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**Homophobia, Heteronormativity and Hegemonic Masculinity: Male
Same-Sex Intimate Violence from the Perspective of Brisbane Service
Providers**

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Abstract

Few studies have explored the problem of male same-sex intimate partner violence, especially in the context of Australia. Utilising in-depth interviews with gay ‘friendly’ service providers in Brisbane, the research presented in this paper sought to ascertain whether: a) intimate partner violence occurs in male same-sex intimate relationships; b) if so, what form this violence takes; c) what contextual triggers underpin this violence; c) what barriers victims face in exiting abusive relationships and seeking support; and d) what services are available and appropriate to the needs of men in violent intimate relationships with other men. Results suggest that the prevalence, types and contextual triggers of violence in male same-sex relationships parallel abuse in opposite sex relationships. However, heteronormativism, homophobia, and its close association with hegemonic masculinity emerge as features unique to the male same-sex intimate partner violence experience.

Introduction

Research focussed on violence between male same-sex intimate partners is sparse. In the most recent review of research in this area, Jeffries and Ball (2008) identified 26 original research studies of which only two were undertaken in Australia. As a body of work this research shows that intimate partner violence is not a problem just for heterosexual couples. Violence between male same-sex intimates also occurs at levels similar to or higher than

opposite sex relationships (Wilt and Olsen, 1996; Bradley et. al., 2002; Carrington, 2003; Johnson, 2005). For example, Vickers (1996) reports that intimate violence between heterosexual couples occurs in around 20-35 percent of relationships, parallel with the levels of abuse in same-sex partnerships. Similar to heterosexual 'domestic' violence, male same-sex intimate partner violence is also typified by acts of physical, sexual and/or emotional abuse, the latter being most common, followed sequentially by physical, then sexual violence (Australian Centre in Sex, Health and Society, 2006; Greenwood, et.al, 2002; Hegarty and Bush, 2002; Coker, et.al., 2000).

Many of the contextual triggers associated with male same-sex intimate partner violence are also applicable to violence in opposite sex relationships. Violence as a form of hyper-masculine display, substance abuse, power, mental ill health, and intergenerational abuse are all posited as possible explanations for male same-sex intimate partner violence (Babcock, et.al., 1993; Simons, et.al., 1995; Coker, et.al., 2000; Romans, et.al., 2000; Stith, 2000; DeKeseredy & Schwartz, 2005; Johnson, 2005). Men also stay in abusive intimate relationships with other men for many of the same reasons heterosexual women remain with their male abusers including: hope, love, loyalty/commitment, fear, financial dependence, inadequate knowledge regarding what constitutes intimate partner violence, and a lack of societal assistance/support (Babcock et. al., 1993; Simons et. al., 1995; Coker et. al., 2000; Romans et. al., 2000; Stith, 2000; DeKeseredy and Schwartz, 2005; Johnson, 2005; Jeffries and Ball, 2008). However, despite the parallels made between domestic violence in opposite and same-sex relationships, the impact of homophobia and heteronormativism is a distinctive feature of male same-sex intimate partner violence.

To be 'a man' in modern western society requires men to be heterosexual, homophobic, and hostile toward men involved in intimate relationships with other men (Cruz, 2000: 79). Men who deviate from this path risk suffering social stigma and, at times, violent retaliation. Societal homophobia can cause strain in men's intimate relationships with other men, adding an additional pressure that heterosexual couples do not have to 'deal with'. For example, many men enter same-sex relationships carrying a lot of 'emotional baggage' including the problems they had growing up gay, 'coming out', and coming to grips with their homosexuality in the 'face' of a homophobic world. For some men, societal homophobia sometimes is internalised into a fear or hatred of their own homosexual desires. This internalised homophobia can present as a barrier to developing a positive homosexual identity because it can cause immense psychological conflict and trauma within the individual (Allen & Oleson, 1999; Cruz & Firestone, 1998: 162). The self-deprecating messages that result from internalised homophobia can cause depression, despair, and other forms of self-destructive behaviour, including substance abuse, which may trigger hostility towards same-sex intimate partners (Cruz & Firestone, 1998: 162; Williamson, 2000).

Societal homophobia may also create barriers for men seeking to leave their abusive relationships. First, victims may 'bond' to perpetrators out of some sort of loyalty in the face of a homophobic world, creating an additional barrier (not present in heterosexual relationships) to exiting the abusive relationship (Cruz, 2000: 75). Perpetrators may also threaten to 'out' their victims (i.e. divulge the victim's sexual orientation to friends, family, and employers), which is

something that their victims fear. This fear of ‘outing,’ which would not exist without societal homophobia, can ‘trap’ men into staying with their violent male partners. ‘Outing’ is highlighted in the literature as a highly specific form of abuse peculiar to the gay community (Chan, 2005; National Coalition of Anti-Violence Programs, 2000).

Homophobia is entwined with social ideals pertaining to ‘true’ or hegemonic ‘masculinity’. In contemporary western society, ‘real men’ are meant to ‘fuck’ women, not men. Hegemonic masculinity also emphasises strength, authority, control and aggressiveness. Gay men challenge hegemonic masculinity by failing to conform to the compulsory heterosexuality that goes with it. This calls into question the manliness of gay men both at societal and individual levels. Gay masculinity is subordinate to heterosexual masculinity, and some gay men potentially could seek to oppose their subordinate position by utilising intimate partner violence as a resource to approximate hegemonic masculinity (Messerschmidt, 1993; Messerschmidt, 2000; Cruz, 2000: 79; Connell, 2005; Jeffries and Ball, 2008).

Heteronormative models of intimate partner violence also present a unique challenge to men experiencing violence from their same-sex partners. Intimate partner violence is generally viewed as a problem for women in relationships with men. Consider the recent Australian Government Anti-Domestic Violence Initiative urging that, “To Violence Against Women, Australia Says No” (Australian Government, 2007). In this campaign men are always portrayed as the perpetrators and women as the victims. This has led to a lack of understanding about, and support services for, men in violent intimate

partnerships with other men. Research shows that many men stay with their violent partners because they have little knowledge or understanding of same-sex intimate partner violence, often failing to define what is happening to them as such. 'Domestic violence' is only considered in the context of opposite sex relationships; as something that only happens to women at the hands of men.

A relative scarcity of identifiable assistance to exiting abusive relationships is a further problem unique to male victims of same-sex intimate partner violence. Studies show that men are often confronted with homophobic and heterosexist attitudes from law enforcement agents and other social service personnel when seeking help (Merrill and Wolfe's, 2000; Cruz, 2003). The criminal justice system, for example, has been described as a heterosexist institution in which homophobia flourishes (Vickers, 1996: 7). Knowledge gained through the lived experiences of gay and bisexual men suggests that service providers (i.e. medical clinics, mainstream domestic violence services, and counselling services) often fail to respond to their needs by either discriminating against those in same-sex relationships or, through a lack of training, being unequipped to respond appropriately with an awareness of some of the unique circumstances of the 'queer' community (Donovan, et.al, 2006: 20). Service providers are generally governed by a model of intimate partner violence that is heterosexual; namely, the belief that this type of violence is something that occurs in 'straight' relationships against women. In addition, researchers have found that heterosexism and possible homophobia are often exhibited by individual service providers and criminal justice personnel, which can negatively affect victims (Donovan et.al., 2006: 20-21).

In 1996, Lee Vickers asserted that if the issue of same-sex intimate partner violence in Australia was to be effectively addressed, the silence surrounding it would need to be confronted (Vickers, 1996). Same-sex intimate partner violence has recently come ‘out of the closet’ in some Australian jurisdictions. The AIDS Council of New South Wales has been a leader on this front, establishing a Same-Sex Domestic Violence Interagency Working Group in 2001 to bring together non-Government and Government agencies with the aim of creating a collaborative response to the issues surrounding same-sex domestic violence (Aids Council of New South Wales, 2007). Then, in 2004, the AIDS Council of New South Wales took on a principle role in launching Australia’s first comprehensive campaign against same-sex intimate partner violence (Aids Council of New South Wales, 2007). While community awareness is being raised in New South Wales, other jurisdictions, including Queensland, are not as vocal.

As far as research is concerned, what is known about male same-sex intimate partner violence in Australia is limited to data collected from health workers in New South Wales (see Dwyer, 2004), and to one Australia wide survey of gay, lesbian, bisexual, transgender, and intersex (GLBTI) people conducted by the Australian Research Centre in Sex, Health and Society (2006). As noted by Jeffries and Ball (2008) in the former piece of research, details pertaining to male same-sex intimate partner violence are lost by amalgamating research participants’ experiences, since the experiences of men and women are combined. In the later study, men self identified as “gay”, “bisexual”, “queer”, “not sure”, “don’t use label” and “other” were surveyed in relation to their experiences of intimate relationship violence. Both prevalence and types of

violence (i.e. emotional, physical, sexual, and so on) were measured, in addition to whether the violence was reported to police and how helpful their responses were. However, whether the violence reported was perpetrated by a same-sex partner is unclear.

In this paper, results from in-depth interviews with four gay ‘friendly’ community support service providers in Brisbane are presented. The purpose of these interviews was to gauge service providers’ perspectives about male same-sex intimate partner violence and the adequacy of service provision for victims. More specifically, it was asked: 1) If service providers believed intimate partner violence occurs in male same-sex relationships, and if so, what types of violence are reported to them? 2) What contextual triggers are associated with male same-sex intimate partner violence? 3) What barriers (if any) appear to exist for male victims of same-sex intimate partner violence when leaving abusive relationships and seeking support? 3) What support services are presently available for male victims of same-sex intimate partner violence? 4) Whether current service provision adequately addresses victims’ needs?

The research reported in this paper is unique for a number of reasons. It is the first study in Australia to explore service providers’ perceptions of male victims of same-sex intimate partner violence, and only the third to date addressing this issue in Australia. By giving service providers the opportunity to express their perspectives and concerns regarding this type of violence, this research ‘taps’ into a body of knowledge that has yet to be explored. Finally, the issue of male same-sex intimate partner violence has never been researched in a Queensland specific context.

Methods

The primary purpose of this research is exploration of a topic that has to date been neglected in Australia. Semi-structured interviews were conducted with selected service providers in Brisbane, identified as providing key support services for male victims of same-sex intimate partner violence. Open-ended interview techniques give research participants broad scope to respond to a topic in their own words, and in as much detail as they were willing to give, while also enabling researchers to 'probe' for more detailed information. This interview style therefore enabled the generation of in-depth accounts.

Research examining the experiences and perceptions of victims and their abusers is important for understanding intimate partner violence. Nonetheless, appreciating the broader context of support service provision for victims of male same-sex intimate partner violence is also crucial (Lewis et.al., 2005: 70). Not only is this approach particularly pertinent here given our focus on service provision, but the use of service providers' perceptions has previously been used effectively in exploratory violence research. For example, Lindhorst and Padgett (2005) made use of qualitative interviews with service providers to examine the implementation of the Family Violence Option (FVO) under welfare reform. Information was gleaned from caseworkers as key participants due to their "knowledge of current gaps in service delivery to their clients and their awareness of the characteristics of the organisation in which they worked" (Lindhorst and Padgett, 2005: 412).

In the present study, service providers were selected after consultation with two key Brisbane based organisations that provide support to the GLBTI community - the Queensland Association for Healthy Communities (QAHC) and Brisbane Sexual Health (BIALA). Both QAHC (originally the Queensland AIDS Council, formed in 1984) and BIALA (which established its counselling service approximately 11 years ago) are government-funded and have for many years provided a range of support services to the GLBTI community. As such, the recommendations of both QAHC and BIALA were considered authoritative.

QAHC and BIALA identified eight Brisbane based services providing support to male victims of same-sex intimate partner violence, including medical centres, counselling services, and police. The latter were excluded due to ethical limitations regarding the use of police officers as key participants. The remaining seven organisations were approached initially by telephone and given a brief overview of the study. Of the initial organisations contacted, three declined to participate because they did not have the time, thought they would not be helpful, or believed that their service was not in the business of supporting men in violent relationships with other men. Representatives from four organisations were subsequently interviewed for this study.

Results

Utilising thematic analytical techniques, interview narratives were explored and results collated under each of the research questions posited in the previous section. The 'voices' (appearing in quotation marks) of the service provider representatives are utilised extensively throughout this section to demonstrate the key points being made.

Prevalence/Forms and Types of Male Same-Sex Intimate Partner Violence

All the service providers interviewed indicated that intimate partner violence occurs in male same-sex intimate relationships at rates similar to or higher than opposite sex relationships. In contrast to heterosexual violence, male same-sex intimate partner violence was thought to be grossly under-reported, being a more “invisible” problem.

“I think it’s a lower reported rate than heterosexual violence...I think it’s more invisible.”

“Well I would think it would be fairly both under reported and not discussed as frequently as it probably occurs.”

Service providers were asked about the types of male same-sex intimate partner violence reported by victims who presented to their service. The general consensus was that intimate partner violence in male same-sex intimate relationships took a similar form to that found in cases of opposite sex intimate partner violence. Emotional, sexual, and physical violence were highlighted as being evident in male same-sex intimate relationships by all service provider interviewees. The possibility that physical violence might occur more frequently in male intimate partnerships was also noted.

“I see every level of domestic violence. I see emotional abuse, I see physical abuse, I see sexual abuse and I see violence that included murder as well.”

“Well I think physical, emotional, psychological, verbal, I think all of the same types that are similar to heterosexual. Yeah but I think there might be, also keeping in mind that my experiences mainly male-male...yeah...but I would say that my impression is that the level of physical violence tends to be higher.”

Contextual Triggers

Service providers reported that male same-sex intimate partner violence often occurred in relationships affected by psychological ill health and associated substance abuse. Economic power imbalances between partners and ideals pertaining to masculinity (hegemonic masculinity) were further thought to have a role. Each of these factors is similarly associated with opposite sex intimate partner violence, but in addition, societal homophobia was posited as contextually unique. Societal homophobia was reported to create additional tensions for men’s relationships with each other. The internalisation of societal homophobia was thought to increase the likelihood of intimate partner violence.

“Always. Always. I think there has not been a couple or individual that I have seen that when working with the issue of homosexuality where both externalised and internalised homophobia hasn’t been a huge part [internalised homophobia is] when you’ve got a belief about something um, in the external world but on the internal world,

you may still question that belief. So it's like an internal struggle that happens there...the internal struggle can be described as the internalised homophobia affecting choices and decisions. So it is in this way that domestic violence can surface.”

Internalised homophobia was in turn linked to mental ill health and associated substance abuse, both of which act as contextual triggers to violence. One service provider noted a “higher prevalence of depression and alcohol” amongst gay men. Here, societal homophobia was seen to contribute to an internal psychological struggle within gay men, the stress of which leads to a higher prevalence of depression and reliance on alcohol or drugs. When an individual relies on the use of drugs and alcohol to relieve stress, it can reduce their inhibitions, causing them to go past safe limits, ignore the consequences, and react violently.

“People may use alcohol and drugs in dependent or abusive ways such that they don't see consequences or don't see limits and they go past limits and lose control [violently].”

“The other most common feature that I would see [as an explanation for gay domestic violence] is the feature of alcohol or drug use or abuse or dependency.”

The service providers also made a connection between hegemonic masculine ideals and male same-sex intimate partner violence. For example, one representative commented:

“I think there’s a rate of confusion um, about what we as people grew up with and how we then form our own relationships because what we’ve seen as children with regards to gender roles often then transpose into all relationships....So then you get a man who is a man who may have found himself in a role that he and his partner both consider more female, then struggling with that and not wanting to do that and wanting to challenge that and that can be when arguments and um, different way of controlling behaviour can come in.”

The process of trying to ‘achieve’ hegemonic masculinity incorporates elements of a power struggle that can trigger male same-sex intimate partner violence. The service providers argued that often both men in a relationship are trying to oppose their subordinate position as gay men. They use intimate partner violence as a resource to maintain power in their relationships and to achieve hegemonic masculinity.

“There’s a top person and a bottom person then often a lot of dynamics around, maintaining that power differential...and testing that power differential sometimes. And sometimes both parties actually can contribute to that power differential because the person might be angry but they can’t show their anger so it might come out as ‘testing’ or ‘baiting’. And then the other person might then feel justified in ah...violence...to prove a point or show the person where they stand.”

Additionally, the struggle for power can incorporate the denial of economic resources. This can happen where one male is earning more money than the other, and with holds money and resources as a way of controlling their partner.

“I suppose I would see more issues of control and abuse in gay relationships. I see them in heterosexual relationships as well but um, they’re very definite in there because often in ah, gay relationships in particular, there is one, there is one who is earning more money than the other. And that can often force them into, if you like, gender roles in their relationship and um...then you get the person that has the most money and resources being angry and denying that to their partner.”

Barriers to Leaving and Seeking Support

Reasons provided for why gay men stay in abusive relationships included: love, hope; self-blame and a lack of social support. In terms of love and hope, it was noted that men often stayed with their abusive partners because they loved them too much, hoped they would change, or feared that if they left they would never find love again:

“Sometimes they find it hard to leave a relationship ‘cos they think well ‘no one would love me’ or ‘I really love that person, and I want to help that person or rescue that person or change that person’”.

Additionally, it was noted that victims of male same-sex intimate partner violence often stayed with their abusers because they blamed themselves for the violence. This appears to be a result of constant negativity from their partner, which in turn causes victims to feel alone and isolated. As a result, victims become dependent on their partners, further isolating themselves from support networks which are often tenuous to begin with, because of the pervasive nature of homophobia in our society. Societal homophobia was seen to have created a situation whereby male perpetrators increased control over their victims by enforcing the belief that no one will understand or support them if they try to leave the relationship.

“They often blame themselves, and um... I guess they’ve internalized a lot of the negative things that the partner has told them and that they tend to be isolated from other supports...and I think they also have less support from families and others anyway...because they’re gay”

It was also argued that men face a number of homophobic and heteronormative barriers when seeking support from formal service providers. In Queensland, legal historical precedent, including the illegality of homosexuality and the exclusion of men from rape law, alongside feminist domestic violence models (also heteronormative) and hegemonic masculine ideals denying male victimhood were argued to have impeded the development of support services.

“It was only made legal to be gay in Queensland in 1991....the rape law in Queensland [for male-male abuse] wasn’t changed until 1997,

before that it was described as ‘carnal knowledge of a female’. This perspective of females as victims was entrenched in the law up until only recently and therefore most of the intimate partner violence models were based on radical feminist perspectives.”

“...and so I think what’s happened is that it has focused predominately on female victims of domestic violence and particularly in heterosexual relationships, because most of the models on domestic violence are based on a very feminist model... Which is about, you know, male power and female um, you know, weakness if you like.”

‘There’s been a lot of inherent prejudice against dealing that men could be victims Um and its extremely institutional, um, and its actually rooted in historic law about 300 years ago, a judge said that it would be impossible for a man to be raped, because any man would fight to the death rather than be raped. So, he implied that if you didn’t fight to the death that means you consented...So it’s historic legal precedent that men can’t be victims ‘cos men had to be strong, or if they were to have um, male sex that means that it would be consensual and that they were homosexual and they would be stigmatized anyway.’”

“...and in 1993 when I spoke at the National Sexual Assault Conference, um, people would lobby against me speaking because they wanted to see that women were the victims, and they didn’t

want to hear about male victims, because it would smash the feminine type theory.”

The issue of male same-sex intimate partner violence was therefore argued to have been silenced in Brisbane. One service provider noted that there is a “lack of general community acceptance and awareness of alternative lifestyles”; furthermore, “they probably don’t even give [male same-sex intimate partner violence] a passing thought”. Another stated that “I think [the community] just ignore it”.

In addition to impeding the development of service provision, hegemonic masculinity, societal homophobia, and heteronormative ideals pertaining to intimate partner violence also prevent male victims from seeking help.

“...there’s a lot of stigma because you’re scared of being labelled as weak or stupid.”

“With all of those things depending on the stages of coming out depending on, because, you know, as much as things are changing...externalized homophobia is still there...it’s very much there...often with men who are also impacted upon by their own theories of masculinity. So it can sometimes be difficult to gain the same level of support there...”

“So I’d say that, you know similar barriers for men who are victims of domestic violence in heterosexual and homosexual with regards to their construction of masculinity, then when you add, externalized homophobia, internalized homophobia, to that as well it becomes even bigger restraints with regards to revealing what’s happening to them.”

Support Service Availability and Adequacy

Homophobia, heteronormative beliefs pertaining to ‘domestic’ violence, and gendered expectations about ‘real’ man may have created initial barriers for men seeking help for abuse, but these factors also have restricted the availability and adequacy of service provision for men who do ‘reach out’.

The heteronormative nature of mainstream intimate partner violence support services means they do not cater for male victims, making them useless to those in abusive relationships.

“Well...I don’t know any men that have been able to approach a domestic violence resource...and been able to...up to this date...but usually their responses are ‘we don’t offer services to men’, full stop. Let alone same-sex relationships...I don’t see any crisis accommodation options for male victims...women have women’s shelter, and women have got more support.”

Men rarely approach the police for help and when they do it was only in cases of extreme violence.

“men, very...very rarely [go to the police]....I’ve only seen them deal with police where there’s been a prolonged case...where there’s actually stalking and life threats.”

Homophobic attitudes on the part of police officers were cited as preventing men from going to the police unless the circumstances were, as the above quote demonstrates, extreme.

“I think they’re sometimes as frightened of the police as they are about anything else and rightly so in some instances where people have experienced um, homophobia, you know, from, from the police.”

Mainstream support services and police do not therefore present as a viable option for male victims of same-sex intimate partner violence. But what about services providers for whom this is their area of specialties? The services providers all said that specialised service provision was virtually non-existent in Brisbane.

“...there doesn’t seem to be as much help available for victims of DV in gay relationship as there, as there is in heterosexual relationships.”

Victims of abuse in intimate partnerships, who choose to seek help, often have little choice other than going to GLBTI health services for support. However, these services are not specifically designed to ‘deal with’ male same-sex intimate partner violence, but rather operate as a general health information resource for GLBTI people. Subsequently, GLBTI health services only see a small percentage of Brisbane men subjected to violence in their same-sex relationships.

“Even our organisation, is not within our core business...We do see people when they have other sexual health concerns, and are also experiencing domestic violence, but we’re only seeing a very, very small percentage.”

In addition to GLBTI health providers, four other possible sources of support were noted to exist for men in violent same-sex intimate relationships including: a gay ‘friendly’ counselling organisation, a support group for younger male victims, a telephone support service, and a gay ‘friendly’ welfare association. Nonetheless, the service providers pointed out that finding these services was difficult in itself because they were rarely publicised or clearly identified as possible sources of support for men in abusive relationships. As one service provider asked “Where would you start? Where would you look?”

Once again, homophobia and heteronormative ideology were presented as possible explanations for the relative scarcity of support services and a failure to publicise those services that were available. If “men can not be victims of

intimate partner violence” and “gay relationships are inherently wrong to begin with, why should support be provided?”

During discussions regarding the availability of support services, service providers were asked what they provided and what they would like to see in the future with regards to service provision and staff training. Two of the service providers interviewed were counselling services, and as such, felt that they were well placed to support victims of male same-sex intimate partner violence. The remaining two services were primarily concerned with the provision of sexual health services, and as such, felt stretched beyond their charter when it came to supporting victims. All the service providers were concerned by the relative scarcity of victim support for men in abusive relationships, because for them it often meant ‘turning men away’ from their already overburdened service.

“Oh I guess...access is a bit hard. Like my books get closed and probably the biggest distress I have is that my waiting list has been closed now for the last six months. So when people ring up I have to say sorry my waiting list is closed, and I have to refer them to other options and perhaps to people that aren't as comfortable to listen to these issues. And I don't want to be seen as the only resource but equally hard to see other really identifiable um...resources.”

Within their own and other organisations known to provide support to male victims of same-sex intimate partner violence, a relative lack of specialised training was identified as a concern. When asked if they believe service

providers for male victims of same-sex intimate partner violence are adequately trained, all the service providers answered in the negative.

“Oh. Not only do I think they’re not adequately [trained]...where would they go to get trained.”

“I don’t know if they’ve been trained...” and “I don’t know if the [training] courses actually include homosexual.”

Awareness of the unique issues underpinning male same-sex intimate partner violence was thought to be imperative for quality service provision.

“Staff need to have an awareness about same-sex domestic violence...Just that it does occur. Maybe how the patterns are different and similar to that of heterosexual domestic violence.”

Finally, the service providers were asked whether they believed the current services in Brisbane were adequate for assisting male victims of same-sex intimate partner violence. One representative service provider laughed and responded, “they are invisible!” Another believed the services in Brisbane are adequate, but only if they could be identified: “I’d say yes provided you know where to look or where to go”. The final two service providers believed the current services were in no way adequate for victims, stating, “No I don’t think so at all”; and “No I don’t. Not at all. No way. Big no, big no. Capital letters, exclamation mark! respectively.”

Summary and Conclusion

Past research shows that male same-sex intimate partner violence occurs at an alarming rate, that is equal to or higher than the rate of intimate partner violence in opposite sex relationships (Greenwood et. al., 2002; Donovan et. al., 2006). In addition, the types of abuse (emotional, physical and sexual) men experience in their same-sex intimate partnerships are similar to that reported in opposite sex relationships. However, due to homophobia inter-related masculine ideals and heteronormativism, the problem of abuse in male same-sex relationships is often 'silenced', with the result being gross under-reporting.

In the current study, representatives from four Brisbane service providers currently offering support to male victims of same-sex intimate partner violence also described intimate partner violence within male same-sex relationships as prevalent, similar in type, yet perhaps more physical and invisible than violence in opposite sex relationships. While many of the contextual triggers for male same-sex intimate partner violence were thought to parallel those for opposite sex couples, homophobia, and its association with hegemonic masculinity, emerged as unique precursors to violence between male same-sex intimates.

Male victims of same-sex intimate partner violence were further noted to encounter a number of distinctive barriers to exiting abusive relationships, and to seeking and receiving support from formal avenues. The Brisbane service providers felt abusers utilised homophobia as a tool to 'bind' victims to them, making it difficult to leave. Homophobia on the part of the police and mainstream domestic violence service providers also presented as a barrier to

support, as did heteronormative models of domestic violence and ideals pertaining to masculinity that negated the possibility of the male victim. Previous literature has similarly highlighted that homophobia, heteronormativism and hegemonic masculinity obstruct male help-seeking (Burke, Jordan and Owen, 2002; Donovan et. al., 2006; Kuehnle and Sullivan, 2003; Australian Research Centre in Sex, Health and Society, 2006).

Within the context of Brisbane, these factors have negatively impacted on the development of male same-sex intimate partner violence service provision. Few support services are currently available for male victims of same-sex intimate partner violence. Support services that do exist are not readily publicised, often lack specialties in this area, and are already under-resourced and over-worked. Not surprisingly, current service provision in Brisbane was considered inadequate by those interviewed for this research.

As is the case in opposite sex relationships, violence in male same-sex intimate partnerships is detrimental to victims' physical and psychological well-being. This type of violence can cause serious physical injuries and extreme psychological distress (Kuehnle & Sullivan, 2003; Donovan, et.al., 2006; Heintz & Melendez, 2006; Stanley et. al 2006). For male victims of same-sex intimate partner violence the negative outcomes of abuse are likely compounded by the continuing silence around this issue, pervasive homophobia, denial of male victimhood, and subsequent inadequacy of support provision.

It is therefore important that specialised male same-sex intimate partner violence support services be established in Brisbane (and elsewhere) and that

these services are readily identifiable and available. New South Wales is at present the only jurisdiction in Australia to establish a coordinated response to the problem of male same-sex intimate partner violence. It is time that this type of response be 'rolled out' Australia wide to ensure that men who are being abused by their same-sex partners are recognised, can speak out, be heard, and supported.

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