships', as previously discussed in Chapter Six. This reinforces the notion that similarities of abuse do exist between heterosexual abuse and male same-sex abuse, however, it is important to note that certain experiences are exacerbated by specific factors relating to sexual and gender identity. This resonates with Donovan and Hester (2008), who highlight that heterosexual women may also experience problematic behaviour as they navigate their first relationship. However, for young heterosexuals, their sexual identity is constantly enforced and reflected in cultural imagery, their communities and families. For young people who are contemplating experiences outside of heterosexuality, 'there is still a paucity of role models or spaces in which those relationships can be discussed and explored' (Donovan and Hester, 2008). Thirteen years later, my research suggests little has improved, despite the increasing profile of LGBTQ identities.

6. Conclusion

This chapter has examined how different identity factors interact with sexual identity to create increasingly nuanced and specific experiences of abuse within the male same-sex context. For example, ethnicity can create additional avenues of identity-based abuse by providing perpetrators with more opportunities to exploit and control victims. These men may already be isolated or estranged from their families due to homophobic attitudes relating to certain religious or cultural backgrounds, which aids abusive tactics of isolation. In addition, identity factors can also impact victims help seeking behaviours. For example, victims may fear racial prejudice or discrimination at the hands of the police or support services which deters them from reporting abuse or seeking help.

Secondly, I examined additional needs which also influence how individuals experience abuse. Within this, I established a novel concept of the transient or situational identity, by illustrating how these additional needs act in similar ways as identity factors do in an individual's experiences of abuse, and therefore should be treated and examined as such. Comparable to fixed identity factors, these additional needs are not necessarily specific to the male same-sex context. However, when they are combined with sexual identity, specific and nuanced experiences of abuse are created. For example, it has been documented that young people are specifically at risk of DVA victimisation. However, first relationship abuse is a particular risk in the same-sex context due to a lack of LGBTQ-focused relationship and sex education, coupled with the potential adversity faced when coming out in a heteronormative and homophobic society.

This chapter has presented the unique findings of my research, adding to knowledge on how experiences of abuse are shaped in the male same-sex context. It has confirmed much of the existing literature on male same-sex abuse, whilst also highlighting additional areas in need of further research and examination.

Finally, my findings have highlighted the importance of accounting for different identities and multiple needs when examining DVA, by exposing how individuals experience abuse differently from one another. To conclude, these individualised experiences and needs must be taken into account when supporting victims of male same-sex abuse. In doing so, policy and practice can be better shaped to more effectively support victims and their simultaneous but differing needs. Examining these identities in isolation also contributes to the overall objective of instilling an intersectionality framework in future DVA research, although an intersectional approach was not adopted in this research.

The following chapter marks the final findings chapter of this thesis and addresses the fourth research aim. It examines the help seeking behaviours and current service response to male same-sex victims. In doing so, it argues that impediments to help seeking are the result of both structural and individualised issues. The chapter also examines the difference between formal and informal help seeking. Akin to heterosexual female DVA victims, male

same-sex victims use informal sources of help seeking more than formal sources. Finally, the current service response to male same-sex DVA victims is examined throughout the chapter.

Chapter 8
Responding to Male Same-Sex Domestic Violence and Abuse and Barriers to Help Seeking

1. Introduction

Previous chapters have explored the experiences of male same-sex domestic violence and abuse (DVA), examining the sociocultural positioning of sexual minority men, and how sexual identity coupled with other identities create additional and nuanced experiences of abuse. As this chapter will demonstrate, heteronormativity and pervasive homophobia not only impact how sexual minority men experience and perceive DVA but also impacts their help seeking behaviours and ultimately contributes to the invisibility of these victims. Like heterosexual female DVA victims, victims of same-sex DVA seek help from a variety of formal and informal sources as a way of coping with or dealing with the consequences of DVA (St. Pierre and Senn, 2010). This chapter examines these formal and informal sources of help, as well as the barriers that manifest and subsequently impact the help seeking process. Using my original survey and interview data, this chapter advances the knowledge of help seeking behaviours of male same-sex victims and the current service response to them.

It is important to note that some DVA barriers that are examined in this chapter are universal, meaning that they can be experienced by all victims of abuse whether they are heterosexual or LGBTQ (Merrill and Wolfe, 2000). However, there are also certain barriers to help seeking which are unique and specific to men in same-sex relationships, as they are created or compounded by sexual identity. These barriers require situating in broader social, political and legal contexts (Chan, 2005). This is why my original analysis regarding the sociocultural positioning of sexual minority men from Chapter Five is important, as it frames the discussion in this chapter, therefore, allowing the nuances of help seeking behaviours to be examined.

Understanding help seeking barriers to accessing and engaging with services and help seeking sources, both formal and informal, is crucial as it could inform important guidance

in order for providers to improve services. The combination of insights from DVA professionals and help seeking data from those who have experienced male same-sex DVA creates an original lens through which to view help seeking behaviours and current responses to male same-sex DVA. As a result, the analysis within this chapter lends itself to recommendations to create effective policy and practice in order to mitigate and overcome help seeking barriers and therefore improve access to services.

2.   Implications of help seeking barriers

Barriers to help seeking are phenomena identified across a range of disciplines and areas. There are a variety of examples, including barriers to mental health help seeking for young people (see Salaheddin and Mason, 2016), or barriers for LGBTQ people accessing health care (see Romanelli and Hudson, 2017). It has been applied to the concept of DVA as a lens through which to examine how victims access support services or not.

Help seeking is not always a straightforward task for victims (St Pierre and Senn, 2010). They may encounter multiple obstacles which either inhibit help seeking or make it significantly harder. Nor is help seeking a linear process. Rather, it is a process in which the survivor may fluctuate or stop and start (Donovan and Hester, 2014; Liang et al., 2005). Previous literature has extensively documented barriers to help seeking for female victims of male abuse (eg. Liang et al., 2005; Fugate et al., 2005; Evans and Feder, 2014). LGBTQ DVA victims also experience similar barriers to help seeking (St. Pierre and Senn, 2010). These can either replicate the heterosexual experience, or there can be additional challenges when help seeking which are related to their positioning within a homophobic and heteronormative society. These similarities and differences in help seeking experiences are highlighted throughout this chapter.

Barriers to help seeking for victims of male same-sex DVA must be recognised and subsequently examined, not least because we cannot break them down without first acknowledging and understanding them. For some people, knocking down these barriers has life-saving consequences, as the professional Paul highlighted in our interview:

> There was a Domestic Homicide Review a few years ago in [English city], and the victim there was an older gay man who had alcohol issues and health problems. And he repeatedly flagged DV up, and abuse from his younger partner. But it was not recognised by health care professionals, police, or IDVA services in the hospital. And he went on to be murdered.

This tragic case underpins the importance of recognising the experience of male same-sex abuse, and the barriers to help seeking that these victims repeatedly face. Put simply, examination of help seeking barriers and current service provision is imperative to ensure the safety of victims. For some, it can be a matter of life and death. Unfortunately, this is also the case within heterosexual DVA. Since 2009, The Femicide Census has been counting women murdered at the hands of men, finding between 124 and 168 women a year are killed. On average, 62% of these women are murdered by a partner or ex-partner (Femicide Census, 2021). This highlights how wider cultural change is needed to address interpersonal violence, not just a change at the criminal justice or service level. Further, lessons learnt from examining help seeking barriers pertaining to male same-sex victims may also be useful for improving female victims' engagement with services, and vice versa.

Analysis in this chapter demonstrates how it is not just perpetrators that are putting victims' lives at risk through their abusive behaviour. Rather, the individual and structural barriers which inhibit and interfere with help seeking, as well as the overarching sociocultural positioning of sexual minority men compound this risk. These three factors mesh together to create a milieu in which male same-sex DVA is rendered invisible, without widespread and adequate support.

3. Formal and informal sources of help seeking

Within help seeking literature and discourse, a distinction has been made between formal and informal sources of support (eg. Evans and Feder, 2014; Laing et al., 2005; Rose and Campbell, 2000). Examples of formal help seeking include (but are not limited to) the police, refuges, DVA organisations and healthcare professionals. Formal help seeking services are critical resources for all victims of DVA (Robinson et al., 2020), however, some formal sources, such as the police, are scarcely accessed. This emphasises how important it is for formal services to cater for gay male victims and the urgency with which barriers to

accessing them need to be broken down. On the other hand, informal help seeking is characterised by disclosure to friends, family, work colleagues, religious leaders etc. As this section will demonstrate, informal sources are often the most utilised form of support, however, this does not always mean they are the most helpful (See Donovan and Hester, 2014 for discussion).

Research has shown that LGBTQ victims are less likely to utilise formal help seeking and more likely to disclose their experiences to informal networks (Donovan and Hester, 2014; Donovan et al., 2006; Messinger, 2017; Robinson and Rowlands, 2006). For example, in Donovan et al.'s (2006) study, 22.2% of LGBTQ respondents did not seek help from anyone regarding their experience of DVA. However, of those that did seek help, the majority of them did so through informal means, with 57.9% of respondents disclosing the abuse to friends, compared to just 9% who reported abuse to the police (Donovan et al., 2006). Similarly, low levels of police reporting have been identified for female victims of DVA. For instance, the British Crime Survey (hereinafter BCS) 2000 found that only 31.3% of DVA victims reported abuse to the police (Stanko, 2001). An earlier self-completion section specifically on DVA in the 1997 BCS revealed even lower rates of police reporting, with just over one in ten DVA incidents reported to the police (Mirrlees-Black, 1999). A more recent HMIC (2014) report emphasised the need to improve the police response to DVA for all communities, including addressing the poor reporting rates. The similarities in low reporting rates and lack of formal help seeking of both LGBTQ and female victims has implications for further research, policy, and practice, for all victims of DVA.

My original survey data shows that 19 (18.5%) of my 103 survey respondents disclosed they had never sought help or advice through formal or informal sources[79]. When respondents had engaged in help seeking, my data shows that informal sources were used nearly three times more than formal help seeking (116 occasions and 42 occasions respectively). For example, 78 of my 103 survey respondents (76%) had sought help from friends compared to just one who had disclosed their abuse to the police. These results show the disparity between formal and informal help seeking. They are consistent with previous literature and

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[79] See Table 10 in the Appendix.

reinforce the value of understanding why formal help seeking is seldom used for victims of male same-sex DVA. This lack of engagement with formal agencies is not a new phenomenon and has long been documented with regard to heterosexual female victims (see Evans and Feder, 2014). This highlights similarities in the help seeking behaviours of male victims of same-sex abuse and female victims, which could influence policy and practice relating to female victims as well as male same-sex victims.

Another finding that emerged from my survey data is the common use of multiple sources of both formal and informal help seeking[80]. Out of the 84 (82%) respondents that sought help, 50 (49%) of them did so from more than one source, for example, friends, family, and a therapist or counsellor. Again, most of these were informal help seeking sources. The most sources of help seeking used by any one respondent was seven different sources. This particular individual sought help from a mixture of formal and informal sources, including friends, hospital or doctor, LGBTQ charity or organisation and religious advisor. This particular individual disclosed experiencing high levels of coercive and emotional abuse, sexual abuse, and physical abuse which offers an explanation for the relatively unusually high level of engagement with numerous different sources, both formal and informal.

Significantly, it was rare that a respondent disclosed help seeking from a formal source without also disclosing the use of an informal source of help seeking. For example, all but one respondent who sought help from a doctor or hospital had also disclosed their abuse to friends. Help seeking from informal sources, such as family and friends, has been identified as a potential precursor to formal help seeking in previous literature pertaining to female victims of male abuse (see Evans and Feder, 2014; Rose and Campbell, 2000). This demonstrates the importance of informal sources of help seeking to victims of DVA, as they may play a vital role in the pathway to formal help seeking. Unfortunately, it cannot be determined from my data whether or not the respondents accessed the informal help sources before formal help services. Nonetheless, my data confirms the connection between informal and formal services and how victims often rely on multiple sources, either

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[80] See Table 11 in the Appendix.

concurrently or successively which has implications for policy and practice recommendations regarding improving the use of formal help seeking for victims of DVA.

The most commonly reported source of help seeking by my survey respondents was friends, used by 78 respondents (76%), followed secondly by family which was used by 32 respondents (32%). Interestingly, all of the 32 respondents who sought help from family also disclosed abuse to their friends. Despite this link between friends and family as help seeking sources, it is important to note that the survey deliberately asked about friends and family separately, unlike other methodologies such as the Crime Survey for England and Wales. This is because existing literature shows that an LGBTQ person may have a difficult, or non-existent, relationship with their family due to their sexuality. Often sexual minorities rely on what is called 'families of choice'[81], and may not seek help from their biological families. Having friends and family as separate responses on the survey acknowledges this, a practice that was also implemented by Donovan and Hester (2014).

Similar results have also been found in relation to female victims of male perpetrated abuse, for example, Evans and Feder (2014) found that women were more likely to disclose their experiences fully to friends and offer a partial account to family members. Although female DVA victims have other reasons for preferring help seeking from friends over family, such as shame, cultural norms or families that are themselves abusive or neglectful, addressing this reluctance to approach family members will be helpful for all victims of DVA. Acknowledging that different sources of informal help seeking can be preferred over others, which in turn can influence practice and policy regarding access to support services. Furthermore, this is particularly important for LGBTQ individuals, as it supports previous arguments regarding the importance of 'family of choice' (Weeks et al., 2001).

Results from my survey show that therapists or counsellors were the most common source of formal help seeking, and the third most common source of help seeking overall at 20.%[82] for my respondents. Similarly, in Donovan and Hester's (2014) study a third of their survey

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[81] The concept of families of choice is rooted in the idea that LGBTQ individuals create their own families due to the hostility and potential ostracisation they face from their families of origin (Heaphy, 2016). See Weeks, Heaphy and Donovan (2001) for full discussion.

[82] See Table 8 in the Appendix.

respondents had sought help from counsellors or therapists. Considering why therapists and counsellors are a prominent source of formal help seeking, Donovan and Hester (2014: 85) outline how using therapists and counsellors as a source of DVA help seeking is a possible implication of the widespread public story[83] of DVA, as victims struggle to identify their experiences as abuse and instead 're-cast' them as relationship problems.

My research showed help seeking from relationship advice services was also utilised by 4.9% of my survey respondents. This indicates that these men may have framed their experiences as wider relationship problems, rather than as abusive experiences. This demonstrates a lack of recognition of abusive behaviours within same-sex relationships. As a result, these men may be less likely to seek help from formal DVA services as they do not recognise their need for them. Ultimately, these men may remain in these relationships for longer, experiencing a sustained level of abuse. Despite its relatively common use, concern has been expressed over the suitability of the hetero-focused therapeutic paradigm to respond to the context of abuse in same-sex relationships (see Donovan and Hester, 2014 and Donovan and Barnes, 2020b). Certainly, my research suggests a need to enhance conversations regarding experiences of abuse that occur outside of the heteronormative binary so that men recognise their experiences of abuse, instead of relationship problems. As a result, men will be more inclined to seek help from other formal help seeking sources that have expertise and knowledge of same-sex DVA experiences, and therefore can more suitably and effectively respond to their needs.

Six of my survey respondents also sought help from other[84] formal and informal sources which were not listed on my survey initially, as I did not consider their significance when designing the survey. A noteworthy finding from these 'other' responses is that four of these six respondents mentioned the internet or online sites as a source for their help seeking. Using the internet or websites as a form of help seeking could be regarded as either formal or informal, depending on the website or function accessed. For example, it could be

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[83] Public story is a term used to refer to the prevailing notion of DVA as a phenomenon occurring in heterosexual relationships, with an emphasis placed on physical violence and injury (see Donovan and Hester, 2014). As a result, it has excluded experiences that lie outside of these binaries from the public conscious and discourse (Ristock, 2002a).

[84] See Table 9 in the Appendix.

help pages on DVA organisations' websites or chat functions, which I would categorise as formal help seeking. Or it could be more informal sources such as online forums or social media. Duke and Davidson's (2009) research reviewing outreach programmes for lesbian, gay, and bisexual individuals in the US found several organisations had tools and resources available on their websites for victims to use. These included checklists for individuals to use to determine if they are experiencing abusive behaviours, recommendations for further reading, and contact details of professionals who work with this population.

Other previous research has identified the internet and online resources as a common source of help seeking for male victims of female perpetrated abuse in a US context (see Douglas and Hines, 2011 and Douglas et al., 2012). Douglas et al. (2012) found that men who sought help from online sources had not suffered severe physical violence. The men who did experience severe physical violence were likely to seek help from emergency services such as the police or hospital. My research supports this finding, as the four respondents who disclosed help seeking via the internet or online sources did not seek help from any other formal source. Furthermore, none of these four respondents disclosed high levels of physical or sexual abuse. Rather, they only disclosed lower-level emotionally abusive behaviours such as using aggressive or belittling language. This may account for their help seeking behaviours, and the lack of formal help seeking.

A key recommendation born out of Donovan and Hester's (2014) research regarding the development of inclusive services is that outreach strategies are needed to engage with local LGBTQ communities, including the use of internet services. Aside from this suggestion, there is a lack of examination of the internet as a source of help seeking for victims of abuse, particularly for male victims of same-sex abuse and in a UK context. However, there is a growing body of literature which examines the impact the internet has on LGBTQ individuals and sexual identity formation (Szulc and Dhoest, 2013), which may help to account for the use of the internet as a source of help seeking for my survey respondents. Alongside the findings from my survey, the distinct lack of literature regarding the internet as a source of formal or informal help seeking highlights the need for further research to examine the use of internet help seeking for victims of male same-sex abuse, particularly as the internet is now such an integral part of daily life.

3.1. Disparity between formal and informal sources of help seeking

It is important to examine the disparity between formal and informal help seeking for gay male DVA victims, especially when this is compared to the help seeking behaviours of heterosexual female victims. Using this lens of analysis coupled with my original data informs the discourse surrounding sexual minority men's help seeking behaviours. For example, it can highlight specific routes of help seeking which are not accessed by LGBTQ individuals, thus where access could be improved. Donovan et al. (2006) highlighted both similarities and differences in the help seeking behaviours of women (as recorded in the BCS) and of LGBTQ individuals. For example, results from the BCS 2001, show that female victims are also most likely to have sought help from friends and family (Walby and Allen, 2004). However, the second most common source of help seeking for women was the police[85] (Walby and Allen, 2004), which is in direct contrast to the extremely limited use of police disclosure by LGBTQ victims.

One reason for the dearth in formal help seeking regarding LGBTQ individuals is simply the poor availability of specific support services (Robinson and Rowlands, 2006). Applied to gay male DVA victims, this means there is a prominent lack of services that are available to them, whether they are generic services that cater for the LGBTQ population, or they are specific services. Further, the few available services tend to be geographically sparse, located in major cities or 'beacon cities'[86] thus creating issues of a 'postcode lottery'. Key recommendations and implications for practice relating to the lack of services and their location are explored in the following chapter in relation to recommendations for policy and practice.

It is important to remember that the lack of formal services does not translate to a lack of need for same-sex DVA victims. As we know that LGBTQ people experience DVA at least at

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[85] Despite being the second most common source of help seeking, disclosure to the police was only made by 21% of victims (see Walby and Allen, 2004).

[86] Beacon cities is a term that refers to a city with an established and visible LGBTQ community, eg. London, Brighton and Manchester. These cities often attract young LGBTQ individuals as a place where they feel they fit in (Centrepoint, 2020).

the same rate as heterosexuals, if not higher (Messinger, 2017). Instead, the lack of services hints at pervasive cultural values and institutional norms which render LGBTQ DVA victims invisible. Furthermore, a lack of personal recognition of abusive experiences leads to a lack of people seeking help from these services (Robinson and Rowlands, 2006), thus in turn making it hard to evidence need. Reluctance to use formal and mainstream services may stem from a fear that services will not cater appropriately to their sexuality, gender, and experiences. Messinger (2017) highlights the fear of discriminatory response and not being taken seriously as key concerns when help seeking from formal sources.

Themes from my interviews support this analysis, as professionals I interviewed including Joe, Paul, and Ryan all expressed that their clients thought they would not be taken seriously by formal services, such as the police. For example, Paul discussed that when men do engage with his service, they revealed feeling they would not be taken seriously or believing their experiences would be minimised as reasons why they had not contacted services sooner. This means that individuals' fear of receiving a poor or discriminatory response from the service upon disclosure is impeding their help seeking, therefore their needs are not being met effectively. This highlights areas which can be improved in terms of access to support services, such as better training so that victims are not met with a discriminatory response, and better communication that services are inclusive and do cater for victims of male same-sex abuse. These recommendations are developed in the following and concluding chapter.

Despite the common use of friends and family as an informal help seeking source, this source is not always available to all LGBTQ victims due to potential exclusion from friends and family networks, either due to their sexual identity or a result of sustained isolation tactics from their abuser. Furthermore, it is not uncommon for LGBTQ individuals to be shunned by their family and friends, or experience negative or discriminatory responses as a result of their sexual identity. For these people, this can be difficult, if not impossible, to access support from friends and family (Chan, 2005), therefore reducing potential informal help seeking sources available to them. This was highlighted by a DVA professional, Liam:

> Additional barriers to LGBT people is they might not feel as comfortable talking to their peers or their parents or older people around what they should be expecting. There are definitely some challenges around that.

As Liam states, LGBTQ individuals may not feel comfortable speaking openly about their relationship due to the interpersonal homophobia and heteronormativity they may face from friends and family. This is reflected in previous literature, as Carvalho et al. (2011) argue, victims of LGBTQ abuse may be reluctant to seek informal support from friends and family if they are not aware of their sexuality or gender identity, or due to strained relationships (see also Ristock, 2005; Messinger, 2017; Ovesen, 2020).

Furthermore, previous research has found that informal help seeking from friends or family does not always offer support or helpful advice for the DVA victims. For example, friends or family may reject a victim's narrative of abuse or side with their abusive partner (see Donovan and Hester, 2014 for a full discussion). Chan (2005) highlights how in addition to experiencing homophobia and discrimination, LGBTQ victims often find themselves isolated from friends and family which is often the result of coercion and isolation tactics of their abuser (Messinger, 2017) – mirroring the experiences of female victims (Evans and Feder, 2014). Despite being seldom used, formal help seeking offers professional help and support which is perhaps more practical and impartial, so it is important to ensure victims get the best help and support that is available to them.

4. Barriers to help seeking: Structural or individual?

Having now highlighted distinctions between formal and informal services as two ways to categorise obstacles, the remaining sections are focused on barriers to help seeking, categorised as either structural level or individual-level barriers. It is important to distinguish between these two different categories of barriers, as each has implications on how best to tackle these obstacles. Structural level barriers refer to cultural influences and systematic barriers which are embedded throughout and upheld by society, such as a distinct lack of services available to male same-sex victims. On the other hand, individual barriers refer to impediments that exist on the micro-level, such as a victim's lack of recognition of their experiences as abuse. It should be noted that structural and individual

barriers can manifest in routes to both formal and informal help seeking. To clarify, structural/individual distinction refers to the social level at which barriers present themselves, and the formal/informal distinction refers to the type of help seeking.

The importance of the distinction between individual and structural barriers was highlighted by Paul, a DVA professional, who stated:

> The individual barriers where the victim will say; 'these services are not for me, I have had previous bad experiences, it is not for me, I am not gonna be believed', they don't recognise it as DV because it's not heterosexual. So there is the personal ones and then there is the institutional ones, if you like, or cultural ones, which are lack of services, the idea that they are hard to reach.

Paul's comment highlights how barriers can manifest from the individual themselves, in addition to systematic barriers that are ingrained at a cultural level. This difference has been echoed in previous literature, which also draws attention to the distinction between structural and cultural barriers and individual barriers that are faced by LGBTQ victims (eg. Donovan and Hester, 2014; Harvey et al., 2014; St. Pierre and Senn, 2010). This literature in turn builds on knowledge of help seeking barriers for female victims. For example, Grigsby and Hartman (1997) developed a framework to distinguish different levels of help seeking barriers for female DVA victims. Their model places the female victim at the centre of four concentric circles each representing a layer of barriers: environmental barriers, familial barriers, socialisation and role expectations, and psychological barriers. A key argument of their framework is that help seeking is impeded mainly by social and contextual factors, as opposed to individual factors.

St Pierre and Senn (2010) applied Grigsby and Hartman's (1997) model to the LGBTQ experience of help seeking barriers and argued that the individual-level barriers are experienced by LGBTQ victims in the same way as heterosexual female victims. However, it is what they call the 'external' structural level barriers that manifest for gay men and lesbians that are unique. For example, the availability of same-sex specific services, or concerns around outing. This means that the nuances of sexuality must be taken into consideration when addressing implications for policy and practice, as emerged from my

original interview and survey data. Help seeking barriers faced by male same-sex abuse victims are similar to the experiences of heterosexual female victims of male abuse, but some barriers are compounded by sexual identity so are specific to male same-sex victims and require specialist support.

Although distinctions are made between individual structural level barriers, this is not always clear cut. Barriers are also dynamic and interactive (Donovan and Hester, 2014), therefore can overlap as well as underpin each other. Structural barriers can become internalised, for example, the scarcity of specific LGBTQ services can be interpreted by individuals as invalidating their experiences of abuse, and that they are not deserving of support services or that their experiences are not DVA. Without personal recognition of abuse by individuals, their reporting will remain low, therefore creating little demand for services and causing a paradoxical condition of barriers. Ultimately a multilateral response is needed to reduce, and work towards eliminating, barriers to help seeking and improving male same-sex DVA victims' access to support.

5.   Structural barriers to help seeking

The following subsections of this chapter examine structural barriers to help seeking. Findings from literature are bolstered by my data, particularly the themes that emerged during my interviews with the DVA professionals, which illustrated both real and perceived structural barriers. Structural barriers to help seeking have not been widely researched regarding male same-sex experiences of abuse, making my findings an important original contribution to knowledge, and possibly policy and practice.

5.1.   Lack of services

One of the largest, and perhaps most significant structural barriers is simply the lack of dedicated and specific services for LGBTQ victims. During her study on services for lesbian DVA victims, Renzetti (1996: 61) referred to a 'poverty of services'. Sadly, over two decades later, little has changed. It is well documented that there are fewer services specific to LGBTQ victims compared to heterosexual female victims (Donovan and Barnes, 2020a;

Magić and Kelley, 2019; Kay and Jeffries, 2010; St. Pierre and Senn, 2010). A recent report by Galop found that at the time of publication, June 2019, there were only six voluntary sector providers delivering LGBTQ specialist support across England and Wales[87] (Magić and Kelley, 2019). Furthermore, out of 900 Independent Domestic Violence Advisors (IDVAs) across England and Wales, only four are hosted in specialist LGBTQ services, and LGBTQ-specific refuge or emergency housing provision is equally as scarce (Magić and Kelley, 2019).

My data confirms this, as during most of my interviews with DVA professionals a distinct lack of services available to male same-sex victims was discussed. For example, Joe noted a distinct lack of LGBTQ-specific services, stating 'there's just such an absence of specialist resource'. Similarly, Ryan stated:

> With regards to our LGBT domestic abuse service, we are rare … There is a lack of LGBT domestic abuse services within the whole of the UK ... So, it is not just barriers to accessing the services, there are actually no services for certain people.

Previous literature has highlighted why a lack of services impacts an LGBTQ individual's decision to seek help. For example, in Renzetti's (1996: 62) study of services available to lesbian victims, she argues 'the decision to leave an abusive relationship typically is mediated by the availability of alternative options and resources'. Put simply, if there are little to no services available to them, LGBTQ people will be deterred from seeking help.

Furthermore, when DVA services are available to LGBTQ victims, they are not always equipped to appropriately respond to them (Helfrich and Simpson, 2006; St. Pierre and Senn, 2010). For example, Messinger (2017) highlights how often it is believed a one-size-fits-all approach is suitable and therefore programmes that are developed for heterosexual female victims are offered to LGBTQ victims without any effort to address the unique aspects of LGBTQ DVA. This was also highlighted by Merrill (1998: 137), who stated that 'when gay and bisexual men seek formal assistance, they rarely find programs that were designed with their needs in mind'. This means that if male same-sex victims engage with these services they may receive a substandard response, one that has not been adequately

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[87] These are based in Birmingham, Brighton and Hove, London, and Manchester.

adapted towards the nuanced and specific aspects of same-sex abuse, therefore, leaving their specific needs unmet and unsupported. This has additional implications if this is the individuals' first or only experience of engaging with services as receiving inadequate support may deter them from future help seeking, as previous literature has highlighted (Messinger, 2017; Alhusen et al., 2010). During my interview with DVA professional Joe, he spoke about what it means for services to not have specialist training or resources:

> So if you do not have a specialist advocate, what you are relying on is professionals from other services, be it police or specialist services, to either themselves be LGBT and to have an understanding of what is going on or to have a particular interest of that issue or perhaps had access to training, or potentially just to be winging it.

As Joe implies, if a generic DVA service is inclusive to LGBTQ victims then there must be an element of specialist training or specialist resources within that service. Otherwise, simply applying knowledge of heterosexual abuse to LGBTQ victims may result in inadequate support. Renzetti (1996) found that only 53 of the 544 services that said they welcomed lesbian victims actually reported implementing resources designed specifically for lesbian victims. Kay and Jeffries (2010: 421) also noted how 'awareness of the unique issues' affecting male same-sex DVA is 'imperative for quality service provision'. My research suggests that little has changed in the past 25 years. There remains a disjuncture between opening your service to LGBTQ individuals and actually having in depth knowledge of the unique characteristics and experiences of abuse occurring in LGBTQ relationships and implementing resources which are specifically designed with these experiences and needs in mind. Given this, the following concluding chapter highlights recommendations for training and inclusivity of generic service provision.

A direct consequence of the lack of LGBTQ-specific services, coupled with a lack of active promotion and governmental campaigns (which will be discussed in a following section), is that men in same-sex relationships may not know services exist. One DVA professional, Claire, shared with me the story of a client who was referred to their service by the police:

> He had never engaged with any services before. He did not know anything about male services out there. He had been a victim to this perpetrator on numerous

occasions, he had been hospitalised several times. But he still wasn't aware of any support out there at that time.

As Claire highlights, this client had experienced a sustained level of abuse and physical injury but was not aware there were support services available to him as an LGBTQ victim. Not knowing there are support services available can have an adverse impact on the victim, as it can result in men remaining in their abusive relationships for longer, further impacting their emotional and physical wellbeing. These findings highlight the impact that the significant lack of specialist DVA services has on LGBTQ individuals. They also have implications for policy and practice regarding improving the availability of services, as it highlights the issue of awareness surrounding available LGBTQ DVA services. The visibility of services, or lack thereof, will be explored in the following section.

5.2.   Visibility of services

Another key theme which emerged from my interviews with DVA professionals is the visibility and promotion of services, or lack thereof, as a help seeking barrier. Despite the relative scarcity when compared to services targeted at female victims, there are some services available to victims of male same-sex abuse in England and Wales. However, the presence of these limited services does not always directly correspond to the publicising of them, public knowledge of these services, or victims' access to them.

For DVA services to be effective, meaning they are accessed by male same-sex victims, services must be visible to the LGBTQ community so that DVA victims recognise there is help available to them. This has been identified in previous literature, for example, St. Pierre and Senn (2010) highlight the importance of visibility that the service is LGBTQ friendly. Donovan and Barnes (2020b) also found engagement with specialist DVA services to be low, with reports from respondents stating they did not seek help as they simply did not know where to go. Highlighting the issue of how (in)visible services are to the community, Renzetti (1996: 64) described this as a 'disparity between service providers rhetoric and the actual availability of services'. Put simply, it is not enough to have services, rather they must be actively promoted.

My research reveals that there has been a distinct lack of successful national campaigning and conversation around DVA within the LGBTQ community, which reinforces the structural barriers to help seeking. This is in contrast to successful national campaigns surrounding female victims of DVA and wider violence against women and girls (VAWG), borne out of the women's liberation movement and second wave feminism. For example, Simic (2020) highlights how a transnational effort and multi-faceted feminist response was sparked after the development of Chiswick Women's Aid[88]. As a result, services such as Refuge and Women's Aid are now successfully embedded within public awareness. However, there is no equivalent for the LGBTQ community. This was touched upon by Liam, who stated:

> Ultimately it is not a conversation that happens very much in the LGBT community, there is not really campaigns or discussions around domestic abuse and I think a lot of that's because our LGBT domestic abuse services keep shutting down, our national services especially.

In addition to a lack of services which underpin the invisibility of LGBTQ DVA as Liam highlights above, Ovesen (2020) theorises that the lack of awareness of DVA within the LGBTQ community is due to the historical efforts that were focused on gaining rights for the community, rendering other issues such as DVA incomprehensible. Furthermore, individuals' lack of awareness that services are available to them is reinforced by services perpetuating the public story of DVA – that it is an issue only affecting cisgender heterosexual women – on their websites, literature, and advertisements (Donovan and Hester, 2014). Put simply, many DVA services do not actively portray that they are open to LGBTQ people, or effectively promote their services as inclusive. My research reflected this focus on heterosexual DVA by agencies. For example, during my interview, previous DVA commissioner Joe observed:

> If you look at a lot of services they still communicate as if their target group is heterosexual people generally, if you look at DV services it tends to be heterosexual women … so if your materials don't speak to that need so you don't see yourself represented.

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[88] Widely considered to be the world's first feminist refuge (Simic, 2020; Refuge, 2018).

This highlights the importance of LGBTQ individuals seeing themselves represented in services' promotion materials. Without this representation, it is unlikely that victims of male same-sex abuse will comfortably seek help from such services. The invisibility of LGBTQ DVA victims in publicly promoted services was reflected in my research as a structural barrier to help seeking. Kelly, for example, a council DVA manager, reflected on this during our interview:

> There are additional risks and additional barriers … LGBT people thinking that the services that we offer are not, that they are not eligible for them, that it is not for them … because although I say 'yes they are accessible', that doesn't mean to say that LGBT people *believe* that they are accessible. So I need to really think carefully around what promotion we do with that.

Previous literature has also highlighted the importance of service providers advertising their services to the LGBTQ community. For example, St. Pierre and Senn (2010) postulated that at the very least services should make themselves visible through the use of LGBTQ symbols, such as pride flags. Furthermore, a study by Renzetti (1996) sought to find services that were available for lesbians in the US. Out of 1,505 service providers, 96% claimed they welcomed lesbian victims, however, when asked to describe how they make it clear that lesbians are welcome, 90% of service providers did not respond. This evidences the disjuncture between services accepting LGBTQ clients, and actually promoting their services to the community. As Renzetti (1996: 64) concluded 'clearly, for most service providers, the notion of 'welcoming' lesbian victims as clients has a rather broad meaning'. This literature is added to by my research findings which suggest visible signs of inclusivity on websites or literature, including the language used, are imperative to encourage men to access support services. Joe discussed how not having these simple signs in place acts as a significant barrier to help seeking:

> If you look at sites, they are really poor when it comes to LGBT people … because it just talks about women and girls. So you know, perhaps if I was a lesbian woman or a bi woman I might think 'oh well maybe'. But that assumes I am not struggling with the question if these services are going to be homophobic, or worried about disclosure.

Put simply, unless individuals know a service is definitely for them, or they see signs they will not be discriminated against or face ridicule upon help seeking, reporting of male same-

sex abuse will remain low. In order to improve men's access to services, the process of help seeking must be made as easy as possible. This sentiment was expressed by Rowlands (2006: 42, emphasis in original) as his study found participants feeling they could have tried harder to access services, stating 'what is striking … is the sense that someone experiencing abuse has a duty to *find* sources of support rather than them be readily accessible'.

Another way to improve individual knowledge of services is to actively engage with the LGBTQ community, meaning building rapport and trust with them. One professional I interviewed, Susan, was instrumental in the development of a police closing code[89] for a large urban force, which allowed them to begin collecting specific data relating to LGBT[90] DVA. Susan discussed the launch campaign of the code, and how connecting with the community was placed at the heart of the campaign. Alongside the successful launch campaign, Susan noted how officers within the police force were trained on LGBT DVA, also as an integral part of the launch. Not only did the development of the closing code allow the force to start collecting data pertaining to LGBT DVA but Susan noted how its impact was twofold, as it simultaneously improved relations between the community and the police:

> We have had events, we have created a same-sex specific campaign, we have been at the pride events to try and show people that, you know get the word out … and trying to build those relationships. So I guess the project has really ended up helping [the police force] and the public twofold. It has created a scheme where we have got now domestic abuse for LGBT services, and also it has hopefully built those community relations with the police. So that people in the LGBT community feel they can report crime. Not just DA, but in general.

Importantly, the campaign was focused on building a relationship between the police and the LGBTQ community which is critical for successful programmes and practices, as my research illustrates.

My research has illustrated how a lack of promotion of services within LGBTQ communities has a detrimental impact on victims help seeking behaviours. Signs such as inclusive

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[89] A 'closing code' is a system used by the police to classify offences, and is therefore a way for police forces to record data relating to specific offences.

[90] The acronym LGBTQ is not used here, to reflect the the language used by Susan, as well as the specific data that the police force collect.

language or pride flags can signal that services are inclusive and available to male same-sex DVA victims. These simple, yet effective, techniques can have a significant impact on sexual minority men's engagement with services. On top of this, seeing themselves represented by DVA services will highlight that LGBTQ individuals can also experience DVA, therefore helping them to conceptualise their own abuse and themselves as deserving of services.

5.3.   Accessibility of services

In addition to visibility and promotion of services available to LGBTQ individuals, another structural barrier to help seeking surrounds the accessibility of these services, meaning whether or not the services are actually feasibly and physically accessible for gay male victims. As will be explored, accessibility issues may arise due to the location of services, or as a result of service users not being comfortable accessing a service which is visibly LGBTQ-specific. To date, this structural barrier has not been significantly addressed in existing literature for both LGBTQ and heterosexual female DVA victims, therefore, this analysis provides a unique contribution to knowledge.

My interviews with DVA professionals highlighted that accessibility of services can present as a significant impediment to help seeking. Again, some of these issues can be applied to all DVA victims, however, some of them are specific to LGBTQ victims. Ryan, a domestic abuse case worker, conceptualised accessibility issues as 'practical' barriers to accessing help:

> Barriers on a practical level, look at our building. It's [in a well known LGBTQ community], we have got rainbow flags outside of the building … If we have a service user who really is not out, and really is struggling with their sexuality, are they gonna approach our building? So that is how I am trying to make our service more accessible, maybe working from outreach locations, go into different boroughs and really try to interact with service users as well.

For victims who identify with non-normative sexuality, accessing services comes with unique barriers. As Ryan discusses, for gay male victims who are not out or perhaps are not comfortable with their sexuality, this may manifest as a significant structural barrier to them accessing LGBTQ-specific support services. This supports a previous study by St. Pierre and Senn (2010) which found a positive relationship between outness and help seeking,

whereby individuals who are more 'out' about their sexuality have a higher frequency of help seeking. It is important to consider this when questioning why some people would not seek help from an LGBTQ-specific service, and bear in mind when developing strategies to improve gay male access to help seeking or when commissioning services. Ryan stresses the importance of developing outreach services as a way to engage with wider communities and potential service users. This finding confirms previous literature, which highlighted the significance of outreach work as a way to overcome barriers to help seeking (Donovan and Hester, 2014; Duke and Davidson, 2009), but suggests little progress.

Physical location is also a factor that presents as a structural barrier to support services. Several DVA professionals touched on this throughout our interviews. For example, Liam stated that in terms of physical accessibility, 'disability is always going to be a barrier'. A recent report by Galop (Magić and Kelley, 2019) found that a minimum of one in three LGBTQ victims have at least one form of disability or health problem[91]. Reflecting this, there is a growing body of literature which explores the impact that disability has on help seeking (see Robinson et al., 2020; Cramer and Plummer, 2009; Ballan et al., 2016). Certain charities cater for specific disabled communities, such as SignHealth's domestic abuse service which is the UK's only sign language based service for deaf people experiencing DVA, including LGBTQ people.

The implications of this for same-sex DVA clients who cannot access services easily, if at all, because of practical barriers relating to disability is that they may endure an abusive relationship without support from formal agencies and therefore this will continue to impact their mental and physical wellbeing. It is clear that further research is needed to understand the impact that disability has on victims' ability to help seek in order to improve access to services, as well as other intersectional experiences.

Liam also touched upon the potential for the location and operating hours of services to present as barriers:

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[91] The data used in this Galop report was collected via the national LGBT+ Domestic Abuse Network. This network includes LGBT and DVA organisations from across the country. See Galop (2019) for details.

> Our LGBT service I believe is a static service, they work in an office and if you have to travel in from a rural location it would probably be really difficult to get there. There is a whole host of issues around services run Monday to Friday nine-to-five, if you are working … the majority of clients that I do work with were working so services were not accessible for them. So we had to do evening sessions with a lot of clients because that is what was needed … if you do not have a car or your partners controlling your access to a vehicle or money so you cannot get a bus or a train, you are really limited in what service is available to you.

As Liam highlights, accessibility as a barrier to help seeking can result from many different causes. This means that despite services existing, not all men will have access to them. For example, if a victim's access to transport or money is controlled by their perpetrator it makes it hugely difficult, potentially even impossible, for them to access help through a physical service. This means they will remain in their abusive relationship for longer, and without vital support.

Furthermore, accessibility barriers manifest due to the location of services, which are often in larger urban areas. It has been noted that LGBTQ specialist services often work outside of their geographical remit or beyond their capacity (Magić and Kelley, 2019; Donovan and Butterby, 2020), however, this is not sustainable and only further evidences the need for additional services across the UK. Finally, services' operating hours also inhibit some men from engaging with services. These findings reflect previous literature, as Wallace et al. (2019) note that men's employment patterns can present as a barrier to accessing a nine-to-five service. These findings further underpin calls for outreach work, out-of-hours work, or more innovative and technologically advanced ways to support victims (such as video calls), in order to interact with as many service users as possible and deliver them the support that they need.

These findings relating to accessibility of services as a structural barrier have the potential to inform policy and practice regarding improving victims' help seeking behaviours and engagement with formal support services, as well as offering important understanding and evidencing the need for additional support during the commissioning of services.

5.4.   Police response

The final structural barrier to help seeking refers to the deep-rooted hostile relationship between the police and the LGBTQ community in England and Wales. Previous literature has demonstrated that reporting to the police is often one of the least utilised resources for LGBTQ DVA victims (Donovan and Hester, 2014). The reasons for this are complex and relate to the nuanced relationship between the sociocultural positioning of sexual minority men, the subsequent medicalisation, criminalisation, and policing of non-normative sexuality and the institutionally embedded hegemonic masculinity and homophobia in the police.

Some of the factors which deter sexual minority men from police disclosure are also experienced by female victims; however, there are also certain barriers to police reporting that are unique to only victims of male same-sex abuse. The literature discussed below reflects that there is not only a history and distinct lack of trust in the police from the LGBTQ community (Pickles, 2020), but there is also a fear of homophobic or substandard response upon disclosure of abuse from gay male victims (Kay and Jeffries, 2010). Both of which create a reluctance for LGBTQ individuals to report not just DVA to the police, but all types of crime, such as hate crime (Pickles, 2020).

Firstly, the reluctance of gay male victims to report DVA to the police can be attributed to the perceived and actual history of homophobic abuse, harassment and discrimination at the hands of the police, both in a UK context and globally (Dwyer et al., 2017; Pickles, 2020; Berrill, 1992; Guadalupe-Diaz, 2016; Merrill and Wolfe, 2000). My interviews confirmed this, for example, Joe discussed a previous client he had worked with who refused to report abuse 'as he was concerned police were the enemy and would not treat him seriously and would treat him with disrespect'. Moreover, this is coupled with the fact that homosexuality was a criminal offence until 1967 in England and Wales, and was enforced by the police meaning that older LGBTQ DVA victims have experienced the oppression and daily policing of their sexuality. Ryan referred to the longstanding effects that the historic criminalisation and policing of non-normative sexuality has had on his client's trust in the police and ultimately on their decisions not to report:

> I am finding with my older clients so people who lived through before 1967, before homosexuality was decriminalised, there is a massive trust issue there with the police. Massive barrier for people saying 'I am not gonna report it'.

The historic criminalisation, medicalisation, and policing of minority sexuality (see Pickles, 2020), coupled with individuals experiencing discrimination and homophobic abuse at the hands of the police has resulted in a particularly hostile relationship between the police and the LGBTQ community, in England and Wales and elsewhere. In a US context, Guadalupe-Diaz (2016) argues that low reporting rates to the police are also a result of this long-standing hostility. Furthermore, the hypermasculine subculture of the police (Rabe-Hemp, 2008; Guadalupe-Diaz, 2016) deters men from reporting their experiences of abuse. This experience is heightened for men in same-sex relationships, as reporting abuse to the police not only means disclosing their victimhood but also disclosing their sexuality. Both of which are not compatible with the hegemonic masculinity (Connell, 2005) and heteronormative values (Dwyer, 2014, 2015; Pickles, 2020), which are institutionally upheld within the police. This impacts a gay male victim's decision to report abuse to the police, as Liam states:

> The police being really patriarchal and heteronormative, a lot of clients that are not necessarily out or not wanting to disclose to the police because they then have to out themselves.

As a result, police reporting is often perceived to be the least useful formal help seeking route (Guadalupe-Diaz, 2016). In addition, Merrill and Wolfe (2000: 7) highlight that male same-sex abuse victims have 'difficulty enlisting appropriate response from the police', as a result of the homophobic and heteronormative attitudes that are widespread and institutionalised throughout the police. However, Messinger (2017) contends that despite its rare use, police reporting has the potential to positively impact the lives of LGBTQ DVA victims. These arguments are supported by results from my survey as only one respondent, out of the 84 who sought help, did so from the police[92]. This troubling figure is explained by themes which emerged during my interviews with DVA professionals, as they too pointed to a distinct lack of police reporting. Alongside housing association and victim support, the police were the least common source of formal help seeking for my survey respondents.

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[92] See Table 8 in the Appendix.

Lack of police reporting has implications when it comes to evidencing the need or demand for LGBTQ-specific services, as alongside the Crime Survey for England and Wales (formerly BCS) police recorded crime data is used in the development of policy, budgets and the commissioning of services. It is therefore imperative that police reporting is enhanced and in order to do so, understanding the barriers is key.

Naturally, reluctance to report to the police is not just an issue pertaining to LGBTQ DVA victims. Previous literature has outlined that a lack of trust deters disclosure to the police for female victims of DVA (eg. Evans and Feder, 2014). In addition, results from the Crime Survey of England and Wales (CSEW) 2012/13 showed that a lack of trust or confidence in the police deterred 30% of respondents from reporting DVA to the police (HMIC, 2014). However, there are additional factors which compound the male same-sex DVA help seeking experience vis-a-vis police. For female victims of male perpetrated abuse, there are many other services and sources of formal help seeking available to them if they do not wish to disclose to the police. However, as this research has demonstrated, there is a distinct lack of services available to LGBTQ victims. For LGBTQ victims who do not wish to report abuse to the police or wider CJS agencies, there are far fewer options available. As Liam explains:

> As a gay man, you are less likely to call the police, and there are limited services out there for you. So a lot of heterosexual women will not ever report to the police, but there are other support services they will go to. They might go to Women's Aid service or something, those services aren't readily available to gay and bisexual men.

Liam highlights that although reporting to the police is low for all victims of DVA, this is compounded by other barriers to help seeking, such as the lack of accessible services. This highlights how different barriers to help seeking interact and sustain one another. Therefore, to improve access to one source of formal help seeking, it is conducive for barriers to all help seeking sources to be investigated.

My interviews with DVA professionals also revealed that victims of male same-sex abuse think they will not be believed or taken seriously. This is consistent with reports stating a fear of not being believed, taken seriously, or being judged by the police as a deterrent for

female victims reporting abuse (HMIC, 2014). For LGBTQ DVA victims, this fear is compounded by sexual identity. According to Ryan, a DVA professional, 'service users are really being let down by the police, not being taken seriously, not being believed'. Feelings of mistrust were also shared by other DVA professionals, for example, Jane exclaimed 'nobody trusts the police'. This theme is bolstered in previous literature. For example, Donovan and Hester (2014) use the term 'gap of trust' to refer to the deeply embedded feelings of mistrust that the LGBTQ community have for the police and other institutional organisations, largely owing to the historical policing of non-normative sexuality.

Also explored within previous literature is a 'substandard' response by the police upon disclosure of abuse within a same-sex relationship. As explored in Chapter Five, prevailing notions of masculinity create the expectation that men can defend themselves and therefore are incompatible with victimhood. In addition, gendered notions of the 'ideal victim' (Donovan and Barnes, 2018) also dictate that men cannot be victims. These gendered norms inform police responses to reports of DVA. As Ryan recalled from his previous role at Victim Support:

> I was working in police stations and having very open conversations with sergeants about this, where I was getting cases coming through to me that were clearly domestic violence and the police would put that down as common assault, or stalking and harassment or GBH, not acknowledging that it is domestic violence.

What Ryan highlights here is the police not understanding or acknowledging DVA because it is occurring in a gay relationship. Laura also postulated on a lack of training within the police and wider CJS on how to identify DVA outside of the stereotypical female victim and male perpetrator. My findings expand on previous literature, which has noted that stereotyping of DVA victims results in the minimisation of male victims (Hine et al., 2020) and LGBTQ victims (Donovan and Hester, 2014). Associated with the minimization of experiences of abuse is the widely held myth that abuse occurring in same-sex relationships is bi-directional or mutual (Baker et al., 2013; Duke and Davidson, 2009). The myth of male same-sex DVA as mutual abuse, a 'fair fight', or less severe, is indicated in previous literature (Merrill and Wolfe, 2000; Merrill, 1998; Messinger, 2017; Rowlands, 2006). For example, a participant in Rowlands' (2006: 42) shared their experience of reporting abuse to

the police, stating 'they just think 'oh, it's only two gay men fighting again''. Similar ideas were discussed by Ryan during my interview:

> A lot of the police who I have worked alongside cannot see how a same-sex relationship where there is two men … it has to be bi-directional abuse which means they both have to be as bad as each other.

The prevalence of this myth results in a substandard or prejudiced response when male same-sex DVA victims do disclose their experiences to the police. Furthermore, the inability of the police to recognise who is a victim and who is a perpetrator of abuse is coupled with the prevailing myths of same-sex DVA being mutual or a fair fight. At best, this suggests a lack of training that police officers have on experiences of abuse outside of the (hetero)normative experience, or at worst, homophobic views amongst officers.

Despite male victims of same-sex abuse rarely reporting their experiences to the police, as this section has demonstrated, it has been found that when the police are involved it is often in cases of escalating and extreme violence or in which the victims become fearful for their lives (Kay and Jeffries, 2010; Donovan and Hester, 2014). A professional in Kay and Jeffries (2010: 419) study stated 'I've only seen them deal with police when there's been a prolonged case … where there's actually stalking and life threats'. This backs up my previous analysis in Chapter Six regarding police intervention as a last resort for male victims of same-sex abuse, in which the abuse has become extremely physically violent. My survey results include one respondent who had sought help from the police[93]. This respondent disclosed having experienced sustained emotional abuse and a high level of physical abuse, including control of money, forced sexual activity, and being stalked and physically attacked after trying to end the relationship. Denise, a DVA professional who works in a male refuge, confirmed that if men are referred to the male refuge she works in by the police it is due to danger of injury or danger to life.

These findings from my research have highlighted how the current response of the police to male same-sex DVA present as structural barriers to police disclosure or formal help

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[93] See Table 8 in the Appendix.

seeking. Ensuring police officers receive training on the occurrence and specific experiences of LGBTQ DVA, as well as wider LGBTQ awareness, is imperative to ensure a more sensitive and effective response to male same-sex DVA. Furthermore, the masculine, heteronormative, and homophobic culture that is deeply rooted within the police institution should be addressed in order to ease the structural barriers of help seeking. Key recommendations relating to these findings are outlined in the following chapter.

6.   Individual barriers to help seeking

The following sections of this chapter move to examine individual help seeking barriers as revealed within my research. Again, these findings are borne out of my original data, particularly themes that emerged during my interviews with the DVA professionals. My findings build upon the existing literature to provide further knowledge and deepen the understanding of individual barriers, and how they interact with and uphold the previously outlined structural barriers. As with the previous sections, some of the following individual level barriers to help seeking are universally experienced by all DVA victims, however, some of them have a specific and nuanced relationship to the male same-sex DVA.

6.1.   Lack of recognition

One substantial individual[94] level help seeking barrier is a lack of recognition of experiences as abuse, in which gay male victims are unlikely to label their own experiences as abuse or recognise themselves as victims. This phenomenon was explored in Chapter Five, however, attention is now given to how this internalised incomprehensibility of being a victim (see Ball, 2011) and lack of recognition of experiences of abuse impacts upon help seeking behaviours.

The theme of recognition refers to victims' understanding, or lack thereof, of their experiences of abuse. This was widely acknowledged during my interviews with DVA professionals and has been extensively highlighted in previous literature (Donovan and Hester, 2014; Messinger, 2017; Merrill, 1998; Nieves-Rosa et al., 2000). For example, Merrill

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[94] This term is not used to blame individuals for not help seeking, rather it refers to the distinction made between deeply embedded structural barriers and those that manifest on a personal level.

(1998: 137) uses the term 'recognition failure' to refer to the failure of gay men to label their experience of abuse and therefore respond to it as such. He argues that this is due to men not being socialised to be sensitive to abuse or be wary of potential victimisation. This gendered socialisation means men fail to recognise their own experiences of abuse. This is also implicated by notions of the incompatibility of masculinity and victimhood which were discussed in Chapter Five, whereby victimhood is related to femininity and therefore expelled from the hegemonic masculinity.

This literature is confirmed by my interview findings, which found that men would often internalise the prevailing public story of DVA as a heterosexual phenomenon and therefore not comprehend their experiences as DVA. For example, a DVA professional Ryan pointed to this lack of recognition as a significant barrier to help seeking. He described how often his clients, including those deemed high risk, would not recognise their experiences as abuse until he had particular conversations with them:

> When I go through that power and control wheel session and show them all the different types of abuse, they did not even acknowledge it was abuse … I have had a user turn round to me and say 'oh I do not know if I want to come here because I know you have got people who are in need of it more'. And you know, these people, their risk is high. So it is that minimising, the gaslighting, that they have gone through in that relationship, so they cannot acknowledge how serious this is to their life.

The internalisation of abusive behaviours, control, and manipulation that Ryan describes can lead to victims feeling undeserving of help and support compared to other victims, namely heterosexual female victims. This manipulation by the perpetrator was also touched on by another professional, Liam, who described how a 'constant drip feed' of an abuser's 'belief system' often leads to victims internalising their supposed unreservedness of support, resulting in rejection of the victim label. These feelings evidence the existence of power and control within same-sex relationships, mirroring power and control found in male to female violence (Stark, 2007).

These findings also confirm Donovan and Hester's (2014) previous argument that practices of love and relationship rules establish power and place one partner in control in same-sex

relationships and abusive behaviours then reinforce these relationship rules. In turn, this impacts help seeking behaviours as evidenced by victims often wanting to protect or remain loyal to their abusive partner as well as manifesting as self-blame for the abuse they have experienced. This notion is supported by my interview with DVA professional Denise, who described how 'often there is a residual love of the abused person for an abuser'. Other previous literature also identified love and loyalty as reasons gay men remain in abusive relationships (Merrill and Wolfe, 2000; Cruz, 2003).

DVA victims' lack of recognition of their own abuse has been highlighted throughout previous literature. For example, Messinger (2017: 114) argues that 'a key reason that many LGBTQ IPV victims do not seek help or leave their abusers is that they do not recognise their abusers' behaviours as abusive'. Also shown in Nieves-Rosa et al. (2000) study of DVA and HIV risk in Latin American MSM[95], whereby 51% of their sample had experienced DVA, however, only 26% of them considered themselves to be victims of DVA. This evidences a clear disparity between experiencing abusive behaviours and individuals' self-identification of abuse victimisation. My research shows that this lack of recognition and understanding of an individual's experiences of DVA victimisation acts as an individual barrier to help seeking. If men do not identify their experiences of abuse, they are not likely to reach out to a formal help service, particularly a DVA service or the police, or even disclose their experiences to informal sources such as family or friends.

Previous feminist literature has highlighted a lack of recognition by female victims of male perpetrated abuse. Evans and Feder (2014) highlight that often women only accept abuse after contacting DVA agencies and internalising the label, having previously not identified their experience as abuse due to self-blame and low self-esteem. This is similar to Ryan's thoughts noted above, that often victims internalise the gaslighting they experience at the hands of their partner, so much so that they do not recognise their experiences as abuse. Often it is not until victims engage with services and programmes that they distinguish the sustained pattern of abuse that took place. The implications of this are that work can be

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[95] This is defined as men who have sex with men (Loue, 2008). This term developed from public health literature in the 1980s particularly in relation to HIV and AIDS research.

done to improve the recognition of abuse and the potential behaviours that constitute abuse.

As Donovan and Hester (2014) postulate, the public story of DVA constructs the problem as primarily of physical violence and subsequent injury. This directly impacts those whose abuse is characterised by coercive control, emotional abuse or sexual abuse. It is therefore important that efforts are made in order to communicate the different aspects of DVA, rather than placing sole emphasis on physical violence and injury. In the UK context, the relatively new offence of coercive and controlling behaviour in the Serious Crime Act 2015 makes headway for this. However, it is imperative that this is communicated to individuals who fall outside of the normative binary, such as men in same-sex relationships.

Contemporary research has also drawn attention to a lack of recognition of abuse for male victims of female perpetrated abuse (Hines et al., 2020; Wallace et al., 2019), linking this to the pervasiveness of masculine stereotypes. However, like many other help seeking barriers, LGBTQ victims may experience this to a larger extent due to their sexuality. This was touched on by one DVA professional, Joe:

> I think any victim of abuse often goes through that process of recognising their experience and accommodating that as a view of themselves and their reality. But I think for non-straight victims the reality is our communication is just not targeting them. You know, how would they conceptualise that as violence and abuse.

The implications of this are that male victims of DVA are impacted by a twofold lack of recognition. Not only because of the heteronormative assumption of DVA but also because the communication towards and within the LGBTQ community regarding DVA is lacking. Joe points to the previously discussed lack of targeted campaigns and communication with the LGBTQ community as the specific context in which sexual minority men fail to recognise their victimisation. This lack of recognition of abuse becomes more deeply ingrained for victims who fall outside of the heteronormative binary as gender socialisation has led them to believe that men are not victims. As a result, this leads to a failure to conceptualise their abuse and subsequent lack of help seeking. As Merrill and Wolfe (2000) state, successful campaigns have been instrumental in aiding heterosexual female victims to recognise their

experiences as abuse and have successfully encouraged them to seek help. However, this has not been conducted for their LGBTQ counterparts. This could be addressed by revising government strategies which currently focus on VAWG, as these inform policy and practice at a service level.

Hines et al. (2020) and Wallace et al. (2019) also discussed a broader lack of societal and governmental recognition for male victims of female perpetrated abuse. These governmental strategies inform policy and practice at a service level and ultimately dictate support available to male and LGBTQ victims. Invisibility of LGBTQ DVA and the lack of national campaigns to spread awareness was widely touched on during my interviews with several of the DVA professionals, as discussed earlier in this chapter.

This discussion has highlighted how the public story of DVA, which situates abuse as a heterosexual problem, can be internalised by victims. This subsequently impacts their understanding of how DVA can manifest and ultimately led to failure to recognise their own experiences of abuse. This has direct implications for their help seeking behaviours. Without recognising their experience of abuse, men in same-sex relationships are less likely to seek help from formal sources. As a result, they will remain in their abusive relationships for longer and go without vital support.

This section has also demonstrated that despite being separate categories of barriers, structural and individual barriers are intrinsically linked and can influence each other. For example, men's lack of recognition of their experiences as abuse is reinforced by the structural barrier of lack of visible services and targeted communication towards the LGBTQ community to raise awareness of LGBTQ DVA. Therefore, a multifaceted approach is needed in order to improve gay male help seeking and access to services, one that simultaneously targets barriers on both a structural level and individual level.

6.2.   Outing

Another individual barrier to help seeking which emerged during my interviews with DVA professionals is a fear of outing of one's sexuality. This individual barrier to help seeking is

directly related to non-normative sexuality and is therefore specific to individuals within the LGBTQ community. It is therefore imperative that efforts are made to understand the nature of this barrier in order to increase access to help seeking for this victim cohort. As outlined in Chapter Six, outing refers to the disclosure of an individual's sexuality without their consent, either intentionally or unintentionally (Messinger, 2017). LGBTQ DVA victims may not be open about their sexuality to friends, family, work colleagues or in certain settings. Subsequently, this can have a significant influence on whether or not to seek help, both from formal or informal sources, out of fear they will be outed, either intentionally or unintentionally, throughout the help seeking process.

Outing as a help seeking barrier has been well documented in previous literature (Calton et al., 2016; Parry and O'Neal, 2005). For example, Parry and O'Neal (2005: 53) draw attention to the nuanced nature of outing, in that it is not applicable to heterosexual female victims, concluding that 'help-seeking by same-sex victims is complicated by the unique stressors they encounter regarding outing'. Furthermore, it has been widely acknowledged that closeted victims are reluctant to seek help, formally and informally, due to anticipated discrimination or rejection (Parry and O'Neal, 2005; Messinger, 2017; St. Pierre and Senn, 2010).

My research reflects that therefore there is a whole category of individuals who are reluctant to seek help, whether that is from an LGBTQ-specific or generic service, as a direct result of their sexuality. One DVA professional who works for an LGBTQ-specific organisation, Paul, supported this notion as he commented on victims' 'initial hesitancy around contacting services'. The implications of this are that men may instead choose to rely on informal sources of help, such as family and friends. Therefore, these men will forego support that is developed from a knowledge base and with their needs in mind. My findings here have significance for services and organisations, in terms of ensuring they are openly inclusive, welcoming, and safe for LGBTQ DVA victims who are either not open about their sexuality or are perhaps questioning their sexuality.

Other DVA professionals, Ryan and Rodger, also discussed the risk of outing as a substantial barrier to help seeking. As Rodger states:

> Yeah there is a fear that they are going to be outed if they are going to the police or … that someone is going to know about it. Their partner is going to disclose to their family, work colleagues. There's a fear of being outed.

Importantly, Rodger distinguishes between outing by support services, which is likely to be accidental or unintentional, and intentional outing by the perpetrator if they find out the victim is seeking help or attempting to leave the relationship. As demonstrated previously in Chapter Six, the latter is an effective tool of power and control exploited by perpetrators to keep victims trapped in the relationship. The threat of outing is specific to LGBTQ DVA victims and therefore has significance for recommendations for policy and practice regarding how LGBTQ DVA clients are supported by services.

Although it is an individual level barrier, there are still implications for services on how best to support these individuals. This was explored by DVA professional Ryan, as during our interview he explained how his organisation minimises the risk of outing for their clients, in order to keep them engaged with the service and programmes. For example, not texting, emailing or leaving voicemails for clients without their specific consent should be practices employed by all DVA professionals when dealing with clients. However, Ryan recognised the specific connotations of also being a specific LGBTQ service and the potential to out someone's sexuality.

My research findings have furthered the understanding of outing as a barrier to help seeking. In turn, this deeper understanding has significance to the way that services respond to male same-sex and LGBTQ victims, in order to encourage and maintain their engagement with vital formal support services.

7.   Conclusion

This chapter has explored the barriers to help seeking that occur on both an individual and structural level when male same-sex DVA victims seek help. These barriers can manifest for both formal and informal sources of help. Although barriers occur on these two distinct levels, that is not to say they do not overlap or uphold each other. Rather, they are

interrelated and reinforce one another, as my research shows. Structural level barriers highlight the need to target institutional norms and cultural values in addition to recognising how these barriers are established at service level. For example, in addition to targeting the lack of training and awareness of LGBTQ DVA among police officers, the masculinised, heteronormative and homophobic culture of the police institution should be tackled to improve the relationship between the LGBTQ community and the police. The barriers that occur on an individual level also point to wider cultural values. For example, the lack of awareness and recognition of victims' experiences of abuse speaks to the pervasive heteronormative values that are embedded throughout society, which contribute to the invisibility of LGBTQ victimisation.

Examining the current service response to male same-sex DVA and barriers to help seeking is of vital importance. For some victims, it is literally a matter of life or death. As a result, the original findings and analysis presented in this chapter are of significance as they further previous knowledge and subsequently directly correlate to recommendations set out in the following concluding chapter. Not only do these findings further knowledge of male same-sex DVA, but they have implications for the wider DVA sector including heterosexual female victims of DVA. These recommendations, if put into practice, can change the way that DVA victims are responded to, and therefore increase their access and engagement with help seeking sources, both formal and informal.

The following and concluding chapter summarises the key findings and overall arguments made in this thesis. It also presents recommendations for policy and practice which will improve the response to not only male same-sex victims but all victims. These recommendations address the barriers to help seeking, in order to improve individuals' engagement with services.

Chapter 9
Conclusion

1. Introduction

Research has widely demonstrated that abuse manifests in same-sex contexts at least at the same rate as within heterosexual contexts (eg. SafeLives, 2015; Stiles-shields and Carroll, 2015), if not more than (eg. Messinger, 2011). However, male same-sex domestic violence and abuse (DVA) victims remain largely invisible within criminological research, the public story of DVA, or in a policy context. The focus of criminological scholarship and government policy remains on female victims of male perpetrated abuse, situated within the wider context of violence against women and girls (VAWG). The prevailing public story of DVA locates the phenomenon within heterosexual relationships and is governed by gendered victim/perpetrator binaries in which a bigger and stronger man controls a smaller and weaker women (Donovan and Hester, 2014; Donovan and Barnes, 2020b). In addition, it foregrounds the physical nature of DVA and places emphasis on physical injury as opposed to psychological harm (Donovan and Hester, 2014; Donovan and Barnes, 2020b). The heteronormative context of the DVA discourse and the public story leads to the invisibility of other victims, such as victims of male same-sex abuse, which are key themes of this research.

As a result of this invisibility, abuse within male same-sex relationships is seldom researched, meaning the nuanced nature of these experiences and the specific needs of male same-sex DVA victims remain overlooked and insufficiently addressed. This absence has serious consequences for policy and practice, and how these victims are currently responded to and supported. This signals the importance of this doctoral research, which provides a much deeper understanding of same-sex specific abuse with significant implications for policy, practice and service provision. This research seeks to recalibrate perceptions of and responses to these overlooked victims. Moreover, this research has also demonstrated important similarities and differences between abuse within same-sex and heterosexual contexts, again providing avenues to improve policies, practice and service provision for all victims of DVA. As a result, this thesis provides an important contribution to

knowledge for the criminological sector, the policy arena, and understanding of the DVA sector as a whole.

My research contributes to DVA literature by providing new insights and understandings, building previous literature about the experiences of male same-sex DVA. Using an original mixed methodology, it offers a nuanced non-normative analysis of the lived specific experiences of male same-sex DVA and those who provide support to them, situating these experiences in the wider sociocultural positioning of minority sexuality, sexual identity, and additional identities. This research analyses current service responses available to these victims, the shortcomings of these essential services, and the barriers to help seeking that male same-sex victim's experience. My research highlights how both structural and individual obstacles impede both formal and informal sources of help seeking. In doing so, it demonstrates the overarching heteronormativity that positions male same-sex DVA victims as invisible and highlights the similarities and differences between heterosexual and male same-sex experiences of DVA.

This concluding chapter recaps the aims of my research and summarises the key findings of the sub-research questions. The implications of my findings for policy and practice are then examined. This chapter also highlights the original contributions of this research. It next discusses the potential limitations of the research and provides a short personal reflection on the research process. Finally, the chapter examines recommendations for future academic research.

2. Research aim and research questions

This research aims to examine the experiences of domestic violence and abuse within male same-sex intimate relationships. From this overarching aim, it addresses four smaller research questions:

- What impact does the social positioning of sexual minority men have on their experiences of abuse in the UK?
- How does sexual identity impact experiences of male same-sex abuse in the UK?
- How do other identity factors and additional needs impact experiences of male same-sex abuse in the UK?

- What are the current service responses for male same-sex abuse victims, and how can these be improved in the UK?

Data collection involved an original mixed methods approach was used to collect original data. The research design constituted of an online anonymous survey with victims which collected quantitative data and a small amount of qualitative data, and in-depth interviews with DVA professionals which collected qualitative data.

3. Thesis overview

Below is a short recap of the chapters of the thesis, before summarising the key findings of my research.

Chapter One sets the parameters of this thesis, by providing an introduction to the key concepts and background of the research topic of male same-sex DVA, alongside an overview of the rationale, significance, and aims of this research. It reviews the sociolegal background of sexual minorities in the UK, which frames the later analysis of the sociocultural positioning of sexual minority men in Chapter Five. This chapter also defines domestic violence and abuse and presents a short introduction to the legal framework for DVA in the UK.

Chapter Two sets the scene for my research, examining key literature pertaining to DVA. It begins by examining traditional feminist literature relating to female victims of DVA. In doing so, it frames DVA discourse as heteronormative. It examines male same-sex DVA literature, illustrating that male same-sex DVA occurs at least to the same extent as heterosexual DVA. It also examines the nature of this abuse, setting the parameters for similarities and differences in the experiences of heterosexual and same-sex DVA to be addressed throughout the thesis.

Chapter Three situates the phenomenon of male same-sex DVA within a theoretical framework. Theories of sexual identity and sexual hierarchies are examined, as well as heteronormativity as a prevailing structural system and its nexus to the experience of male same-sex DVA. The chapter then addresses homophobia, and how it impacts the nature of

male same-sex DVA as well as help seeking behaviours. Finally, masculinity discourse is examined. Specifically, gay masculinity is positioned as the opposite to hegemonic masculinity, which impedes recognition of victim status. My theoretical framework is significant, as it allows for an effective and in depth examination of male same-sex relationships and DVA from an innovative perspective. The combination of traditional feminist theory with queer and masculinity theories makes a novel contribution to theory.

Chapter Four examines the research methodology. It discusses the methods used and highlights the value of mixed methodology in DVA research. The chapter evaluates the ways using both an online survey with victims and in-depth interviews with DVA professionals allows for data triangulation and produces a comprehensive and holistic analysis of male same-sex DVA. This chapter also discusses the sensitive nature of this research subject, and the impact this has on the research process and key ethical considerations. This chapter also features a reflection on my identity as an outsider researcher and I consider the challenges of the insider/outsider researcher binary in the production of non-normative knowledge.

Chapters Five to Eight present my original research findings. Chapter Five examines the sociocultural positioning of sexual minority men and its impact on the experiences of male same-sex abuse. This chapter closely ties to my novel theoretical framework, using it to analyse the influence of heteronormativity, homophobia, and masculinity on experiences of male same-sex DVA. Using original data from my survey and interviews, Chapter Six analyses the prevalence and nature of coercive control, physical abuse, and sexual abuse within male same-sex relationships. It examines the impact that sexual identity has on these experiences of abuse, by creating nuanced circumstances and specific behaviours of abuse. However, it also draws comparisons between heterosexual experiences of DVA and male same-sex DVA, contributing a contemporary insight into both the similarities and differences of contexts of abuse. Chapter Seven expands on the analysis of male same-sex DVA experiences by addressing specific needs and vulnerabilities that additional identity factors create. These identity factors can be fixed categories, such as age or ethnicity, or they can be transient identities, such as immigration status. In doing so, Chapter Seven reinforces the importance of acknowledging other identities and additional needs within DVA research and practice, and how they can create nuanced experiences of abuse, especially when they are combined

with minority sexual identity. This chapter also contributes a novel theory of transient identities, which has application to the academic community as well as to the DVA sector. Chapter Eight explores the current service response to male same-sex abuse in the UK, as well as the help seeking behaviours of these victims. A distinction is made between formal and informal sources of help seeking, however, barriers to help seeking exist for both. It is argued that these barriers to help seeking are the result of both structural level and individual-level barriers. Understanding these barriers is important as it can help to develop a more effective response to male same-sex victims.

This chapter recaps my key findings and outlines their implications for policy and practice, as well as the original contributions that this thesis makes and recommendations for potential further research. It also reflects on the research process, as I engage in reflexive practice regarding any limitations and personal reflections of the research.

4. Summary of key findings

The following sections recap the key findings that are presented in Chapters Five to Eight relating to the research aims.

4.1. Research aim 1: The impact of the sociocultural positioning of minority sexualities

Chapter Five seeks to examine how the sociocultural positioning of sexual minority men impacts their experiences of abuse. By exploring heteronormativity, homophobia, masculinity and the wider LGBTQ community, this chapter demonstrates that the social structures that are in place uphold and maintain abuse directed towards sexual minority men within their intimate relationships.

Although traditional feminist research is branded as largely heteronormative, in that it is focused on female victims of male perpetrated abuse placing it within the wider framework of patriarchal dominance and VAWG, this chapter demonstrates how a gendered analysis of DVA is still a valuable lens through which to examine male same-sex DVA. It highlights how

sexual minority men are socialised in the same social and cultural context as heterosexual men, as such, the same notions of masculinity and gender norms are also internalised in same-sex contexts. Therefore, gender still presents as an important variable in their experiences of abuse. Using a gendered lens of analysis also allows other variables to be examined as they intersect with gender, which I do in Chapter Seven of this thesis. Furthermore, this thesis builds on Donovan and Hester's (2014) previous theory of the public story of DVA. It examines how gender socialisation and gender norms contribute to the maintenance of the public story and therefore impedes the recognition of male same-sex DVA.

A key theme which arose from my interviews with DVA professionals is how heteronormativity contributes to the experience of DVA for male same-sex victims. The impact that heteronormativity has, on all aspects of gay male intimate relationships and subsequent experiences of DVA, is undeniable. Heteronormativity is widespread and pervasive, it influences all aspects of gay male intimate relationships and therefore impacts any experiences of DVA, as much of my research shows. By placing non-normative sexuality as subordinate, heteronormativity underpins the invisibility of male same-sex DVA.

Key findings in Chapter Five also relate to the impact that homophobia has on male same-sex DVA. Homophobia can manifest on a personal or structural level. Innovatively, my research has shown that male same-sex victims can internalise homophobic views, which in turn leads them to normalise their experiences of abuse because they have come to believe that they deserve it. Homophobia can also be used by the perpetrator as a tool of abuse, such as using homophobic language or telling the victim that services will not help them because of their sexuality. Homophobia also exists on a structural level impacting the ways in which male same-sex victims experience abuse. For example, it can impede on men's help seeking behaviours as they fear homophobic response from services and therefore do not seek help.

My research also analyses the relationship between masculinity and experiences of male same-sex DVA. The key finding here relates to the disjuncture between societal notions of manhood and masculinity and being a victim. When coupled with the prevailing public story

of DVA (Donovan and Hester, 2014) this has a significant impact on men's own recognition of their abusive experiences. When male same-sex victims do not recognise their abuse, they do not disclose it. This lack of disclosure results in a lack of conversation around these victims, reinforcing the invisibility of male same-sex DVA.

Finally, Chapter Five examines the wider context of the LGBTQ community and how the discourse of DVA fits within the community. Findings here suggest that a general lack of recognition within the LGBTQ community, coupled with a lack of individual recognition, contributes to the invisibility of male same-sex DVA victims. For example, one DVA professional had experienced harassment and abuse when publicising their work on an LGBTQ domestic abuse project. This can occur due to not wanting to bring further stigma to the community, which is already tarnished by historic, but sadly prevailing, stigma and discrimination, or not wanting to let down the LGBTQ community. This further supports the recommendation for outreach work, as well as strengthening the visibility of DVA services within the LGBTQ community.

As this thesis has demonstrates, sociocultural positioning has a substantial impact on the way in which male same-sex DVA is experienced. These findings are significant for practitioners working in the DVA sector and with sexual minority victims, as understanding the unique ways in which society and culture impact LGBTQ lives can help to more effectively support and respond to these victims. In addition, these findings are also significant to the wider criminological and sociological academic field, as future social research should locate minority sexualities within their wider sociocultural positioning. In doing so, a deeper understanding of all aspects of LGBTQ lives is made possible.

4.2. Research aim 2: The impact of sexual identity on experiences of abuse

Chapter Six addresses the second research aim, which is to examine the ways in which sexual identity impacts experiences of abuse. My research shows that minority sexual identity has a significant impact on experiences of abuse. For example, it can create behaviours of abuse which are specific to minority sexualities or present as an additional vulnerability or identity which perpetrators can exploit and use as a route to abuse.

One key finding from my research is that the experiences of male same-sex abuse share many similarities with the experiences of heterosexual DVA with female victims. For example, both male same-sex and heterosexual women experience isolation as a main tactic of control within abusive relationships. However, my research has also found that minority sexual identity and the wider sociocultural positioning of LGBTQ people also impacts the ways in which they experience abuse. For example, the abusive tactic of isolation is experienced twofold by male same-sex victims who rely on their 'families of choice' within the LGBTQ community, as they may have previously been ostracised from their own families due to their sexuality.

My findings show that coercive control occurs in male same-sex relationships, as it does in heterosexual relationships. My research provides new insights into coercive and controlling behaviours in abusive male same-sex relationships, providing a contemporary UK-based update on previous literature. Data from my survey and interviews with DVA professionals found that the coercive and controlling behaviours that manifest are largely similar to those in heterosexual relationships. However, there are also some coercive and controlling behaviours that are specific to male same-sex relationships, owing to the non-normative sexuality of the victims and perpetrators. For example, outing or the threat of outing is a particularly pertinent tool which can be used by perpetrators to control their victims. This is heightened if victims are not out in certain contexts, or have feelings of shame about their sexuality. Furthermore, as this thesis has highlighted, outing or the threat of outing would not be such an effective tool of abuse if homophobia was not so pervasive within society, or if it was not governed by heteronormativity.

My original data shows coercive control was experienced by 80 (78%) of my survey respondents. The most common types of coercive and controlling behaviours are as follows[96]:

- 45 (44%) survey respondents experienced their partner lying to them

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[96] See Figure 10 in the Appendix for a full list.

- 45 (44%) survey respondents experienced their partner using passive aggressive behaviour
- 41 (40%) survey respondents experienced their partners' jealousy
- 30 (29%) survey respondents experienced their partner using aggressive language
- 29 (28%) survey respondents experienced their partner blaming them for their own emotions
- 27 (26%) survey respondents experienced their partner using belittling language

However, as coercive control is characterised by a distinct pattern of abuse (Stark, 2007), it is important to examine these behaviours within this context. Of my survey respondents, 48 (47%) had experienced three or more coercive and controlling behaviours and 36 (35%) had experienced four or more coercive and controlling behaviours in an intimate relationship. My research suggests that as with female victims, coercive control and emotional abuse can have deeper and longer-lasting impacts on victims compared to physical abuse. This finding establishes the importance of recognising coercive control within policy, practice and legislation relating to male same-sex DVA.

My findings also show that physical abuse happens in male same-sex relationships. Again, this physical abuse largely mirrors abuse that manifests within heterosexual DVA, with female victims. However, there are also unique experiences and behaviours of physical abuse that arise due to victims' sexual identity, such as withholding access to HIV medication. My research demonstrates that physical abuse is not necessarily needed to maintain control in abusive male same-sex relationships. Once control has been established by the perpetrator, often threats are enough to uphold control over the victim. This is sometimes similar to heterosexual experiences of abuse, however, the threats made can differ, such as a threat of outing sexuality.

Out of my 103 survey respondents, 54 (52%) had experienced physical abuse in a male same-sex relationship. The most common types of physical abuse are as follows[97]:

- 33 (32%) survey respondents experienced their partner checking their phone, emails, or social media
- 17 (17%) survey respondents experienced their partner pushing or shoving them
- 14 (14%) survey respondents experienced their partner threatening to leave them

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[97] See Figure 11 in the Appendix for a full list.

- 12 (12%) survey respondents experienced their partner enticing them to use drugs
- 12 (12%) survey respondents experienced their partner denying them privacy

Finally, 50% of survey respondents disclosed experiencing both coercive control and physical abuse. However, these participants all experienced more coercive and controlling behaviours than physical abuse. This supports the suggestion that physical abuse is not always needed for perpetrators to gain, or maintain, control (eg. Pain, 2012; Stark, 2007; Raghavan et al., 2019). This is an important finding which has implications for the whole DVA sector and all victims of DVA. Evidence from my interviews with DVA professionals also points to a higher risk factor and more complexities of abuse. As examined, this could be due to the longer time it takes for male same-sex victims to access services or report their abuse to the police. By the time they are doing so, physical abuse has escalated in frequency and severity.

This research also demonstrates that sexual abuse constitutes a significant part of male same-sex abusive relationships, just as it does in heterosexual relationships with female victims. Data from my survey and interviews with DVA professionals evidence this. Out of 103 survey respondents, 21 (20%) of them disclosed experiencing sexual abuse in a male same-sex relationship, broken down into these specific behaviours[98]:

- 15 (15%) survey respondents disclosed experiencing unwanted touching or kissing
- 9 (9%) survey respondents disclosed experiencing coerced sexual activity
- 4 (4%) survey respondents disclosed experiencing a partner refusing to engage in safe sex

These behaviours are not specific to male same-sex abuse and can be experienced by all victims of abuse. However, on top of these behaviours, there are certain aspects of sexual abuse that are specific to male same-sex DVA. For example, HIV presents a nuanced element of sexual abuse which is related to sexual identity. This research has also found that male same-sex victims have particular trouble recognising their experiences of sexual abuse. My research suggests this is the result of little if any, LGBTQ specific relationship and sex education and naivety or lack of knowledge surrounding what same-sex relationships are

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[98] See Figure 12 in the Appendix.

like. Furthermore, the taboos around gay sex and relationships also remain, coupled with ideas of masculinity and victimhood, which contribute to the invisibility of gay male sexual abuse and rape (Javaid, 2017).

My research also examines the potential link between DVA and chemsex in male same-sex relationships. Despite there being little previous research examining the phenomenon of chemsex, there is growing anecdotal evidence of the relationship between DVA and chemsex, and my research supports this by showing that chemsex presents another opportunity for abuse to take place, which is specific to male same-sex victims. Both DVA professionals and survey participants pointed to this connection. However, more research is needed into this phenomenon and any potential link to DVA.

These findings relating to specific abusive behaviours in male same-sex relationships are significant for other researchers in the field as they provide key avenues for future research to build and expand upon. These key areas for further research will be set out in a following section. These findings are also significant for practitioners and organisations working with male same-sex DVA victims within the DVA sector, as the more we understand about specific abusive behaviours the more advanced and tailored support can be made available to victims.

4.3. Research aim 3: The impact of additional identities and needs on experiences of abuse

Chapter Seven addresses the third research aim, which was to examine how identity factors impact experiences of male same-sex abuse.

This research highlights the importance of accounting for other identities and additional needs in DVA research. In particular, multiple identities can intersect and culminate in nuanced experiences of abuse. For example, when an individual exists between two marginalised identities, such as non-normative sexuality and ethnic minority, they are doubly vulnerable to control and exploitation at the hands of their perpetrator. Again, it is imperative to note that although this research examines identity factors, this was not

carried out under an intersectional framework. However, future research should endeavour to instil an intersectional lens within the research methodology.

This research also demonstrates how other acquired variables present as transient identities and impact experiences of abuse in the same way that identity does. The variables examined in this research were mental health issues, alcohol and substance abuse, immigration status, first same-sex relationship and lack of LGBTQ RSE. Although these are not fixed identities, they act as situational vulnerabilities and additional routes through which perpetrators can exert power and control in the same way that identity factors do. Furthermore, this research contends that victims of male same-sex DVA experience a higher level of complexity compared to heterosexual abuse. For example, there is a higher rate of drug and/or alcohol abuse, and mental illness for this population which in turn impacts their experiences of abuse. These complexities, additional needs and transient identities must be addressed in the service response and support available for these victims.

In line with my other key findings, these findings are significant for practitioners and organisations working with victims of abuse in both LGBTQ and heterosexual contexts, as they create a deeper understanding of the additional needs of men in abusive same-sex relationships and the nuanced ways they experience abuse. They are therefore important for the development of more adequate support available to these men. However, these findings are also specifically important to the academic field as they inform the development of a novel theory of transient identities which has application in future research. By demonstrating that factors that impact the lived experience are not always fixed, these findings are valuable for further academic research, as research should account for these transient identities and situational vulnerabilities in the same way as fixed identity variables are accounted for within social research.

4.4. Research aim 4: Help seeking behaviours and current service response

Chapter Eight addresses the fourth and final research aim, which was to examine the help seeking behaviours of gay male victims, and how male same-sex DVA was currently responded to.

My survey data was instrumental to the findings in this chapter. I found that within my sample, gay male victims were likely to seek help from informal sources of help seeking. The most common source of help seeking was friends with 78 (76%) of respondents, followed by family with 32 (31%) respondents. The most common source of formal help seeking was a therapist or counsellor at 21 respondents (20%). In contrast, only one (1%) survey respondent had sought help from the police regarding their abusive relationship. In examining the help seeking behaviours of my survey respondents, this thesis argues that barriers to help seeking manifest on both a structural and individual level. Although a distinction is drawn between the two, it is important to remember that they also underpin each other. Furthermore, these barriers can impede help seeking from both formal and informal sources.

This thesis also highlights areas in which the current service response fails to adequately respond to male same-sex DVA, due to the structural barriers to help seeking. Key findings here pinpoint a distinct lack of services, resulting in many men being unable to access help and support. My research also found that existing services need to be both visible to the community and accessible to individuals. Key findings relating to the police response are that the institutionalised masculinity and homophobia within police forces severely impact the way they view and respond to abuse in same-sex relationships. When coupled with the longstanding hostile relationship between the police and the LGBTQ community, it is not uncommon for male same-sex victims to be hesitant to disclose their experiences of abuse to the police.

The key findings about individual barriers to help seeking mainly centre around victims' lack of personal recognition of abuse. As previously explored, heteronormativity and the public story of DVA underpins the invisibility of male same-sex abuse, by placing abuse as a heterosexual problem. This is internalised by men, who fail to recognise their abuse and subsequently do not disclose their abuse or seek help and support. Finally, this thesis argues that there is a whole category of individuals who are reluctant to seek help as a direct result of their sexuality. Many of whom fear outing during the process of help seeking. This must

be taken into consideration when services build their response and programmes to help male same-sex victims.

These findings are valuable for practitioners, policymakers, and service commissioners, as they add to the understanding of current support available to male same-sex victims, and how they perceive and experience this support. Furthermore, these findings are also significant for improving support and understanding help seeking barriers relating to all victims of DVA, not just male same-sex victims. As a result, the key findings above directly correlate to recommendations and implications for policy and practice. These are set out in the following section.

5. Implications for policy and practice

Through my original findings from both my survey and interviews, this research has highlighted several implications for policy and practice, both for those who develop policy and those who deliver support services. This section outlines the potential impact on UK policy and practice pertaining to the way in which male same-sex DVA victims are perceived and responded to. Despite the relatively slight research that has been conducted over the past 30 years, both in a UK and global context, little has changed regarding how male same-sex victims are both perceived and responded to. Therefore, the findings from this research can update policy and practice and subsequently positively impact how male same-sex DVA victims are supported.

Furthermore, as has been highlighted throughout the thesis, there are many similarities in experiences between male same-sex DVA and heterosexual DVA with female victims. Therefore, the key recommendations for UK policy and practice that are borne from this research also have the potential to impact the current response to heterosexual victims of DVA and benefit the sector as a whole.

5.1. Improved recording of male same-sex abuse

The recording of male same-sex DVA should be addressed in the UK. This is perhaps the most important recommendation, as without knowledge about the prevalence of male same-sex DVA it becomes difficult to ascertain the need for support services and specific organisations relating to this population. In turn, determining prevalence will help to expand the services that are currently available. Therefore, police-recorded crime should include the sexuality of victims and perpetrators. In doing so, this evidences the extent of LGBTQ DVA in turn evidencing the need for funded services. Police forces across the country should follow the precedent set by Greater Manchester Police, and begin to record data pertaining to the sexuality of DVA victims. This practice also has the potential to improve the relationship between the LGBTQ community and the police. It is hoped that community outreach would improve the likelihood of reporting DVA victimisation, but also have a knock-on effect on reporting rates of all types of crime experienced by LGBTQ individuals, including hate crime. This highlights the widespread effects that improved police recording can have, not just on male same-sex DVA but on the community as a whole.

5.2. Healthy relationship and sex education

Another key implication for UK policy and practice centres around the need for LGBTQ specific relationship and sex education in the UK. Previous research has found that young people present a particular risk factor for experiencing (whether that is as a victim, perpetrator, or witness) abuse (eg. Barter et al., 2009; Broad and Gadd, 2014; Rogers et al., 2019) and this is no exception for young people in same-sex relationships (Donovan and Hester, 2014). Donovan and Hester (2014) posit that this may be the result of a lack of targeted relationship and sex education for LGBTQ individuals. This research has added to this knowledge. For example, by highlighting the deep-rooted effects that Section 28 of the Local Government Act 1988 had, and continues to have, on how male same-sex victims not only perceive their intimate relationships, and therefore abuse, as well as how this subsequently impacts their help seeking behaviours. Although government policy has recently changed, with school curriculums now including LGBTQ inclusive teaching, it could be expanded further. There is a significant need to promote healthy relationships and

educate about experiences of unhealthy or abusive relationships as well as about LGBTQ specific factors of relationships. Furthermore, this contributes to creating a DVA agenda which is focused on preventing, rather than responding, to abuse.

5.3. Person-centred approach

This research has highlighted the importance of intersectionality when examining male same-sex DVA. The policy implications for this are a more individualised and person-centred approach in the service response to these victims. This is particularly important when individuals exist at the intersections of identities, as this contributes to their experience as victims. As demonstrated in Chapter Seven, it is not uncommon for victims of male same-sex abuse to present at a service with several complex and compounding needs. Some of these are the result of identity factors, such as age and ethnicity. Others are needs built upon transient identities, such as substance and alcohol abuse, mental health issues, and immigration status. Understanding these transient identities and how they impact the lived experience is vital in developing a person-centred approach. It is crucial that these intersecting needs are recognised by services and are sufficiently responded to, either in-house or via referrals to other appropriate services. This individualised approach also needs to take into account the unique experiences of abuse and subsequent needs of victims that minority sexuality creates. For example, HIV status or the threat of outing are further compounded by the sociocultural positioning of sexual minority men within society.

5.4. An integrated approach to LGBTQ domestic violence and abuse

As this thesis has demonstrated, there are many similarities between male same-sex and heterosexual female victims' experiences of abuse. As a result, knowledge produced about one population can influence knowledge about the other. In the same respect, my specific policy and practice recommendations from the UK-based same-sex DVA experience can benefit the UK DVA sector as a whole, whilst also accounting for the nuances of DVA experiences. DVA professional Joe highlighted this, stating:

We still have not found a way to fully accommodate and integrate LGBT peoples' experience in the wider domestic violence world in a way that fits and allows for uniqueness and so it is not that bolt-on topic.

It is therefore important that we stop treating the two communities' experiences as distinct phenomena, and integrating knowledge of LGBTQ experiences of abuse into the wider UK DVA discourse is imperative. Ensuring that LGBTQ victims are not an afterthought has positive implications for the whole of the DVA sector.

5.5. Need for services to improve

A common theme established during interviews with UK-based DVA professionals is the need for services to improve in both quality and scope. Throughout my interviews, DVA professionals repeatedly touched on the pitfalls of the current UK service response to male same-sex DVA victims. This was also evidenced by the help seeking behaviours of my survey participants. Therefore, a significant amount of the key recommendations are proposed with this in mind. These are examined below.

5.5.1. Lack of services

Firstly, the dearth of specific services in the UK that cater for male same-sex abuse needs to be addressed. There are currently an estimated six voluntary sector services that specifically cater for LGBTQ victims (Magić and Kelley, 2019) across England – none of which are located in Wales. There are also further services for male victims of abuse which are open to gay and bisexual men (eg. ManKind Initiative). However, these services have their own limitations when accommodating gay male victims, such as a lack of specialist LGBTQ knowledge. This distinct lack of services is a significant problem, not least because it leaves many men in same-sex abusive relationships without support. This thesis demonstrates the need for more LGBTQ-specific services, with a more dispersed remit around the UK.

The distinct lack of LGBTQ DVA services in the UK, as outlined above, results in a 'postcode lottery'. I use this term to refer to the fact that the small number of specific LGBTQ DVA services are geographically concentrated in certain areas, which have a greater LGBTQ population. These services are located in Birmingham, Brighton and Hove, London and Manchester. There is generally a higher proportion of LGBTQ people in major cities compared to rural areas (Hull, Donovan and Owen, 2013), as young LGBTQ people tend to migrate to urban areas with visible LGBTQ communities (Gold, 2005). However, the geographically sparse nature of these services ultimately means that many male same-sex victims are left without access to services that can confidentially respond to their needs. This postcode lottery was at the forefront of the concerns that DVA professionals expressed during my interviews. For example, Liam stated:

> The majority of the country does not have specialist services, the majority of the country do not have services that work with male victims, so as a gay man you are going to have even less support.

DVA professional Joe also touched upon the postcode lottery being deeply problematic, but he also highlighted the irony of it, stating:

> If I were a victim of domestic violence, even if I could not get a domestic violence service in Brighton, the chances are I would get to a specialist LGBT service, or within a generic service, I could get a decent response which at least is informed … that is the irony that the geographical locus of some of these services means that you get this, it is almost a vicious circle …. And I have certainly had arguments made to me in a commissioning context [such as] 'well we do not need to do that because we do not have the data, there is no evidence of need' … And it is like yeah I know, of course, no shit, that is because they are not reporting.

Put simply, without the specific support services, male same-sex victims are not reporting their abuse or seeking help. Without this reporting, there is no evidence speaking to the need for such services from a commissioning point of view, and the cycle repeats itself. This is why effective recording of LGBTQ DVA by the police, as outlined above, is of great important.

5.5.3. Visibility and accessibility of services

A key finding of this research in relation to the current UK service response is the visibility and accessibility of services. As examined in Chapter Eight, these present as structural barriers to help seeking. When addressing the lack of services, or improving current service response, it is vital they are as visible and accessible as possible. Doing so will ensure as many victims as possible will feel able to access services and seek help for their experiences.

In terms of visibility, I am referring to signs that convey a safe and comfortable space for LGBTQ victims. Key recommendations include visible signs of LGBTQ inclusivity such as pride flags, LGBTQ symbols, and displayed preferred pronouns. The importance of visible inclusivity has been highlighted by charity SAYiT's (2021) Call It Out project. They have devised an Inclusion Kite Mark scheme, through which they offer accreditation awards for service providers. The aim of this is to provide a welcoming environment for LGBTQ service users, staff, and volunteers as well as address some of the barriers to help seeking that LGBTQ victims face. In addition, services must promote themselves to the LGBTQ community and partake in community outreach. Ensuring that people know about services increases the likelihood that they will access them.

In terms of accessibility, I am referring to the physical accessibility of the services. Much of this rests on there being enough services dispersed across the country so that people are in feasible proximity to services and therefore within their geographical remit. Under the current circumstances, this is not possible. This research touched upon the impact that disability has on physical access to services. This highlights the importance of outreach services and online resources, in addition to ensuring that services are physically accessible for all clients regardless of their ability. As with the issues surrounding visibility, it is imperative that all of these implications are taken into consideration for existing and future services.

5.5.4. Funding

One crucial implication for policy and practice is the availability and stability of funding for the DVA sector in the UK. Donovan and Butterby (2020) have previously indicated that funding is one of the most pressing issues that the LGBTQ DVA sector is facing. Likewise, issues surrounding funding were repeatedly touched upon during my interviews with DVA professionals. LGBTQ DVA services currently lack core funding and often rely on short-term funding (usually around 12 months). The short-term nature of the majority of funding creates more administrative tasks due to the constant bidding. A recent report by Donovan and Butterby (2020) highlighted the burden that funding issues have on LGBTQ DVA organisations. They posit that longer-term funding would have a knock-on impact on staff retention, long-term strategies, and security for the organisation, its employees and service users. DVA professional Paul described the 'destabilising' nature of yearly funding. At the time of our interview, Paul's service had recently been granted three years of funding, which he was pleased with as it would allow enough time to properly and thoroughly develop new programmes, which without this longer-term funding, would not have been possible. Another DVA professional, Liam, touched upon the effects that funding cuts have had on the sector, stating:

> There is very limited support for refuges now because of the way that funding is and posts are being cut ... When I first started working in the sector refuges were staffed for 24 hours a day, then it went down to nine to five and now a lot of refuges are only staffed for one or two days a week.

Funding issues have been compounded by the context of austerity (Donovan and Butterby, 2020), in which public sector funding has decreased by over £45 billion between 2009/10 and 2019/20. This decrease has disproportionately affected specialist services for the LGBTQ community (Donovan and Butterby, 2020; Mitchell et al., 2013). Increased funding is imperative to ensure that gay male victims of abuse are responded to adequately. Not only that, but funding should be more stable and offered on a longer-term basis. In turn, this would increase resources that service staff have, as well as have a knock-on impact on staff retention.

6. Original contributions

The following sections will highlight the original contributions this research has made to the DVA discourse. These contributions come in three forms; methodological contributions, contributions to knowledge, and theoretical contributions.

6.1. Methodological contributions

The methodological approach of this research is unique in its research design, as a result of its combination of both victims' and DVA professionals' perspectives. Within the criminological field, research conducted with DVA professionals is rare. When research has been conducted with DVA professionals, the research has focused on their experiences, as opposed to victims' experiences. For example, recent research by Donovan and Butterby (2020) provides a snapshot of a working week within the DVA sector.

To the best of my knowledge, this research is the first study of its kind to examine the experiences of UK male same-sex DVA using a mixed methods approach, with a victim-focused survey and qualitative interviews with DVA professionals within a UK context. Other research has used a mixed methods approach with surveys and interviews when examining same-sex DVA (eg. Donovan and Hester, 2014), however, they remain focused on victims and do not combine victims' and professionals' perspectives. As Chapter Four examines, using this research design allowed me to more readily access a vulnerable and minoritised population. As a result, this research uniquely contributes to the DVA field.

Furthermore, one important element of this unique research design was the way in which I used social media as a tool for participant recruitment. This is a methodological practice which is in its infancy (Bryman, 2016). However, this research has demonstrated how valuable social media is to contemporary social research, particularly when accessing hard to reach and minority group populations (Gelinas et al. 2017; Martinez et al. 2014). It also offers a more economical and practical way to produce large-scale survey studies, as demonstrated by this research. The effective use of the social media website Twitter in

gaining participants for this research contributes to the growing use of social media and alternative participant recruitment methods in social research.

6.2. Contributions to knowledge

Much of the existing research examining male same-sex DVA, and LGBTQ DVA more broadly, comes from the US (eg. Messinger, 2011; 2017) or Australia (eg. Kay and Jeffries, 2010). This research makes contemporary contributions to knowledge in the relatively narrow criminological field and DVA sector in a UK context, as well as supporting existing research. The key contributions to knowledge are summarised below.

Firstly, my research contributes to non-normative knowledge by placing gay male victims at the heart of criminological examination. This population has largely been omitted from criminological scholarship (Buist and Lenning, 2016), apart from outdated research which focused on sexual minorities as deviant or criminal (Woods, 2015). In doing so, this study builds on previous literature, and continues to 'queer' the DVA discourse and criminology in general (eg. Donovan and Hester, 2014; Donovan and Barnes, 2020b; Messinger, 2017; Ristock, 2005).

This research examines the surrounding context of how sexual minority men are perceived by society, as well as how they perceive their intimate relationships. In doing so, it builds upon previous research (eg. Donovan and Hester, 2014; Donovan and Barnes, 2020b) and situates the experiences of abuse within wider contextual and societal factors. It has highlighted how this further impacts the experiences of male same-sex abuse by creating additional layers of abuse, as well as manifesting as barriers to help seeking. By examining the wider societal and cultural context within which male same-sex abuse takes place, this thesis has highlighted how social structures (such as heteronormativity and homophobia) uphold the abuse that victims experience at the hands of their perpetrators and therefore contribute to the invisibility of gay male victims. In doing so, it highlights the importance of examining wider social factors relating to how intimate relationships are perceived within society, as this provides a crucial contextual background to how abuse is experienced.

My research exposes the nuanced ways in which sexual minority men experience abuse. It has demonstrated that coercive control, physical abuse, and sexual abuse can all manifest within male same-sex intimate relationships. Ultimately, these abusive behaviours largely mirror that of heterosexual female victims, however, there are specific tactics of abuse that perpetrators can use. These tactics relate specifically to sexual identity.

Furthermore, this analysis has highlighted the individualised ways in which sexual minority men experience abuse based on specific identities; identities which also intersect with each other. For example, male same-sex victims from ethnic minority backgrounds will experience DVA in different ways than white men. It is important to recognise this, as their experiences have implications for the way in which these men are responded to. Taking a more individualised approach when supporting gay male victims will ultimately provide a more effective response.

Finally, this thesis has demonstrated how the current service response is inadequate in supporting gay male victims of domestic violence and abuse. This is not to say that individual services are failing, rather, the system as a whole is impeded by structural level barriers. These structural level barriers are also underpinned by individual-level barriers, such as a lack of personal recognition of abuse.

6.3. Theoretical contributions

In addition to contributions to knowledge and methodological frameworks, this thesis makes a novel contribution to theory in two distinct ways. These contributions are situated not only within the DVA discourse but also in wider criminological and sociological disciplines. Firstly, the theoretical framework utilised in this research is significant, in its novel combination of different theoretical perspectives and its application to male same-sex DVA. As Chapter Three explores, the framework I developed took influence from traditional feminist and gender theories, whilst drawing on queer theory and sexuality as a vital factor, synthesising them to create an innovative lens through which to effectively analyse male same-sex DVA. This was beneficial for my research, as an innovative lens was developed

which allowed a well-rounded and theoretically grounded contemporary examination of male same-sex DVA.

Indeed, as my research highlights, the majority of previous DVA research is conducted using feminist theory and a gendered perspective. Whilst this has been effective at locating female experiences of DVA within discourse, it does exclude other experiences outside of the gendered binary, such as male same-sex abuse. This does not mean, however, that feminist theory or a gendered perspective is completely without value within queer DVA research, as gender still influences the male same-sex DVA experience, as shown in my thesis. For example, DVA professionals I interviewed anecdotally pointed to men still being the majority of perpetrators, even in LGBTQ DVA contexts. Therefore gender is still a useful lens to analyse these experiences. The importance of gender and feminist perspectives is also asserted by previous research, such as Donovan and Hester's (2014) work which draws upon feminist perspectives of power and control to examine DVA in same-sex relationships.

Rather, my research argues that gender is not the only lens to examine DVA, and other perspectives including queer perspectives can help to develop a deeper and more intersectional understanding of DVA. For example, perpetrators in all relationship types can coercively control their partners by isolating them from the outside world. In male same-sex relationships this can be done by playing on societal homophobic attitudes. This demonstrates that whilst experiences of abuse can be similar across relationship types, there also exists some nuanced behaviours which are created by minority sexuality.

Furthermore, restricting DVA research to a gendered perspective limits the understanding of DVA which consequently restricts the application of knowledge to effective support for victims and prevention programmes for perpetrators. As my theoretical framework was effective in producing a well-rounded examination of male same-sex DVA, I argue this research provides evidence for the usefulness of these perspectives in the evaluation of male same-sex and wider LGBTQ lives.

Secondly, this thesis creates a meaningful contribution to DVA research and social research as a whole with its novel development of transient identity theory. Chapter Seven examines

the concept of identity and identity formation. In doing so, it demonstrates its fluidity and the importance of recognising transient identities. For example, immigration status is not a fixed identity in that it can change throughout an individual's life. However, as shown in chapter Seven, it can impact experiences of abuse in similar ways to fixed identity factors, such as ethnicity. For example, it can be used as a tool of abuse to manipulate the victim – just as ethnicity, sexuality, or any other identity factor can.

This theoretical contribution adds to and updates existing discourse and theory of identity formation, and the influence of additional needs on lived experience. It is a phenomenon that has not been established within previous literature or applied to same-sex DVA contexts. It also suggests there are more issues to consider within abusive relationships than previous research has shown. It is important not only to the academic field, as it strengthens identity theory and the examination of DVA, but also to practitioners as understanding the concept of shifting identities is key to responding to and supporting individuals. Furthermore, this contribution is not only significant to the DVA discourse specifically, but also to all aspects of the lived experience and for all contexts of social support.

7.   Reflections on the research process

Undertaking this research has been a long and turbulent process, but one which I am privileged to have embarked upon. This section examines some personal reflections I have on the research process. Reflections on data collection and my research identity will be considered in turn.

7.1. Reflections on data collection

Despite the sensitive nature of this research topic and therefore the sensitive discussions that took place during the interviews, I found them to be an overall enjoyable process, largely owing to the interview participants. As Chapter Four explores, I regarded the interviews as an opportunity to learn from and extract knowledge from experts. This gave me an immense sense of gratitude that they chose to participate in my research and share their expertise with me. Recent research has highlighted that professionals within the DVA

sector often work above and beyond their remit, as well as longer than their paid hours (Donovan and Butterby, 2020). In light of these findings, I am truly grateful that the professionals who I interviewed took time out of their busy work schedules to talk to me at length and contribute to this research.

I conducted the interviews via a mix of face-to-face and telephone, however, given the chance to undertake interviews again in any future research, I would prefer them to be all face-to-face. Telephone interviews were necessary to fit around the professional's busy schedules, and to cut down travel time and costs for myself. Although they were deeply valuable and thought-provoking, I felt I developed a deeper and quicker rapport with the professionals I interviewed face-to-face. This put me more at ease, and I believe allowed me to execute the interviews to a deeper level and greater understanding.

It is also important to reflect on the credibility of my interviews with DVA professionals, and the trustworthiness and validity of the subsequent data produced. It has been noted that participants may give answers that they think the researcher wants to hear to avoid criticism or prejudice, which is particularly the case with police participants (Horn and Hollin, 1997). Similarly, Berry (2002: 678) reminds interviewers to 'always keep in mind that it is not the obligation of a subject to be objective and to tell us the truth'. Berry (2002) states that a way to overcome this limitation is to use multiple data sources. The mixed method research design, therefore, addressed questions of credibility as the interviews with DVA professionals confirmed my survey data. The themes that arose from my interview data also aligned with findings from previous research, which speaks to its validity. Finally, many of the participants offered a critical account of the current service response to male same-sex DVA victims, as well as consideration as to what their organisation could do to better support these victims. Throughout the interviews, some professionals also touched on the importance of this research, both for male same-sex DVA victims and the DVA sector as a whole, as well as an interest in the outcomes of this research. It is therefore my belief that the participants gave an open and honest account in response to my interview questions.

Another reflection I have on the data collection process is that I was unfortunate in not being able to interview victims themselves, as was the original intention of this research. This was always an anticipated issue, due to previous research highlighting the difficulty of accessing minority groups within research (eg. Barnes, 2013). This was certainly my experience, which was compounded by the time and practical restraints of doctoral research. However, I am grateful that they shared their experiences with me via the online survey, and I hope I represented them well. Furthermore, amending my research design only speaks to the precarious nature of sensitive topic and social research.

7.2. Reflections on my research identity

Finally, I reflect once more on my researcher identity. As Chapter Four outlines, my own identity as a heterosexual female positions me as an 'outsider researcher', as it is opposite to the identity of my research population. This had subsequent implications on the research design and process, as I attempted to conduct this research sensitively and in a way that does not misrepresent the research population. Reflexive practice was conducted as an integral part of this sensitive research with a vulnerable population.

There has been some debate surrounding the capability of outsider researchers to produce sound and valid research. However, as Chapter Four demonstrates, this outsider/insider researcher binary can be challenged. Not least because identity is fluid (Woodward, 2002), and therefore capable of change alongside cultural and societal shifts. In the case of outsider researchers researching non-normative sexuality, they too have the ability to produce non-normative knowledge in a sensitive manner. My research has further demonstrated this, and I hope offers motivation to future researchers that this is possible.

8. Limitations and considerations

Research is rarely without limitations, and this research is no different. The limitations of this research mainly relate to the number and type of participants involved in this study. As a result, the findings of this research should be interpreted and generalised accordingly with

these limitations in mind. The limitations relating to the survey and interviews are outlined below in turn.

8.1. Survey

This research relied significantly on an anonymous online survey. This method was valuable, as it allowed me to access a hard to reach group in a relatively simple and low-cost manner. However, there are also limits to this survey method. Ideally, social research should be conducted with a randomised sample in order to represent the research population as best as possible so that research findings can be generalised (Lavrakas, 2008). However, achieving a randomised sample is not always feasible or low cost, particularly for larger-scale research and survey experiments (Mullinix et al., 2015). It is for this reason that skewed samples are typically indicative of academic research. This has implications for my research as my survey method employed a convenience sample, defined as a sample that is 'available to the researcher by virtue of its accessibility (Bryman, 2016: 187). Mullinix et al. (2015) name student populations and opt-in online samples as two examples.

My sample was collected via a self-selected online survey which was disseminated via Twitter and a University mailing list. Despite the accessibility of convenience samples, they produce non-representative samples. This is illustrated in my research, as the majority of my survey participants identified as white (91%) and aged between 18 and 44 (90%). Recruiting survey participants on Twitter and via targeted University email lists ultimately produced a relatively young sample with a lack of ethnic diversity. The limitations in this sample also point to the invisibility of male same-sex DVA victims and victims not recognising themselves as such, particularly when they are at the intersections of identities.

As a result of the skewed sample, the generalisability of convenience samples is unclear (Jager et al., 2017). This has implications for my research in that my findings are not representative of the whole population of male same-sex DVA victims. However, this is addressed by the mixed-method research design and triangulation achieved by also conducting in depth interviews with professionals. The survey results were used to underpin and enhance research findings from in-depth qualitative interviews. Therefore, the

generalisability of the quantitative findings should be made with these limitations and the ways in which this research design counteracts them, in mind.

Due to the limitation of an unrepresentative sample, analysis in relation to key identity factors, ethnicity and age, were not able to be made, despite them emerging as early themes within both my survey and interview data. In turn, this highlights a need for future research, which will be outlined in the following section.

In the discussion of survey limitations, a note must also be made of how the behaviours were framed. As Chapter Four examines, the behaviours which were asked about in the survey were categorised as 'non-physical' and 'physical' relationship behaviours, as opposed to coercive control, emotional, or physical abuse behaviours. I chose to frame the survey in this way as the survey recruited men who were or had been in a relationship with another man and did not specifically call for male victims of DVA. In addition, the decision not to label the behaviours as abuse was made to minimise the potential to harm the participants. However, there is a drawback as a result of listing the behaviours in this way, as it led to some of them being miscategorised. For example, the behaviour of checking an individual's social media, emails, or phone was included in the physical behaviours list. This is despite the fact this has been well documented as a tactic of coercive and controlling behaviour throughout the DVA sector and previous research. As a result, this impacts the analysis of my survey data and limits the ability for comparison to other research and is therefore a limitation of this research. In future research, I would endeavour to frame the behaviours differently, to allow for a more accurate representation of the behaviours experienced in male same-sex abuse, as well as allow for a more effective comparison between research.

Despite these limitations, overall the survey was valuable as it engaged with the target research population and collected original data which allowed me to address the research aim of understanding the phenomenon of male same-sex DVA.

This research also relied on interviews with DVA professionals who have experience working with same-sex DVA victims. The interviews were valuable to my research as they allowed me to engage with DVA professionals within the field and built on my survey findings to provide original data and in-depth theoretical and practical insights.

However, there are also limits to interview methodologies. The limitations relating to qualitative interviews in my research also mainly relate to sampling. As outlined in Chapter Four, I conducted 11 interviews with DVA professionals. Based on previous suggestions, this is generally considered to be a small sample for qualitative research (eg. Adler and Adler in Baker and Edwards, 2012; Creswell and Poth, 2018). However, this sample size provided a more than adequate amount of data for this research for the following reasons. Firstly, the nature of semi-structured qualitative interviews allowed me to conduct insightful and in-depth interviews with my participants, ensuring that theoretical saturation (Bryman, 2016; Seidman, 2006a) was reached. Secondly, the relatively narrow scope of this research, in that comparisons between groups within the sample are not drawn (Bryman, 2016), allows for a smaller sample. Finally, the pool of DVA professionals who are experts in male same-sex DVA is particularly small, as estimates show that only six LGBTQ specific IDVAs operate within England and Wales (Magić and Kelley, 2019). This has implications for this research as a large sample is practically impossible. To counteract this, I endeavoured to get a wide range of roles within a small sample, for a broader spectrum of knowledge and work experiences. The professionals I interviewed were also located in various locations across England and Wales. Some professionals also spoke about their experience working with clients from smaller and more rural locations as well as larger urban areas which helped to get a broader representation of experiences.

Due to the potential limitations caused by the smaller sample size, the limited generalisability of research findings has to be carefully considered. Generalisability refers to the external validity of research findings (Bryman, 2016), although it is more commonly an aim of quantitative research. As Leung (2015: 326) explains, the majority of qualitative research studies a 'specific issue or phenomenon in a certain population ... hence

generalizability of qualitative research findings is usually not an expected attribute'. Instead, qualitative research strives for the generalisation of theory rather than populations; a concept referred to as 'analytic generalization' (Yin, 2009) or 'theoretical generalization' (Mitchell, 1983). Owing to the small pool of LGBTQ DVA experts in the UK, and the steps taken to address this drawback, it is my assertion that the findings presented in this thesis can be theoretically generalised. Indeed, the interviews carried out in this research produced sufficiently significant in-depth data to address my research question and sub-research aims.

9. Recommendations for further research

My research findings provide significant avenues for potential future research. As previously stated, the current research into male same-sex DVA in a UK context is underdeveloped in comparison to research examining heterosexual DVA with female victims. This exploratory piece of research has added to this current dearth of literature. However, there are some themes which I was unable to examine in depth which warrants further investigation. In part, this is due to limitations with the sampling as set out previously. This section outlines some of my thoughts for additional future research relating to the findings of this research and the topic of male same-sex DVA.

Firstly, I recommend that future research places intersectionality at the heart of research design and data analysis. Although this thesis examines the experiences of male same-sex DVA through the lens of sexuality and gender, it is not the only lens through which we can analyse DVA. Alongside previous studies (eg. Donovan and Hester, 2014; Donovan and Barnes, 2020b) this research has discussed the significance of extending beyond a gender based analysis of DVA, to locating intersectional experiences of DVA within the wider discourse. By recognising that LGBTQ people are not a homogenous group, the different and nuanced ways they experience abuse can be understood. In addition, findings from intersectional focused research can be more easily applied to the population of male same-sex DVA victims as a whole, which this research, unfortunately, falls short of doing. It is therefore important that this notion is incorporated into the research design of future projects from the outset.

The impact that intersecting identities, whether they are fixed or transient, has on male same-sex DVA experiences is undeniable. However, due to issues outlined above relating to a skewed and unrepresentative survey sample, this research was restricted in its analysis of intersectional experiences and needs, despite them emerging as early themes within my data collection.

For example, many DVA professionals touched upon the experiences of specific clients whose ethnicity had impacted or compounded their experiences of abuse. For example, Liam disclosed the experience of one client whose experience of abuse had begun with honour-based violence (HBV) at the hands of his family in his home country as a result of his sexuality, which led him to flee to the UK. He then experienced abuse in his male same-sex relationship, and Liam described how the perpetrator would use this prior experience of HBV and his ethnicity as a way to abuse and manipulate him. Similarly, DVA professional Kelly also touched upon forced marriage[99] involving LGBTQ people. Research has confirmed instances of male forced marriage which are triggered by sexuality, and seen as an 'antidote for their gayness' (Samad, 2010: 198). The relationship not only between ethnicity and DVA experiences, but also HBV, represents an important avenue for further research. Recent research has begun to examine the experience of male victims of HBV, including the relationship to minority sexuality (Idriss, 2021; Jaspal, 2020; Khan and Lowe, 2020), though more research is needed to deepen this understanding.

Similarly to ethnicity, age also presented as an emerging theme in my data collection. Despite its significance, age is rarely examined as a variable in DVA research, particularly in LGBTQ-focused research. Age can be significant in two ways. Firstly, DVA professionals reported older men and those who have lived through particular periods of LGBTQ history, such as the de/criminalisation of homosexuality, as having specific experiences of abuse and an impact on their help seeking behaviours. For example, Paul disclosed that significantly fewer older men approach his service, likely put off by historic hostile or homophobic encounters with previous services. Secondly, DVA professionals also pointed to unique

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[99] Forced marriage is just one specific form of honour-based violence (HBV).

experiences of DVA relating to a significant age gap between the victim and perpetrator. For example, Claire reported clients being abused by their older partner who uses money and other resources to control them. There is a growing body of research examining older women's experience of DVA (eg. Bows, 2017; Rogers and Taylor, 2019), as well as recent research examining the experiences of DVA in older men (Bates and Carthy, 2020). However, more research is needed to expand this understanding. Despite ethnicity and age emerging as potential themes, my survey sample did not allow for sufficient examination and generalisability. Future research should endeavour for a representative sample and place these intersections at the heart of analysis.

Secondly, as Chapter Six explores, physical abuse manifests in male same-sex intimate relationships, as it does in heterosexual DVA with female victims. However, the findings of this research point to a potentially higher degree or escalation of physical abuse. As Chapter Six theorises, this could be the result of gay male victims' hesitancy of reporting abuse to the police. As a result, when the police do get involved, it is often at the point of severe physical injury or threat to life – whether this is the result of self-disclosure or third-party disclosure. Further research is needed to more thoroughly investigate the nature of physical abuse, and subsequent police intervention, in male same-sex intimate relationships.

Thirdly, as Chapter Six explores, sexual abuse in male same-sex intimate relationships, and towards men in general, is an area which remains vastly understudied. Not to mention, it is a topic which remains impacted by prevailing taboos and stigma, associated with sexual identity as well as notions of masculinity and male victimhood. This research has demonstrated that sexual abuse constitutes a significant part of male same-sex abusive relationships, and has highlighted the nuanced elements of this abuse. However, there is a great deal of research yet to be conducted, to deepen our understanding of this phenomenon.

Furthermore, in relation to sexual abuse, this research touched upon the fairly new, or newly recognised, phenomenon of chemsex. Recently, chemsex is gaining more attention from a public health research perspective, but a criminological focus has been missing. This research has highlighted the potential link between chemsex and DVA in male same-sex

intimate relationships. However, more research is needed to deepen this understanding and examine the relationship, if any, between chemsex and DVA within male same-sex contexts.

10. Final words

As this thesis has shown, male same-sex DVA is now been recognised within academic and professional discourse, with a growing amount of research examining the prevalence and nature of male same-sex DVA in the UK and globally. Despite this, the phenomenon of male same-sex DVA is still overshadowed by wider VAWG agendas. As a result, this population remains hidden within both the public sphere and the policy sector, which has led to a lack of policy and commissioned services. Unfortunately, my research has also demonstrated that the wider LGBTQ community seems to disregard the phenomenon of abuse within the community's intimate lives, to avoid bringing further stigma to the community. All of this culminates in the invisibility of male same-sex DVA, which is upheld by the heteronormative and homophobic nature of society. It is hoped that this research shines a light on the existence of male same-sex DVA victims, and has demonstrated the need for more adequate support which responds to the nuanced and specific nature of male same-sex DVA, as well as any additional needs individuals have. Finally, the key recommendations, as set out above, make a significant contribution to the overall discourse of DVA and can benefit all victims of abuse with the goal to reduce and ultimately eliminate abuse within intimate relationships.

Appendix – Tables

Table 1 - Gender Identity of survey respondents

Gender Identity	Respondents (n)[100]	Respondents (%)
Cisgender male	82	80
Transgender	5	5
Drag	1	1
Non-binary	4	4
Genderqueer	2	2
Bi-gender	2	2
Gender fluid	1	1
Androgynous	2	2
Unsure	4	4
Prefer not to say	3	3
Other[101]	6	6

Table 2 – Sexual Identity of survey respondents

Sexual Identity	Respondents (n)[102]	Respondents (%)	
Gay	86	84	
Bisexual	8	8	
Queer	11	11	
Pansexual	6	6	
Undecided/Questioning	3	3	
Prefer not to say	2	2	
Other	1	1	Panromantic Androsexual (romantically attracted to all genders, sexually attracted to male-bodied people)

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[100] Some participants selected multiple answers, hence this number does not add up to the total participants (n103). For example, the participant who identified their gender as drag, also identified as cisgender male. Out of the 4 who selected 'unsure', 3 participants also identified as cisgender male.

[101] Participants who selected 'other' all self-identified as male. This could be an active rejection of the label cisgender, or simply a result of being unfamiliar with the term.

[102] Some participants selected multiple answers, hence this number does not add up to the total participants (n103). For example, the majority of those who identified as queer (n7) also identified with another sexual identity.

Table 3 – Age of survey respondents

Age	Respondents (n)	Respondents (%)
18 – 24	29	28
25 – 34	44	43
35 – 44	20	19
45 – 54	6	6
55 – 64	4	4
65 to 74	0	0
75+	0	0

Table 4 – Ethnicity of survey respondents

Ethnicity	Respondents (n)	Respondents (%)	
White	94	91	
Black	0	0	
Asian	8	8	
Mixed (please state)	0	0	
Other (please state)	1	1	Latin American

Table 5 – Country of residence of survey respondents

Country	Respondents (n)	Respondents (%)
Argentina	1	1%
Canada	1	1%
China	2	2%
Ireland	2	2%
United Kingdom	95	92%
United States of America	2	2%

Table 6 – Employment status of survey respondents

Employment status	Respondents (n)	Respondents (%)
Employed - full time	64	62
Employed - part time	9	9
Unemployed - student	29	28
Retired	0	0
Unemployed	1	1

Table 7 – Professional participants

Pseudonym[103]	Age[104]	Gender identity[105]	Current role[106]	Relevant previous roles[107]	Interview type and location	Interview length[108]
Joe	38	Male	Researcher	Social worker, various IDVA roles, and commissioner for domestic violence for a council	Face-to-face in a café	1hr 32m
Liam	33	Male	Domestic abuse and sexual violence consultant	IDVA for all male victims, running perpetrator programmes, and delivering domestic and sexual abuse training for councils and police forces	Face-to-face in a café	1hr 29m
Jane	48	Female	CEO of generic domestic violence charity that offer LGBTQ services		Telephone	59m
Rodger	61	Male	IDVA supporting all male victims		Telephone	53m
Claire	59	Female	IDVA supporting all male victims	Worked at Victim Support and other previous IDVA and IDVA support roles	Telephone	56m
Denise	60	Female	Works in a male refuge and as an independent advisor to a police force	Various LGBTQ charity roles spanning 30 years, experience working with LGBTQ DVA victims and developing a same-sex DVA project	Telephone	1hr 15m
Ryan	24	Male	Domestic abuse officer at generic LGBTQ charity	Worked at Victim Support	Telephone	1hr 2m
Susan	39	Female	Detective sergeant for English police force		Face-to-face in private office	45m
Laura	50	Female	Head of adult services at domestic violence intervention organisation		Telephone	36m
Kelly	43	Female	Domestic and sexual abuse theme manager for a council	Manager of an IDVA service, manager of a refuge, and domestic and sexual violence manager for previous councils	Telephone	38m
Paul	50	Male	Senior service manager at a LGBTQ organisation that offer DVA services		Telephone	1hr 14m

[103] These pseudonyms are used throughout this thesis in order to ensure confidentiality, but without compromising the narrative.

[104] Average age is 46.

[105] Fairly even gender split - male (n5) and female (n6).

[106] This was the interviewees role at the time of the interview.

[107] This includes any previous relevant roles that were disclosed during the interview. For those that are blank the information was not discussed.

[108] Average length of interviews was 62 minutes.

Table 8 – Survey respondents help seeking sources

	Responses (n)	Responses (%)
Friends	78	76%
Family	32	31%
Hospital or doctor	7	7%
Social services	2	2%
Victim support agency	1	1%
Housing association	0	-
Police	1	1%
Therapist or counsellor	21	20%
Relationship advice	5	5%
A LGBTQ charity or organisation	8	8%
Legal advice	2	2%
Religious advisor	1	1%
I have never sought help or advice	19	18%
Other (please specify)*	6	6%

Table 9 – Survey respondents help seeking sources: other*

1	Self-help books
2	Internet
3	General advice sites online - google searches for specific issues for example
4	Internet
5	Work colleagues
6	Online pages on LGBT relationships

Table 10 – Survey respondents that had/had not sought help

	Respondents (n)	Respondents (%)
Yes	84	81.5
No	19	18.5

Table 11 – Number of different help seeking sources used by survey respondents

Different sources of help seeking (n)	Respondents (n)	Respondents (%)
1	34	33
2	30	31
3	16	16.5
4	2	2
5	1	1
7	1	1

Appendix – Figures

Figure 1 – Morgan's (1998) Mixed Method Research Classification

Image taken from Bryman (2016: 638)

Figure 2 – Help and support information from survey

Figure 3 – Survey information sheet

1. Information Sheet

Thank you for the interest in completing this survey.

About the study
This survey is part of a PhD project at The University of Sheffield, and has received ethical approval from The University. Unlike heterosexual relationships, which have been well researched, little is known about LGBTQ relationships. This research aims to investigate the experiences of male same-sex relationships.

Why should I take part in this research?
By completing this survey you are helping a vital piece of research. Although it may not directly benefit you, it aims to shed a light on a less well researched population. It is hoped this research leads to a greater understanding and societal acknowledgement of the experiences of male same-sex relationships.

Anonymity and Confidentiality
This survey is anonymous and any potentially identifiable information will be omitted from research outputs. All responses and data will be kept confidential, and in accordance with The General Data Protection Regulation (GDPR) 2018.

How long will it take?
This survey will take **10-15 minutes** to complete.

What do I need to do?
This survey requires you to read the questions and answer them truthfully and to the best of your ability.
Please note: If you wish to further help this research, I am also seeking participants to take part in a short informal interview. The end of the questionnaire will provide details of this.

What will happen to my answers?
Your answers may be _anonymously_ quoted in any research outputs, including a PhD thesis. Any identifiable information will be altered and your identity will remain hidden.

Can I stop the survey if I change my mind?
You have the right to stop and withdraw from the survey at any point once you have started. If you do withdraw part-way through, the rest of your answers will be discounted. However, once you have fully completed the survey, it is not possible to withdraw your answers due to the anonymised nature of the survey.

OK

0 of 23 answered

Figure 4 – Survey consent form

* 1. I have read the above information. (Please note, if you answer no the survey will automatically end)

☐ Yes

☐ No

* 2. I consent to taking part in this study, and to being anonymously quoted in any research outputs. (Please note, if you answer no the survey will automatically end)

☐ Yes   ☐ No

0 of 23 answered

Figure 5 – Professional participant consent form

<table>
<tr><td>The University Of Sheffield.</td><td>Participant ID number:</td></tr>
</table>

Participant Informed Consent Form

*Both parties must fill out and sign **two** copies of this form, prior to the commencement of the interview, so the participant and researcher both have a signed and dated copy. The participants copy should then be attached to the information sheet and any other written information provided to the participants. The researchers copy will be kept in a secure location.*

Please tick the following boxes to provide your consent to participate in the above research study, according to the following terms:

1. I confirm that I have read and understood the information sheet, which explains the above research project, and I have been presented with the opportunity to ask any questions about the project. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from the research at any time from the research without reason and without any negative consequences. ☐

3. I understand that during the interview I may choose not to answer certain question(s), without any negative consequences. ☐

4. I understand that my responses will be kept strictly confidential, with my data fully anonymised through the use of pseudonyms (false names) and any other identifying details will be changed. I understand that I will not be identified or identifiable in the report(s) that result from the research. ☐

5. I understand that I may be quoted directly (under a pseudonym) in the output(s) of this research. ☐

6. I understand that the data collected from me will be used in this research project (under pseudonyms), and any other future research projects that may arise and are directly linked to this project. I understand that the same confidentiality rules will apply throughout any related or future research projects. ☐

7. I understand that any data collected from me will be stored in accordance with The General Data Protection Regulation 2018. ☐

8. I consent to the interview being voice recorded.
(Participation in this project is not reliant on you ticking this box. Should you wish to decline to voice recording, only paper notes will be taken during your interview). ☐

9. I agree to take part in the above research project. ☐

Name of Participant	Date	Signature

Name of Researcher	Date	Signature

Figure 6 – Participant information sheet

The University Of Sheffield.

Participant Information Sheet

You have been invited to participate in the research project described below. Before you agree to participate, please review the information below to understand the nature of the project and the scope of the research. It is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully, and please ask the researcher if there is anything you do not understand. The researcher will be available throughout, should you have any questions going forward. I hope you will agree to participate in this exciting project.

Research project title
An Examination of Domestic Abuse in Male Same-Sex Relationships.

Reason for the study
While there is a fairly well developed, and still growing, body of research on heterosexual domestic violence, the voices and experiences of males and LGBTQ+ has largely been ignored. This research seeks to shine a light on the lived experiences of those who are currently, or formerly have been, involved in domestic abuse in male same-sex relationships.

What is the project's purpose?
The purpose of this research project is to explore the extent, characteristics, and causes of domestic abuse in male same-sex relationships. Current knowledge, theory, and practices surrounding domestic abuse are based on heterosexual abuse and this research aims to conceptualise same-sex domestic abuse outside of existing theories.

Why have I been invited to participate?
You have been invited to participate because you fit the sample criteria for this research. For group 1, invited participants must have suitable and sufficient professional experience in working with and dealing with male same-sex abuse. For group 2, invited participants must self-identify as male and are currently, or formerly have been, involved in an abusive relationship with another male.

Am I required to participate?
Participation in this research is voluntary, and is entirely your decision whether or not to take part. Refusal to participate will not involve penalty, and you may withdraw from participation, without reason, at any time throughout the research. If you agree to take part, you may keep this information sheet and will be asked to provide written consent by reading and signing an informed consent form.

How do I participate?

If you agree to take part in this research, the Lead Researcher will ask to meet with you for a face-to-face interview lasting approximately 60 – 90 minutes. The interview will take place in a private, mutually-agreed location, with only the researcher and you present. Should substantial travel be required for the interview to take place, the researcher will take part in this, to minimise the effort required for the participant. If face-to-face interviews are not practical or feasible, telephone interviews will be conducted.

The interview will be informal; however, I would ask that you try to answer the questions as fully as possible, recognising that aspects may be uncomfortable. During the interview you may choose not to answer certain question(s), without any negative consequences.

What do I have to do?

All that is required from you as a participant is to turn up to an interview, and engage with the researcher, answering the questions to the best of your ability. This research does not require any preparation or any lifestyle changes.

What are the possible disadvantages and risks of taking part?

The potential disadvantages to you as a participant is the discomfort and potential anxiety that comes with the research topic, particularly when recalling personal experiences of involvement in an abusive relationship.

On the occasion you experience any discomfort or anxiety, the interview will be stopped and the interviewer will refer you to a list of helpful services and agencies, should you wish to seek any further help or advice (this list of services is also provided with this information sheet). The interview can later continue, be rescheduled, or you may withdraw from the process altogether.

You should not disclose any information you do not wish to be used in the research. Should you mention something that risks your own or someone else's well-being or might be criminal, I will discuss with you disclosure and seek your consent to approach the relevant agency, examples are listed at the end of this document. I will offer to support you throughout If you wish. If you reveal any risk to a child or 'vulnerable' adult (someone who is unable to protect themselves due to mental and/or physical disability, age or illness), I am legally obligated to breach confidentiality and will discuss with my supervisors whether this may be a matter for social services or the police.

What are the possible benefits of taking part?

The benefits of participating in this research study are the gratification of contributing your voice and experience to an area of research that currently lacks full acknowledgement or understanding. This project will help to shine a light on the existence of abuse in male same-sex relationships, benefiting the wider LGBTQ+ community.

What happens if the research study stops earlier than expected?

Should the research stop earlier than expected, for any reason, your participation may no longer be required. The data previously collected from you will no longer be used.

What if something goes wrong?

Should you wish to raise a complaint about the research process, please contact the research supervisors (contact details below) who will deal with your complaint in a suitable manner. Furthermore, if you feel your complaint has not been handled to your satisfaction, you can contact the Head of Department (The School of Law), who can then take the complaint through the appropriate channels.

Will my taking part in this project be kept confidential?

Prior to collecting any data, participants will be required to sign an informed consent form giving their permission for data to be collected from them and used in any research outputs and publications.

All information collected will be kept strictly confidential and you will not be identifiable in any reports or publications. Pseudonyms (fake names) will be assigned to the participants, and any personal information or identifiable details will be altered in during transcription (eg. town or place names changed).

Original data, recordings and transcripts will be stored securely in a locked cabinet in the postgraduate office within The School of Law, and only the head researcher will have access to the key. The data will be stored both on the head researcher's personal laptop, and on their personal computer in The School of Law. On both the devices, the data will be kept in a password protected file and will be encrypted.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

Information sought from the participants includes both demographic information (eg. age, ethnicity...) and personal information regarding retrospective experiences of domestic abuse.

The information collected from you is relevant to the research as it informs knowledge about domestic abuse in male same-sex relationships, and will help the researcher in building theory of why and how the abuse occurs. This theory will be more appropriate than previous theories which are built on the experiences of heterosexual abuse.

What will happen to the results of the research project?

The output of this research project is primarily a PhD thesis, and will be presented to a board of academics for examination. Additionally, it may be published as a book. If participants wish, a copy of the thesis can be sent to you upon completion. There is also the possibility of other publications, both during the research process and after, (such as book chapters, journal articles) in which your data may be used. It may also be used in subsequent research (stated on the consent form). The same rules apply to this in which all data will be anonymised and you will be unidentifiable in any publication with contains your data.

Who is organising and funding the research?

The lead researcher (Louisa McMahon) is organising the research under the supervision of Dr Maggie Wykes (The University of Sheffield) and Dr Tara Lai Quinlan. The research is funded by The School of Law at The University of Sheffield.

Who has ethically reviewed the project?

This project has been ethically approved via The School of Law's ethics review procedure. The University's Research Ethics Committee monitors the application and delivery of the University's Ethics Review Procedure.

Will I be recorded, and how will the recorded media be used?

With your permission, the interview will be voice recorded via digital recording, and will be used only for transcription and analysis purposes. No one but the lead researcher will have access to the original recordings, and they will be listened to in private through the use of headphones. Both the original physical recordings and transcription will be kept securely in a locked cabinet, and electronically stored in a password protected file. If you do not agree to be voice recorded, the interview can still take place and only hand written notes will be taken.

Contact for further information

Should you wish to obtain further information about this research project, or if you seek clarification on the research process or consent form, please feel free to contact the lead researcher, or the research supervisors should the lead researcher be unavailable – contact details are provided below. You will be given a copy of this information sheet and a signed consent form to keep for your own reference.

Thank you for taking the time to read this information, I do hope you decide to take part in this research!

Lead researcher	Supervisors	Head of School
Louisa McMahon	Dr Maggie Wykes	Professor Graham Gee
	School of Law	School of Law
PhD Candidate	The University of Sheffield	The University of Sheffield
School of Law	E: m.wykes@sheffield.ac.uk	E: G.Gee@sheffield.ac.uk
The University of Sheffield		
	Dr Tara Lai Quinlan	
E: lmcmahon1@sheffield.ac.uk	E: tlquinlan@gmail.com	
T: 07432826743		

Figure 7 – NVivo Codebook[109]

Name	Description	Files	References
Fear		5	15
First same-sex relationship		3	9
Formal v informal help		1	1
Gender and sexuality - identity		9	21
Gender differences		1	1
Gendered perspective of DVA		5	16
GPs		1	1
Grooming		2	4
Help seeking behaviours		5	11
Heteronormativity		4	12
High risk		8	18
HIV		5	9
Homelessness		2	3
Homophobia		3	8
Experiential homophobia		6	9
Internalised homophobia		3	5
Isolation		6	16
Jealousy		1	1
Job being worthwhile		1	1
Lack of knowledge	Knowledge and understanding of male same-sex DVA is lacking.	8	23
Lack of recognition of abuse	Either by public, society, services, professionals OR the victims / perps. themselves	9	38
Lack of sex and relationship education	Lack of sex, sexual health, healthy relationship education for the LGBT community	8	15
Language		3	4
Leaving the relationship		9	24

Figure 8 - NVivo Word Cloud

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[109] The number shown in the 'files' column refers to how many interviews the code is featured in, whereas the number shown in the 'references' column is the overall number of times the code is repeated across all interviews.

Figure 9 - Number of participants who disclosed experiencing at least one behaviour by category
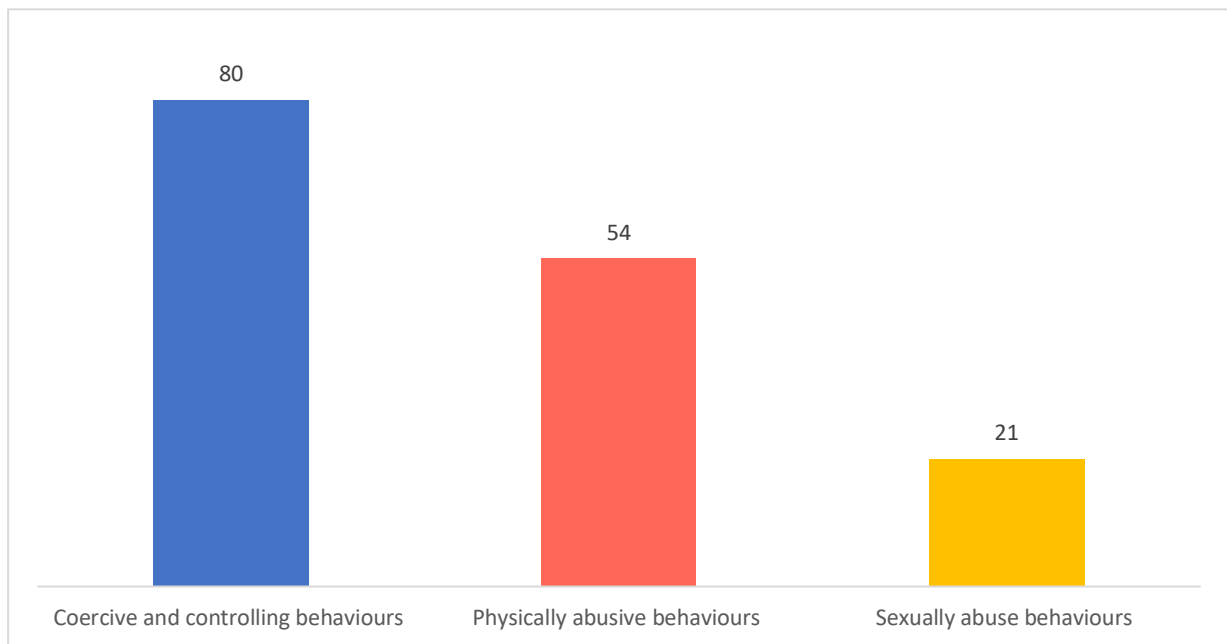
Figure 10 - Number of participants who disclosed experiencing each coercive and controlling behaviour
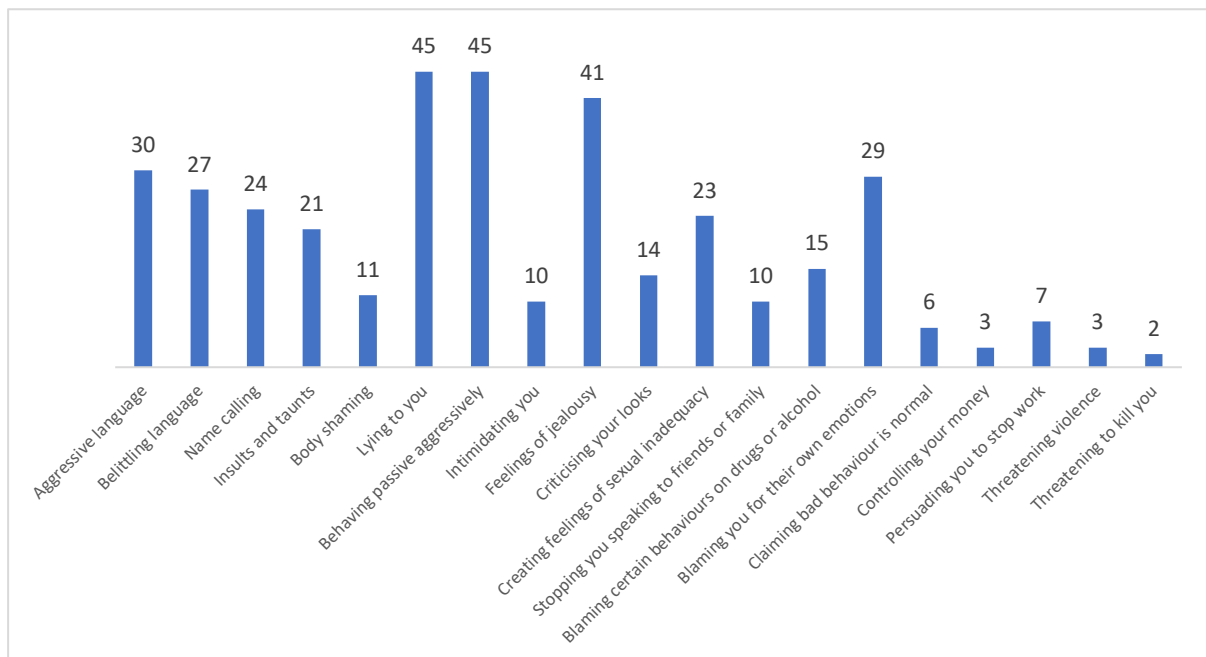
Figure 11 - Number of participants who disclosed experiencing each physically abusive behaviour
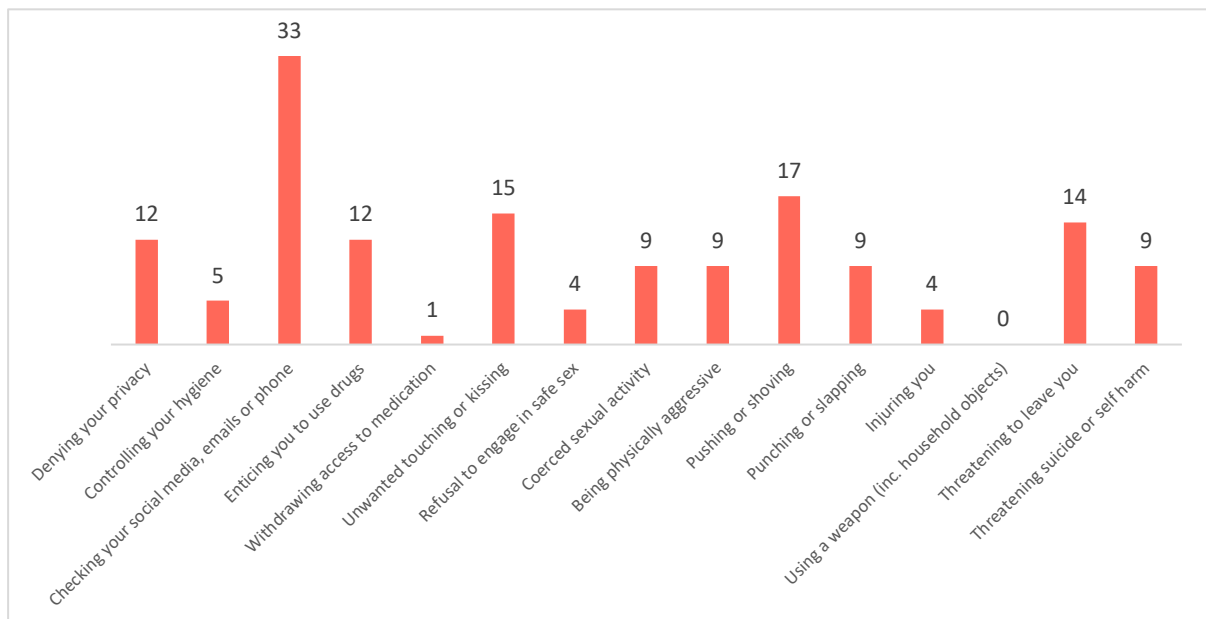
Figure 12 - Number of participants who disclosed experiencing each sexually abusive behaviour
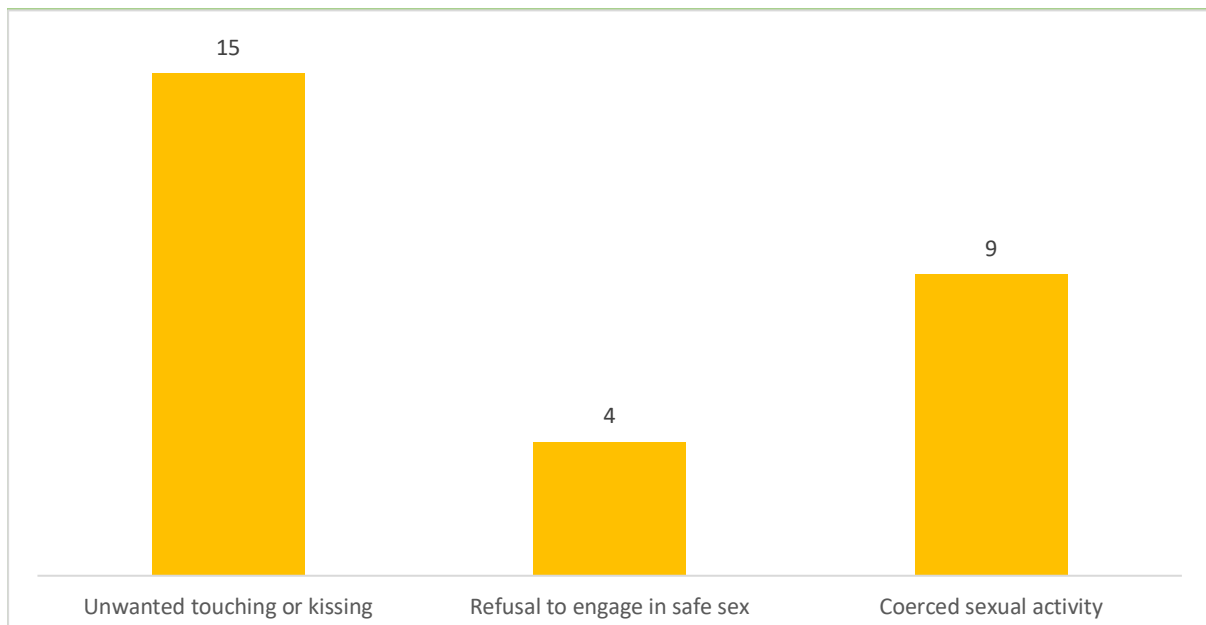
Figure 13 - Participants who experienced both coercive and controlling and physically abusive behaviours
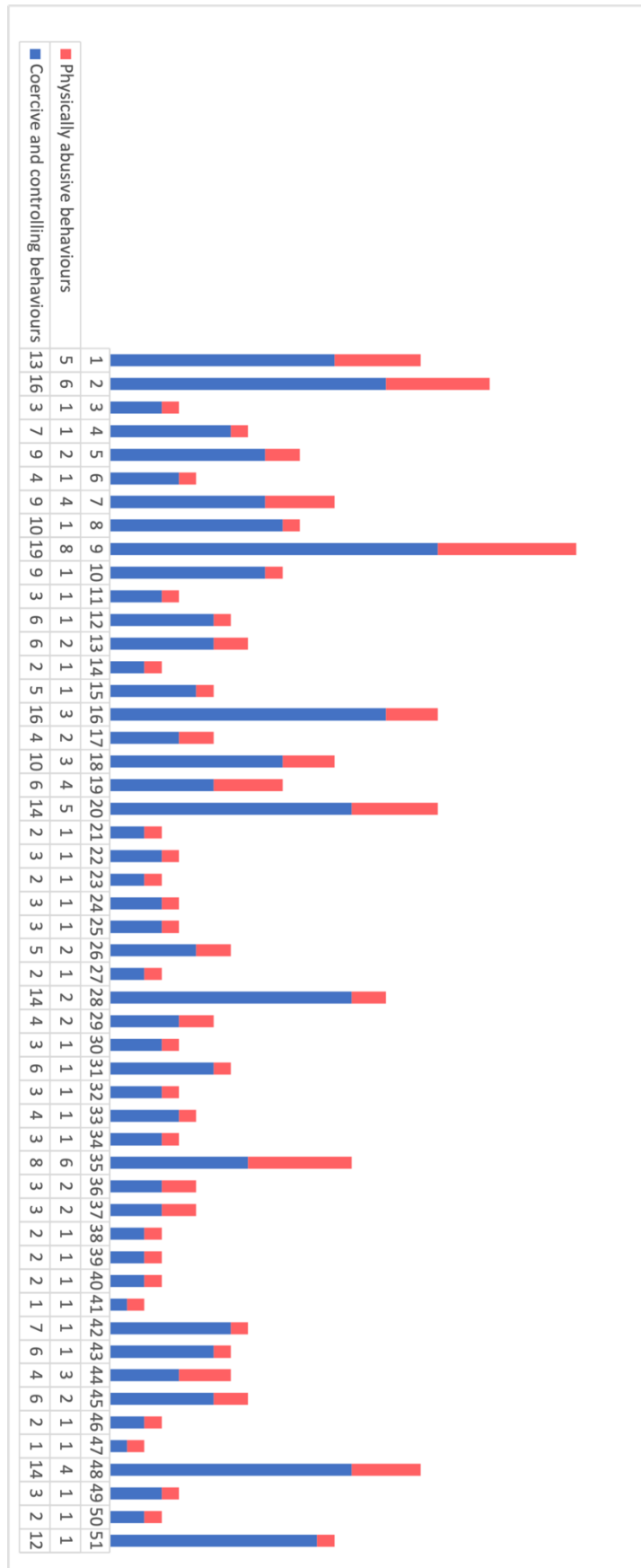
Figure 14 - Participants who experienced coercive and controlling, physical, and sexual abusive behaviours

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
■ Sexual behaviours	1	2	1	3	1	1	3	1	1	1	1	1	2	1	1	1
■ Physical behaviours	5	6	1	2	1	4	8	2	1	3	1	1	6	1	1	1
■ Coercive and controlling behaviours	13	16	7	9	4	9	19	6	5	10	2	6	8	1	3	12
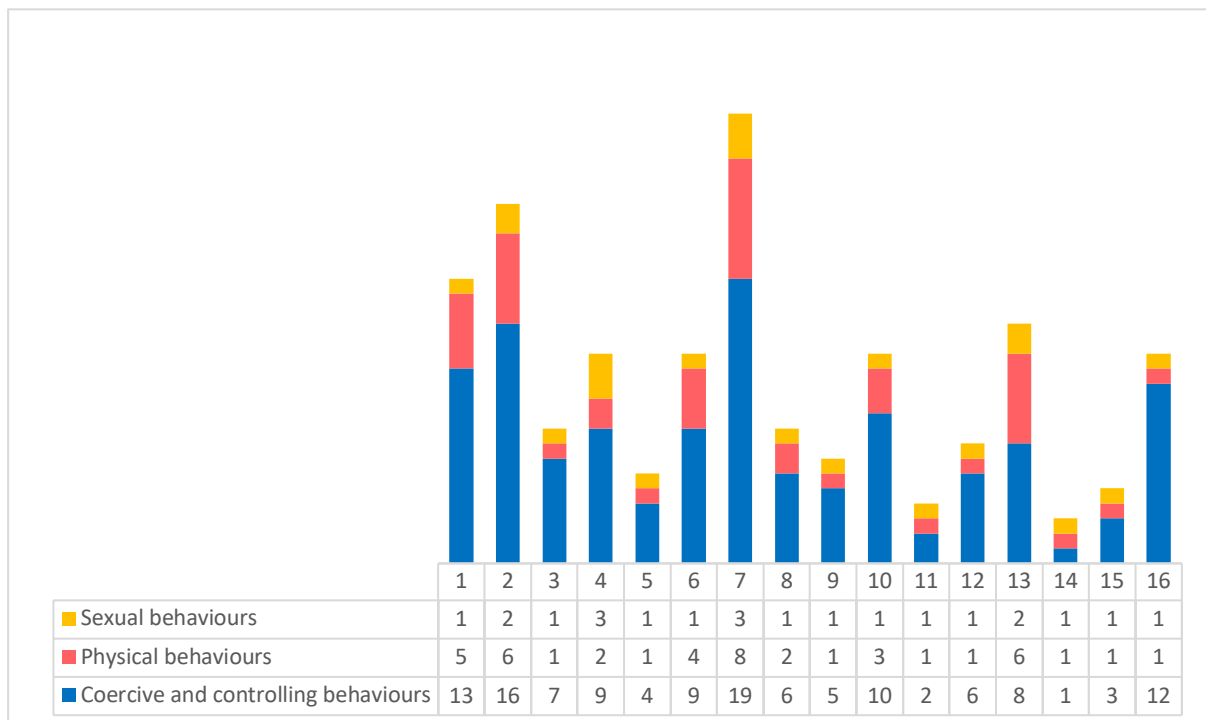
Figure 15 – Interview schedule for professionals[110]

Interview Schedule

Intro:
- Information sheet and consent form – looked at / signed
- Confirm interview taping
- Thank them for taking part
- Introduce interview and overview of questions – draws on results from my survey

Demographic questions:
- Age
- Gender identity
- Location – where based for work?
- Explaining about job role / what a work day or week looks like. Previous occupations and journey to occupation.

Background info:
- Tell me more about your work with DVA victims/perps?
- What services does your organisation/charity?
  - Services for victims and/or perpetrators of abuse?
  - Any specifically for LGBT?
- What would the 'average' client be and what sort of things would they want/need help with? Age? (Survey = majority 25-34 then 18-24)
- How do you manage client's issues / what is your 'average' response? What services are most accessed/required?
- Referral routes to service?

Client background / relationships:
- What types of relationships/people do you deal with? Heterosexual, same-sex relationships? What is the general relationship set up that you see?
- Thinking generally, how have the male same-sex relationships you have dealt with compare to heterosexual relationships?
  - Same behaviours?
  - Needs of clients?
- Have you ever witnessed any crossover over between victim/perp? Blurred boundaries? More/less so than heterosexual DVA/female SS DVA?
  - How is this dealt with?

Coercive control and emotional abuse:
We know that coercive control and emotional abuse play a huge part in heterosexual abusive relationships.
- Is CC and emotional abuse as pervasive in male same-sex relationships as in heterosexual ones?
- What are the experiences of CC that you see the most? How would you offer support for this?
- Are there any incidents/behaviours of coercive control that specifically stick out for you?
- LGBTQ+ identity creating additional or specific factors of coercive control?
- Pattern of control and abuse? – increasing in intensity, volume over time?
- Any examples of 'love bombing'? – as disclosed in survey by a participant.
- Cycle of abuse?

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[110] This is a basic interview schedule which was sometimes altered depending on the role and experience of the professional. Due to the semi-structured nature of the interviews, this was used as a guide for me and often the professionals discussed issues which were not on my interview schedule.

Mix of positive and negative behaviours
- Most of my survey respondents ticked experiencing both positive and negative behaviours in their relationships.
- Is this a phenomenon you have come across when working with clients?
  o Probe on practices of love and abuse coexisting.
- Manifests as a reason for staying in relationships?

Most common non-physical behaviours experienced by survey participants:
- Lying
- Behaving passive aggressively
- Feelings of jealousy
- Using aggressive language
- Blaming you for their own emotions
- Belittling language
- Name calling
- Creating feelings of sexual inadequacy
- Insults and taunts
- Blaming certain behaviours on drugs and alcohol
Probe about these behaviours / other common behaviours

Physical abuse:
- How often does this occur in abusive relationships? All cases/most cases/few cases?
- How does physical abuse normally fit into the pattern of abuse / in relation to coercive and controlling behaviours?
  o Occurring after a duration of controlling behaviours / straight away / simultaneously?
  o Escalation of physical abuse over time?
- What are the most common types of physical abuse that you have seen?
  o Weapons?
- Comparison to heterosexual relationships?

Most common physical behaviours experienced by survey participants:
- Embarrassing you in public
- Checking social media, emails or phone
- Pushing or shoving
- Threatening to leave you
- Denying privacy
- Enticing drug use
- Physical aggression
- Punching or slapping
Probe about these behaviours / other common behaviours

Sexual abuse:
- Again, have you seen this in many cases? Or relatively few cases?
- How does sexual abuse normally fit into this pattern of abuse?
- Common types of sexual abuse? That you have seen?
- Have you found victims struggle to admit and/or realise their sexual abuse?
- Blurred boundaries between sexual abuse and what they think is normal sexual activity in male relationships?
- How does this compare to heterosexual relationships?

Survey results
- Unwanted touching or kissing

- Coerced sexual activity
- Refusal to engage in safe sex

Probe about these behaviours / other common behaviours

Leaving/ending the relationship:
- Been reported as the most dangerous part of a heterosexual abusive relationship– is this mirrored in same-sex relationships?
- Does abuse intensify or change at this stage?
- Length of time it takes men to leave or seek help?
- Repetition of abuse?

Key quotes/themes from survey respondents about ending relationships:
- *'fear for my safety'*
- *'broke things in the flat and tried to kill himself'*
- Sexuality questioned/used against them = '*accused of being bi*'
- Threats to out sexuality = '*threats to inform employers*' / '*outed by my ex*'
- Anxiety and depression, mental health issues etc
- Stalking = *'continued messaging contact and controlling behaviour until communication was cut off completely'*
- *'being physically attacked'*
- *'destroyed relationship with friends'* – issues with friendship groups more common in LGBTQ relationships?
- One respondent stated that most problems when leaving the relationship *were 'universal … but were compounded by additional concerns relating to sexuality'*

Probe about these behaviours / any others they wish to share.

Reasons for staying
Any experience with clients who stay in abusive relationships?
- Loyalty/love and commitment/fear of repercussions/fear of not finding anyone else
- Any LGBTQ specific elements of why people may stay with their abusive partner?
   - One survey respondent stated *'Harder to find people and therefore sometimes deal with being unhappy for longer'* – translate to abusive relationships as well as just 'unhappy'?
- Location may impact decision? Postcode lottery of what services/refuges available.

Help seeking:
- What factors have you come across that deters/inhibits help seeking of gay male victims, or perpetrators?
- How do these compare or contrast to heterosexual relationships?
- LGBTQ / sexuality specific inhibitors to help seeking?
   - Probe

Most common help seeking behaviours reported in my survey:
- Friends
- Family
- Therapist or counsellor

Respondents also stated internet as source of help – thoughts on this?
Only 1 respondent had sought help from the police and only 1 sought help from victim support.
- Formal vs. informal help seeking – probe this disparity
- Poor confidence in police / traditional forms of help seeking - probe
- One survey respondent stated they were '*too ashamed*' so had *'never tried'* to seek help. – probe about shame and help seeking.
- Frist same-sex relationships or young men – does this impact help seeking?

- Sexual identity impact their recognition of abuse?
- Impact of public story?
- Impact the way public/ police/ agencies view and deal with them?

<u>LGBTQ+ /gay male identity and additional factors or abuse:</u>
Additional factors of abuse - probe
- HIV/AIDS
- Outing
- Chemsex
- Homophobia

<u>Specific cases:</u>
Without giving any identifiable information, is there one particular case/individual or couple that you have dealt with that you think is significant/meaningful? One that particularly stuck in your mind? Can you explain this to me.
- What was the outcome?
- What were their needs?
- How did you respond to their needs?

<u>Survey demographics:</u>
- Most survey respondents were young (majority were 25-34 then 18-24)
- Majority identified as white

<u>Interview end:</u>
Any final comments or experiences you would like to share / any topics not covered?

<u>Figure 16 – Example of survey question</u>

3. Non-Physical Behaviours

This page will ask about **non-physical** aspects and features of your relationship.

Please note: You can answer the survey with regard to a current <u>or</u> former relationship, but please keep answers consistent to the same relationship throughout.

Please remember there are help and support services available for you, and you can exit this survey at any time.

* 3. Has *a partner* ever directed the following behaviours *towards you* in an intimate relationship? Please tick all that apply. 💬

☐ Complimenting you

☐ Sharing emotions and personal feelings

☐ Strong communication

☐ Making you laugh

☐ Using pet/nicknames

☐ Spending time with your family

☐ Spending time with your friends

☐ Showing interest in your hobbies

☐ Being honest and open about their feelings

☐ Supporting you emotionally

☐ Loyalty to relationship

☐ Showering you with love and affection

☐ Sharing financial responsibility

☐ Dealing with conflicts or arguments rationally

☐ Using aggressive language

☐ Using belittling language

☐ Calling you names

☐ Using insults and taunts

☐ Body shaming you

☐ Lying to you

☐ Behaving passive aggressively

☐ Intimidating you

☐ Feelings of jealousy

☐ Criticising your looks

☐ Creating feelings of sexual inadequacy

☐ Stopping you speaking to friends or family

☐ Blaming certain behaviours on drugs or alcohol

☐ Blaming you for their own emotions

☐ Claiming bad behaviour is normal

☐ Controlling your money

☐ Persuading you to stop work

☐ Threatening violence

☐ None of the above

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Figure 17 – Example of survey question

4. Physical Behaviours

This page will ask about **physical** aspects and features of your relationship.

Please note: You can answer the survey with regard to a current or former relationship, but please keep answers consistent to the same relationship throughout.

Please remember there are help and support services available for you, and you can exit this survey at any time.

* 5. Has *a partner* ever directed the following behaviours towards you in an intimate relationship? Please tick all that apply. 💬

☐ Holding your hand in public

☐ Displaying affection in public

☐ Cooking you a meal

☐ Caring for you during illness

☐ Sexually satisfying you

☐ Giving you gifts

☐ Surprising them with holiday or trips

☐ Romantic gestures

☐ Housekeeping of shared house

☐ Sharing caring responsibilities

☐ Embarrassing you in public

☐ Denying your privacy

☐ Controlling your hygiene

☐ Checking your social media, emails or phone

☐ Enticing you to use drugs

☐ Withdrawing access to medication

☐ Unwanted touching or kissing

☐ Refusal to engage in safe sex

☐ Coerced sexual activity

☐ Being physically aggressive

☐ Pushing or shoving

☐ Punching or slapping

☐ Injuring you

☐ Using a weapon (inc. household objects)

☐ Threatening to leave you

☐ Threatening suicide or self harm

☐ Threatening to kill you

☐ None of the above

<u>Figure 18 – Example of survey question</u>

*9. Have you ever sought support or advice about a same-sex relationship from any of the following: (you can tick more than one answer)

☐ Friends	☐ Therapist or counselor
☐ Family	☐ Relationship advice
☐ Hospital or doctor	☐ A LGBTQ charity or organisation
☐ Social services	☐ Legal advice
☐ Victim support agency	☐ Religious advisor
☐ Housing association	☐ N/A - I have never sought help or advice
☐ Police	
☐ Other (please specify)	

[   ]

<u>Figure 19 – Example of survey question</u>

7. Demographic Information
_____

This page will ask questions regarding your demographic and background information.

*14. What is your age?

◯ 18 to 24	◯ 55 to 64
◯ 25 to 34	◯ 65 to 74
◯ 35 to 44	◯ 75 or older
◯ 45 to 54	

*15. In what country do you live?

[▲▼]

Figure 20 – Example of survey question

8. Additional Information
_____

This page offers an opportunity for you to share any experiences which were not touched upon in the survey.

22. Is there anything else you would like to share regarding your experiences of same-sex relationships?

Prev   Next

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