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## Factors Shaping Gay Men's Experience of Intimate Partner Violence: An Ecological View

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### ABSTRACT

Gay men are particularly at risk for intimate partner violence (IPV). As regards the prevalence and unique consequences of IPV, many studies seek to understand the specific stressors faced by gay men, but few provide a more comprehensive perspective of IPV-related factors, including gay men-specific, general as well as protective factors. An ecological perspective was used to conduct a qualitative study aimed at identifying the different risk and protective factors related to IPV among gay men. We conducted individual semi-structured interviews with 23 gay men who acknowledge having experienced IPV by another man, as well as two focus groups with practitioners who provide services to this population. Our analysis led to a five-level ecological model, ranging from most proximal (e.g. prior victimization) to distal (e.g. conception of masculinity) factors, and including both general factors (e.g. power dynamics) and factors specific to gay men. Heterosexism emerged as an overarching contributing sociocultural factor. This study sheds new light on mechanisms whereby these factors affect the IPV experience, namely the risk of being victimized; the recognition of IPV victimization; and the response to the IPV experienced. These mechanisms are discussed along with heterosexism-related factors, and implications for research and practices are suggested.

### KEYWORDS

Intimate partner violence; gay/homosexual men; risk factors; ecological; heterosexism

## Introduction

Intimate partner violence (IPV), defined as any act of violence resulting in physical, sexual, or mental harm or suffering occurring within an intimate relationship (World Health Organization [WHO], 2017), is a cause of concern for gay men<sup>1</sup> in terms of both its prevalence and consequences. Several studies indicate that IPV is equally or more widespread among the gay population than among heterosexual populations. For example, in a 2018 national survey conducted in Canada, 48% of gay men reported that they had been psychologically, physically or sexually abused by an intimate partner, compared with 36% of heterosexual men (Jaffray, 2021).

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In addition to the usual consequences, such as physical and mental health issues, IPV also affects gay men in specific ways. For example, they might face stigmatization in their social environment after being outed by their partner (Callan et al., 2021; Roy et al., 2022). In addition, victimization may have more severe consequences for gay men. Gehring and Vaske (2017) suggest that gay and bisexual men may experience more maladaptive outcomes as a result of unique components of same-sex IPV, their sexual minority status, and the lack of appropriate services. Dickerson-Amaya and Coston (2019) also noticed a higher number of post-victimization negative mental-health outcomes among gay and bisexual men than among straight men, which the authors attribute to the double impact of victimization and minority stress.

Research on IPV among LGBTQ+ populations has progressed significantly in the past decade to try and gain a better understanding of the phenomenon. Studies have focused on several risk factors for victimization among men who have sex with men, such as early experiences of IPV, substance use, depressive or anxiety symptoms, or being HIV positive (Kimmes et al., 2019; Robles et al., 2022; Stults et al., 2021). The theoretical understanding of IPV among gay men is largely based on the minority stress theory (Meyer, 2003), the dominant framework applied in the literature (e.g. Corey et al., 2022; Li et al., 2022). This model emphasizes the adverse health and social outcomes of unique stressors faced by members of stigmatized and marginalized groups, such as IPV among gay men. Many studies show that external stressors, such as aggression related to homophobia, as well as internal stressors, such as concealment of sexual orientation, not only enhance the risk of experiencing IPV (Callan et al., 2021; Rollé et al., 2018) but are also barriers to help seeking for such groups (Calton et al., 2016; Decker et al., 2018). The literature also shows that higher levels of internalized homophobia are associated with higher levels of IPV in LGBTQ+ populations (Decker et al., 2018). While the minority stress theory is relevant for understanding the unique stressors faced by gay men, it is more limited for taking into account other factors such as the social climate, be it hostile or favorable, toward LGBTQ+ individuals (Callan et al., 2021).

More recently, a few authors have used intersectionality to understand the risk factors specific to same-sex couples (Kubicek, 2018; Steele et al., 2020; Whitfield et al., 2021). This framework is useful in adding other social and cultural factors (such as race, socioeconomic status, etc.) to sexual orientation, as well as including their intersections, to better understand the realities faced by marginalized groups. For example, in studies by Steele et al. (2020) and Whitfield et al. (2021), racialized LGBTQ+ people reported more IPV than white people. This framework thus avoids viewing gay men as a homogeneous population. Although the findings of these studies are not always aligned, especially as regards the effects of intersections between factors, they encourage the development of a more inclusive view of the interaction of an increased number of factors (Kubicek, 2018).

Few authors have examined the inclusiveness of IPV factors among LGBTQ+ populations using an ecological model (Brubaker, 2020; Wei et al., 2020; World Health Organization - WHO & London School of Hygiene and Tropical Medicine, 2010). According to this model, IPV risk and strategies for coping with IPV stem from a combination of individual, relationship, community and societal factors and the interactions among them. As expressed by Brubaker (2020), an ecological framework allows for the inclusion of factors specific to LGBTQ+ relationships (generally studied with the minority stress theory) and distal factors (e.g. social acceptance of homosexuality), without overlooking factors that are less specific to these population groups while still being recognizing as IPV risk factors. For example, unemployment (Finneran & Stephenson, 2014) and previous experiences of abuse and maltreatment (Taylor & Neppel, 2020) are individual-level factors, and power imbalances related to such things as income inequality are a relational-level factor (Kubicek et al., 2015).

Although it is relevant to identify intervention targets at different levels in order to more effectively prevent and address IPV among gay men, the ecological model has rarely been used to date with LGBTQ+ populations (Brubaker, 2020). Furthermore, although some qualitative studies have been identified (e.g. Kubicek et al., 2015; Oliffe et al., 2014), most of them have a correlational quantitative design (e.g. Callan et al., 2021; Decker et al., 2018). While useful for identifying factors, such a design is more limited for determining how those factors influence the experience of victimization and understanding how the factors interact on the different levels. Furthermore, protective factors are rarely examined in the literature, the latter tending to focus more on the risk factors associated with IPV. However, it is crucial that these aspects be understood in order to promote effective prevention and social response to IPV among gay men (Calton et al., 2016).

This paper helps fill these gaps by examining, through an ecological lens, the different risk and protective factors related to IPV victimization in a sample of gay men in the province of Québec, Canada, who acknowledge that they have experienced IPV, and by illustrating how those factors affect their experience of victimization. Results presented in this article are based on a larger study, conducted in collaboration with numerous community organizations,<sup>2</sup> aimed at deepening the understanding of IPV among Québec gay men and informing the development of specific practices for this population. Indeed, although IPV among same-sex couples has been recognized in Québec for nearly 30 years (Gouvernement du Québec, 1995), targeted prevention and services for gay men experiencing IPV remain few and far between.

## Method

Given the study objective, as well as the growing interest in actors' perspectives to better understand IPV in LGBTQ+ communities (Calton et al., 2016),

a qualitative design was adopted. The study was conducted with two groups: men who acknowledge having experienced IPV with another man, and practitioners from community organizations. The research process received ethical approval from the *Comité plurifacultaire d'éthique de recherche de l'Université Laval* (# 2017–107 R-1/22-11-2018) and the *Comité d'éthique de la recherche en Dépendances, inégalités sociales et santé publique (CÉR-DIS) du CIUSSS Centre-Sud-de-l'Île-de-Montréal* (# DIS-1718-35).

### **Sampling and recruitment**

Gay men were recruited through ads posted on community organizations' Facebook pages, a classified ads site, a dating app, a university e-mail distribution list, media interviews, and with the help of community organizations. The participation criteria were as follows: identify as a man and recognize that they have experienced IPV with another man in a separation context.<sup>3</sup> Men who were interested contacted the research team by e-mail or phone. They were provided with more information about the project and invited to schedule an individual interview. At the beginning of the interview, each man signed a consent form and received an compensation of \$20 (CAD).

We also recruited a second sample of 14 practitioners to participate in one of two focus groups. We sent an invitation by e-mail to the different community organizations involved in the study. Interested practitioners contacted the research team by e-mail or phone. They were free to participate or not and received an allowance for travel expenses. At the beginning of the focus groups, each practitioner signed a consent form.

### **Gay men and practitioners participating in the study**

The 23 gay men, referred to as “the participants,” ranged in age from 26 to 72, with a median age of 43. All of them identified as cisgender gay men, except one who identified as heterosexual and another one who was questioning his sexual orientation and gender identity. They lived in six different regions of Québec, but mostly in urban or semi-urban areas. The vast majority was Québec-born, two were born in Latin America and one was born in southern Africa. Their socioeconomic status was diversified but high overall: 16 had a university degree, 14 were employed and 12 earned more than \$40,000 (CAD) a year. Only one had a child. All but three participants were definitively separated from the person with whom they experienced IPV. In half of the cases, the relationship lasted about one to five years and in the other half, the relationship lasted between seven and 18 years. Most of the participants lived with their partner and there was more or less of an age difference.

The practitioners sample included 11 men and three women with an average of nine years of professional experience working with LGBTQ+

populations ( $n = 7$ ), IPV perpetrators ( $n = 4$ ), crime victims ( $n = 1$ ), and in the police force ( $n = 2$ ).

### **Data collection**

In the first phase of the study, each gay man took part in a semi-structured interview lasting from 1½ to 2½ hours. Interviews were conducted by either one of the two researchers or one of the three research assistants: four women and one man of varying ages and sexual orientations. We used open-ended, flexible questions so as to elicit spontaneous responses from the participants (Roulston & Choi, 2018). The interview guide was developed in collaboration with our partner organizations and based, in particular, on the guides used by the Los Angeles Young Men's Relationships Project (Kubicek et al., 2015). With respect to the focus of this article, we encouraged the participants to talk freely about the various elements that, in their view, had an impact on their experience of IPV. Then we asked them about specific factors informed by the literature review (e.g. prior victimization; coming out about sexual orientation).

In the second phase, we conducted two focus groups with the 14 practitioners. Each focus group was led by one of the two researchers. The researcher briefly presented the main findings from the first phase and then invited the practitioners to discuss the findings based on their professional experience and observations about IPV among gay men. The focus groups allowed us not only to refine our findings, but also to triangulate different data sources and collection methods (Tracy, 2010).

### **Data analysis**

Interviews were recorded, transcribed, anonymized (pseudonyms are used in this paper), summarized, and then coded using thematic analysis (Braun & Clarke, 2008). The research team met regularly throughout the process to refine and improve coding and analysis.

The two researchers and two research assistants constructed an initial code tree based on the study objectives, the literature review, and six interview summaries. That way, the codes related to factors influencing the experience of IPV among gay men were informed by the literature review as well as the participants' narratives. The two research assistants coded ten interviews using the QDA Miner software and conducted two interrater agreements: initially for the first third of three interviews (68% agreement) and then for another whole interview (80% agreement). Disagreements were discussed with the researchers and an improved version of the code tree was agreed upon. One of the assistants used this version to revise the first ten interviews and then code all of the material. After coding was completed, the content of each code

was reduced vertically by summarizing the key factors in each participant's experience. A horizontal analysis was then conducted by summarizing the main factors for all the participants. Attention was paid to general factors related to IPV as well as factors specifically related to IPV between men. Throughout this process, we also tried to determine how the different factors might relate to each other and to the different ways in which these factors actually affect the men's experience of victimization.

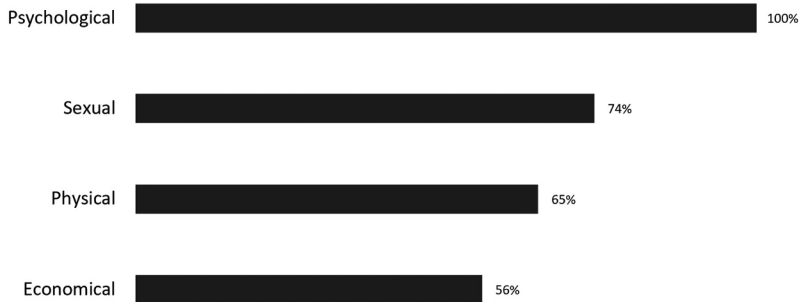
Focus group data were transcribed and coded with the same code tree. The analysis subsequently focused on similarities and differences between practitioners' professional perspective and participants' experiences. Overall, the practitioners' perspectives were in line with those of the gay men, but they provided nuances and revealed other factors, which are highlighted in the results.

Finally, the different factors identified by the participants and practitioners were grouped within an ecological model with five levels, ranging from most proximal to distal: 1) individual (personal factors related to participants' history, situation, or characteristics); 2) intimate relationship (factors related to the relationship between the participants and their partner); 3) social network (factors regarding the participants' loved ones, such as friends and family members); 4) community context (factors related to different societal environments in which participants interact from near and far); and 5) socio-cultural (factors related to different societal norms).

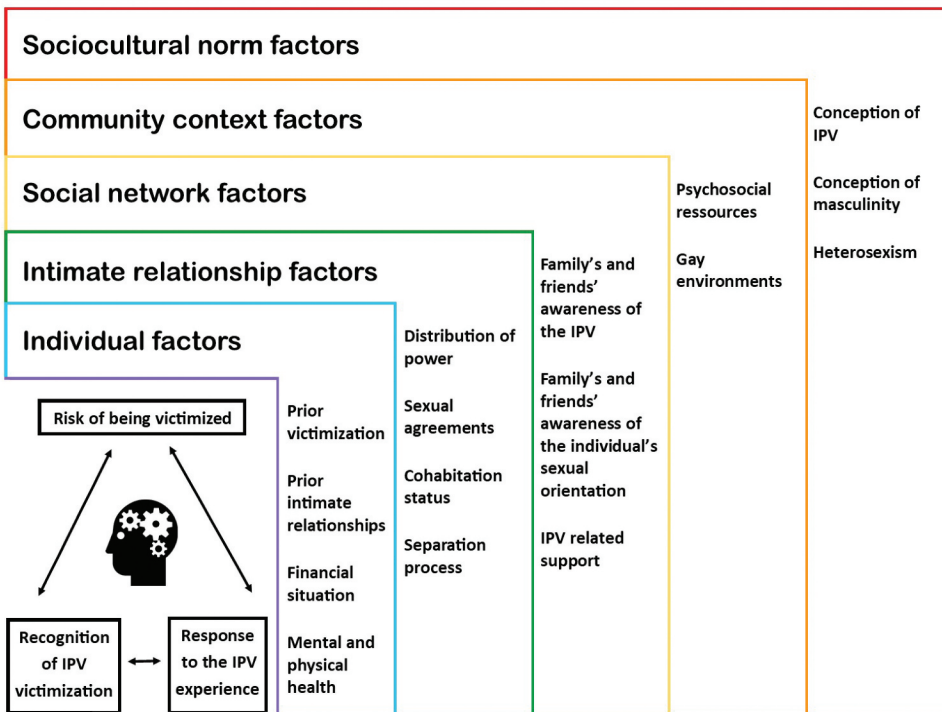
## Results

Although this article focuses on factors influencing the IPV experience, a brief overview of the IPV experiences of the 23 participants is useful. In the interviews, all of the participants described the violence experienced throughout the relationship with their partner, and 20 of them continued to suffer violence even after their separation. The most reported types of victimization were, in order: psychological, sexual, physical, and economical (see Figure 1, and Roy et al., 2022 for details). Note that almost all of the participants experienced more than one form of violence. Through these broad types of victimization, we also observed certain manifestations more specific to gay men, such as outing or belittlement because of characteristics associated with femininity, as well as consequences, such as questioning their own sexual orientation.

Based on our five-level ecological model (Figure 2), we will now describe how the factors identified by the participants and practitioners shape gay men's IPV experience. In addition to identifying these factors, our analysis revealed three main mechanisms whereby these factors actually affect the men's experience of victimization. We explain how these factors relate to their IPV experience in terms of 1) the risk of being victimized; 2) the recognition of IPV victimization; and 3) the response to the IPV experienced.



**Figure 1.** Reported forms of victimization experienced by participants during or after their relationship (%).



**Figure 2.** Ecological models of factors related to gay men's IPV experience.

**Individual factors**

At the individual level, the analysis highlighted four main risk factors related to participants' history, situation, or characteristics, namely prior victimization, prior intimate relationships, financial situation, and mental or physical health.

**Prior victimization**

Almost all of the participants reported one or more types of prior victimization, including childhood abuse, bullying, and IPV with a previous partner. As

explained by Francis (age 33), a victim of sexual abuse, these experiences of victimization made participants more vulnerable to varying problems in adulthood, including IPV: “I was sexually abused as a child and as a teenager. Let’s say that it set the ground for . . . lots of vulnerabilities.”

More specifically, past victimization experiences seem to contribute to trivializing violence, which further impairs the person’s ability to recognize IPV or makes them more tolerant toward it. Some men also consider that prior victimization made them put the other person’s needs before their own as a strategy for avoiding rejection, making them more vulnerable to partner abuse.

During my prom night, I made a speech to kick off the party. Someone shouted out “fucking faggot” in the ballroom. [. . .] I used to be slammed against the wall, locked in the bathroom . . . Head first in the toilet, I experienced that too. [. . .] I think it left a mark [. . .]. I can’t help it. In my relationships with men, I tend to be way too generous, and they soon take me for granted because I’m nice, I take care of them. You know, I want so much to be loved . . . (Samuel, age 56)

This narrative shows that participants’ experiences of victimization were often rooted in homophobia. Some practitioners, who agreed that there is a link between prior victimization and IPV, also underscored homophobia as an important source of violence for gay men:

They almost all had a history of past victimization. When you’re gay, coming out can be a source of violence. Sometimes even within the family. Rejection, all that. And in their identity construction, suffering violence [. . .] is somehow normalized (Julie, practitioner).

As seen by Samuel’s testimonial, many participants perceived that some of their personal traits, such as emotional dependence or self-affirmation issues, could put them at greater risk of IPV. However, these personal traits may be consequences of prior victimization or of IPV itself.

### *Prior intimate relationships*

For about a quarter of the participants, having had few or few significant intimate relationships in the past may have put them at risk of IPV. They said that because they didn’t have a lot of experience, they didn’t know what a healthy relationship was, so they weren’t really able to recognize IPV. Take Baptiste (age 31): “I thought that’s what a couple was. In my mind, it was about trying really hard and just focusing on the good parts during the first six months of our relationship and ignoring the things that were becoming more oppressive.”

Some of them explained that the difficulty making up their mind was exacerbated by their inexperience with long-term commitment in gay relationships: “I’ve been single for a long time. I was dating many guys, who weren’t serious and everything. I told myself: ‘Well, maybe serious relationships don’t

exist in the gay world.” (Gilles, age 29) So, what constitutes a healthy gay relationship, and the possibility of experiencing one, may appear to be unclear.

### **Financial situation**

Their financial situation emerged as a significant factor in participants' experience of IPV, because it has a **major impact on their ability to leave their partner whenever they want**. A good financial situation acted as a protective factor for several men, such as Patrick (age 26), who was able to leave his violent relationship: “I had the luxury of being able to leave. That’s what saved me. He wasn’t the one paying for my tuition.” Conversely, other men did not have the financial independence to leave: “I had no money to move out. [...] Even if I could get out, where was I going to live? How would I pay the rent?” (Francis, age 33) As shown by Francis’ testimonial, an adverse economic situation can complicate and delay separation, thus becoming a risk factor for continued victimization.

### **Mental and physical health**

Some participants explained that they had mental health issues, such as anxiety or attention deficit disorder, which made them more vulnerable to victimization or more tolerant to IPV. “He says: ‘Can you give me your credit card? I have to pay for something.’ Because I have an attention deficit and trouble concentrating, I gave him the card, and then, well he loaded it up.” (Jerome, age 72)

A few other men also showed how physical health issues, such as diabetes, vision impairment or HIV, can be embedded in their experience of IPV. In certain cases, their partner would instrumentalize their condition to perpetrate violence against them. In another case, a participant, whose physical condition made it difficult to find a job in order to be financially independent, stayed in the relationship with his partner:

I can’t see well enough to read anymore. I have to use a magnifying glass all the time.  
I can’t fill out a questionnaire. Obviously, you don’t feel like looking for a job. [...]  
I didn’t know how much it cost to move, but I had to move out. Staying was no longer a viable option. (Paul, age 61)

Paul’s narrative also highlights the cumulative impact of varying factors, in his case a physical condition that creates a barrier to employment, which in turn affects his ability to be financially independent and escape the violence.

### **Intimate relationship factors**

An analysis of factors related to participants’ relationship with their partner shed light on the following issues: distribution of power, sexual agreements, cohabitation status, and the separation process.

### *Distribution of power*

Three-quarters of the participants identified power imbalance in the relationship as a risk factor for victimization. The iniquity can be related to decision making or socioeconomic status. Victimization was experienced not only by participants who were disadvantaged by the power imbalance, but by those who seemed to have the advantage over their partner.

For half of the participants, the partner was the main decision maker, which often resulted in control. Consequently, the participant was compelled to do or undergo things they didn't like, or were subjected to other forms of violence if they tried to take the lead: "Always him. If I tried to make a decision, two days later we'd fight." (Kevin, age 36)

Being the decision maker does not necessarily act as a protective factor against victimization. As explained by a few participants, their partner can use it against them to be abusive: "I always had to take the lead in the relationship. At a certain point, it kind of backfired on me. A lot of things have been instrumentalized and turned against me." (Patrick, age 26)

Similarly, some participants felt that having a higher status than their partner can predispose them to either economic exploitation, like Harry, or denigration, like Baptiste:

He never earned a lot of money. [...] I never asked questions; money wasn't an issue for me. [...] I didn't realize that [spending] \$50,000 a year in cash was all that important. (Harry, age 72)

Our status was different. I was lucky to have parents who had a successful company. [...] He used to belittle me a lot [for it]. (Baptiste, age 31)

Conversely, a participant explained how having a lower socioeconomic status than his partner was also a source of denigration that made him more tolerant to victimization:

He had money, and a nice car, and we travelled, and it was great. But underneath it all [...] there was always this feeling, telling myself that I'm no good. [...] Who I was, was never enough. [...] I think he would have liked me to be a neurosurgeon, super rich. (Alexandre, age 36)

In some cases, it was a change in socioeconomic status, in either the participant's or the partner's favor, that contributed to the emergence or exacerbation of victimization.

### *Sexual agreements*

Sexual agreements, that is, agreements related to sexual and/or romantic exclusivity or non-exclusivity, also appear to influence victimization. About half of the participants were in an exclusive relationship, while the other half were in a non-exclusive relationship. In both cases, victimization risks appear to increase when one of the partners breaks the agreement.

Several participants reported being victimized when their partner broke their agreement. For example, Antonio explained how his partner was not respecting his right to see other men as agreed and even shamed him for doing so:

He was just like, “Ah, but you went to see a guy. You’re like disgusting, then you come to see me afterwards!” [...] He liked to meet other guys. [...] But if I wanted to see other guys, that was a problem. (Antonio, age 36)

A practitioner suggested that, in a context where gay men are particularly at risk of contracting HIV and STBBI, breaking an agreement (e.g. unprotected extra-dyadic sex) can be perceived as even worse abuse because it is not only psychological, but also physical.

I remember men trembling at the thought that their partner might have given them an STBBI or even HIV. [...] Like something invading their body. [...] “There was a breach in the agreement. He cheated on me. Now I have an STBBI.” And the way I received that was like ... “I was assaulted.” (Serge, practitioner)

In fact, a number of participants were infected after their partner broke the sexual agreement. A few participants also suffered abuse after breaking the agreement themselves: “During an umpteenth fit of jealousy, he asks me: ‘Have you ever cheated on me?’ I say ‘yes.’ [...] And then, I get punched in the face.” (Samuel, age 56)

Practitioners, who also witnessed such situations, pointed out the conditions under which sexual agreements were implemented. Their concerns were in keeping with those of several participants regarding the more or less consensual nature of these agreements and how it could be associated with different forms of IPV, such as control, threats or denigration.

We had a closed relationship, we were exclusive. I wasn’t satisfied, but I respected it for his sake. But since I was not satisfied, I had to fill a need. So yeah, I was looking at stuff on the computer. [...] One time, he humiliated me in front of his friends for it. (Gilles, age 29)

### ***Cohabitation status***

For some participants, living together constituted a risk factor for victimization because it created a setting of proximity in which violence could occur, especially when participants were pushed into moving in with their partner: “He didn’t want me to leave the apartment anymore [at the beginning of the relationship]. He always wanted to keep me with him.” (Vincent, age 28)

Conversely, one participant reported that the distance maintained between him and his partner because they were not living together had a protective effect against victimization. In addition, all six participants who continued living with their partner temporarily following their separation reported experiencing IPV during the post-separation period.

### **Separation process**

Of the 23 men who participated in the study, 20 were definitively separated from their partner at the time of the interview. The separation was initiated by the participant in 11 cases, by the partner in seven cases, and of common accord in two other cases. The remaining three participants, who were not definitively separated from their partner, were calling their relationship into question or had broken up temporarily, which we consider to be part of the separation process. Separation is an evolving process.

For most of the men, the separation process was a major turning point in their experience of victimization or in their response to it. During this period, three were victimized by their partner for the first time, and several others reported more frequent or severe violence. Victimization risks thus appear to increase when the relationship starts to become less stable. Victimization experiences can lead participants to call the relationship into question or end it, as described by Antonio: “I left for good, I left without telling him. [...] I thought I was going to get killed.” (Antonio, age 36) However, questioning the relationship, or the separation process itself, can lead to increased violence: “All I could say was: ‘It’s not a prison, we’ll find a way to separate properly and amicably.’ [...] And from that point on, he started doing everything he could to be abusive.” (Harry, age 72)

A practitioner shared his observations that calling the relationship into question can increase victimization, especially in an attempt to control the relationship when there is a power imbalance: “Take a power relationship in which one partner perpetrates [violence] against the other, who’s victimized. If the person in control is truly afraid of losing their partner, then it’s logical that the violence would escalate.” (Ryan, practitioner)

In several cases, a definitive separation seems to have contributed to a decrease in victimization risks over time. Half of the participants who were permanently separated from their partner reported no longer being victimized. In the other half, however, several men reported being harassed or manipulated into maintaining an intimate or romantic bond with their ex-partner.

### **Social network factors**

Factors related to participants’ loved ones include family’s and friends’ awareness of the IPV and the individual’s sexual orientation, and the IPV-related support they provide.

#### **Family’s and friends’ awareness of the IPV**

Most of the participants reported that at least one person in their social network was aware that they were experiencing IPV, either because the participant told them or because the person witnessed it. Being aware of IPV

can influence the support loved ones provide (see the section on IPV-related support) as well as participants' own acknowledgment of the IPV. Roughly a third of participants reported that loved ones had confronted them about the IPV and, in most cases, it helped them realize that they were being victimized: "She [friend] said she noticed that things were changing. I didn't see it. I saw it afterward." (Christian, age 61)

Conversely, several participants said that their relatives did not believe them or acknowledge that they were experiencing violence.

I wish they believed me. [...] My mother trivialized my situation in the middle of the restaurant, I burst into tears, it hurt so much. [...] The relationship was not right for me. But if I hadn't realized it [for myself], how many more years would I have stayed in it? (Gilles, age 29)

The lack of recognition may have contributed to loved ones trivializing the situation and participants taking longer to admit the IPV, not to mention the lack of support received.

#### *Family's and friends' awareness of the individual's sexual orientation*

Most participants said that their loved ones knew about, and generally accepted, their sexual orientation. Some practitioners saw this as a factor that can facilitate the disclosure of IPV. Two participants explained that they did not fully disclose IPV to certain family members because they had not come out to them yet or because their sexual orientation was not fully accepted: "I started talking more with my mother about our problems. But I can't say too much because she's Christian, super conservative. She doesn't accept me, so it's complicated." (Kevin, age 36) Some practitioners went further, mentioning that the fear of double disclosure can limit the potential support received from loved ones and, consequently, the capacity to address the IPV.

Furthermore, two practitioners explained that some men who hide their sexual orientation from their relatives might pressure their partners into doing the same, which in turn could increase the risk of victimization: "The other person is forced to give up [on living his sexual orientation openly]. [...] This can lead to conflict. And eventually, violence." (Malcom, practitioner)

#### *IPV-related support*

The vast majority of participants received at least some IPV-related support from family members or friends. Almost all of the participants reported receiving emotional support in the form of listening or advice. In the case of several men, emotional support helped them cope with their IPV experience, regardless of whether they considered ending the relationship with their partner: "I know that she [friend] will immediately be on my side.

She'll never question what I may have done, thought, or said.” (Pierrot, age 43)

In addition, a third of the participants reported receiving instrumental support from their family and friends, including help with moving, housing, finances, or filing a complaint with the police. This support, especially during the separation, helped them leave the environment in which they were being victimized: “Everybody came to get me, they were coming to get me out of there.” (Alexandre, age 36)

A few participants talked about informational support, namely being informed about IPV and referred to resources, which led them to better recognize their experience as IPV and ask for help.

However, not all men felt supported. Some of them have been isolated from friends and family because of IPV, limiting their support options. Others reported experiencing invalidation or trivialization of their IPV experience, judgment, or pressure to leave their partner when they were not ready. As reported by Emile (age 47), some reactions may lead to revictimization: “I talked [about IPV] with one of my ex-girlfriends, and damn, she shouted out on the street that I’m gay.” Obviously, these experiences did not help them cope with the violence properly.

### ***Community context factors***

As regards the societal environments participants engage in directly or indirectly, psychosocial resources and gay environments emerged as factors influencing their experience of IPV.

### ***Psychosocial resources***

The majority of participants had used formal resources at least once. Although IPV was not always the primary reason for using the service, in particular because the participant had trouble acknowledging it, the violence was ultimately addressed. For the most part, general psychosocial services were used (e.g. hospitals, crisis centers), but in some cases participants turned to resources specializing in IPV or sexual diversity. Some of the men found that the services they received helped them acknowledge the violence, stay safe, or actively address the problem.

If I hadn’t called, [...] I wouldn’t have gotten out of my situation. [...] You know, making sure I was in a safe environment. [...] I needed to be told by a specialist: “Sir, what you are experiencing is violence.” (Thierry, age 29)

However, numerous barriers were identified in participants’ and practitioners’ narratives, including a lack of screening for IPV, trivialization of IPV among men, and homophobic attitudes: “As soon as I mentioned that [partner] is

a man, his attitude clearly changed. [...] He started keeping his distance from me.” (Jacob, age 46)

Some talked about the lack of awareness of available resources, the gendered approach to services, and the resulting vacuum for victimized males.

Women wanted to hang up on me, they didn’t understand why a man was calling. [...] If I called a group for men, saying “I’m a man in a relationship with another man,” the guy wasn’t either . . . I’d hang up and want to cry . . . For hours. It could take me three weeks before calling somewhere again. (Paul, age 61)

All of these barriers hinder social recognition and care for male-to-male IPV, as well as add to the feeling of isolation, at least in Paul’s case.

### *Gay environments*

Most of the participants are in direct or indirect contact with the gay community. Some of the particularities of the gay societal environment appear to contribute to the risk of experiencing IPV, or impede recognition of IPV. About half of the participants pointed out harmful stereotypes or informal norms circulating in gay environments that trivialize violence: “In bars [...], there are drag queens and the host is insulting people. [...] It’s really wicked. It’s a tough environment.” (Jérôme, age 72) According to some practitioners, these norms and stereotypes may contribute to making gay men more tolerant of violence or lead them to reproduce these micro-aggressions in their intimate relationship.

It’s like an expectation system. If you see a guy who’s more effeminate, you expect him to be the bottom. He’s the one who’ll be dominated, who’ll do this or that task in the house. We even integrate this as a person who is controlled or disadvantaged in this situation. (Gabriel, practitioner)

Both a participant and a practitioner explained that fear of staying single in a context where access to potential new intimate partners is limited can increase some men’s tolerance to victimization, a reality that may be exacerbated in rural areas or among older men.

Do we stay with a partner because we’re afraid of not finding another one? [...] When I go to a bar, if there was no AIDS crisis, there might be 200 potential men I could meet. But there are maybe just 45, instead of 200, because the reality for people of my generation, is that [...] people who might interest me are dead. (Bertrand, age 60)

In some rural communities, the fact is that we’re more isolated. [...] We don’t talk a lot about our homosexuality, or maybe not as much. And there are fewer gay men who are, quote-unquote, available on the dating market. It means that there are some guys, based on my own experience, who say to themselves: “Well, I prefer to be in this type of relationship than to be alone.” (Scott, practitioner)

In short, the perceived lack of benevolence in some gay environments, the reproduction of heterosexist norms, particularly through the “top-bottom” dynamic, and the low gay population density appear to be specific characteristics of gay environments that both participants and practitioners saw as increasing the risk of IPV.

### ***Sociocultural norm factors***

This last level includes factors related to different societal norms that affect gay men’s experience of IPV, namely the conception of IPV, the conception of masculinity, and heteronormativity.

#### ***Conception of IPV***

Over half of the participants said that the social representations of IPV made it hard for them to recognize it, led them to downplay their situation, or even prevented them from seeking help. Having internalized these representations, they perceived IPV as being severe physical abuse that is visible. Moreover, participants commented that it was easier for them to identify IPV when it corresponded to the social images of violence: “I didn’t understand that violence could be sexual, could be psychological, could even occur within a couple, and that a man could be a victim. That’s something we don’t talk about.” (Thierry, age 29)

Thierry’s testimonial further shows how the very existence of IPV is still hard to conceive in the collective imagination, especially IPV among men. Several other participants said that the image they had of IPV was abuse perpetrated by a man against a woman, which is the message conveyed by most awareness campaigns, at least in the Province of Québec. For these men, being abused by their partner was inconceivable and they looked for other explanations (e.g. mental health problem). As regards barriers to psychosocial resources, some of the participants apparently encountered practitioners who shared this heteronormative construction of IPV.

#### ***Conception of masculinity***

Several participants reported that the social representations of masculinity, which they partially assimilated, can also make it difficult to recognize victimization and how it unfolds, and seek help. In particular, they talked about masculinity as being focused on strength, the ability to defend oneself, and not showing emotions: “The man in me says: ‘It’s okay. You’re tough.’ [. . .] There’s a bit of stereotyping going on sometimes. We’re raised to, you know . . . ‘Don’t complain.’ It’s also a matter of pride.” (Emile, age 47) The practitioners agreed: “I hear that regularly, whether it’s homosexual or heterosexual men. This

vision that a man must be able to take it and be strong, it's across the board.” (Guy, practitioner)

Such representations are simply incompatible with the idea of being victimized by one's partner, and also interact with the representations of IPV that only women can be the victims of it.

### **Heterosexism**

More broadly, several factors identified by participants and practitioners appear to be rooted in the heterosexism paradigm. More specifically, their experiences of homophobia, the harmful stereotypes circulating in gay environments, and the conceptions of IPV and masculinity they reported are all manifestations of this multilevel social ideology system that contribute to increased victimization and hinder the recognition or response to IPV among gay men. The following testimonial sums up well how the societal valuation of sex and gender binarity, heterosexuality and the superiority of masculinity over femininity affect the experience of victimization in gay couples:

Marcel was more effeminate than me. So, looking in from the outside, if anyone was going to be a victim of domestic violence, it would have been him. Because in the male-female frameworks, he fits more with the vision of a woman, while I would be more the man. It's a little strange to say “I'm the victim of violence by an effeminate man.” It's like if you just ... Not completely devaluated yourself, but... You no longer have any credibility. [...] There's work to be done at the societal level, it's part of a much broader issue. (Thierry, age 29)

This participant highlights the role of sociocultural factors and the need to take them into consideration in the “work to be done at the societal level” to recognize and address IPV among gay men, including by psychosocial resources.

### **Discussion**

This article takes an ecological approach to examining factors related to IPV victimization among a sample of gay men in Québec. Above all, our findings show how heterosexism, namely the ideological, institutional, legal and political denial and devaluation of homosexuality and women (Chamberland & Lebreton, 2012), shape gay men's experience of IPV in interaction with other factors on each level of the ecological model. Examples include traditional conceptions of IPV and masculinity (socioculturalnorm level), harmful heterosexist stereotypes circulating in gay environments (community context level), loved ones' awareness of the individual's sexual orientation (social network level), breaking of sexual agreements (relationship level), and prior homophobic victimization (individual level). Because heterosexism is

systemic, the multilevel interactions put forward in this paper are not surprising, but make a new contribution to the current literature on IPV among LGBTQ+ populations, which generally focuses on minority stress theory. This theory is particularly relevant for identifying individual and relational factors specific to LGBTQ+ populations but appears more limited for broader socio-cultural factors (Callan et al., 2021) as well as factors common to heterosexuals, which were also considered in this study. Moreover, based on our study participants' experience, some of these factors should not be overlooked by either research or professional practice, notably power imbalance (Kubicek et al., 2015) and the separation process, because it is known that IPV does not necessarily end when a couple separates (Roy et al., 2022).

Another contribution of this study is that it examines the experience of people having suffered IPV and the meaning they give to their experience. An ecological perspective helps round out quantitative research, which provides critical insights into risk factors, but fails to capture the mechanisms by which those factors influence victimization. Thus, our analysis shed light on how these factors relate to 1) the risk of being victimized; 2) the recognition of IPV victimization; 3) the response to the IPV experienced. To expand on this understanding of how factors affect the experience of victimization of gay men, we will discuss the three mechanisms mentioned above, focusing on factors more specific to gay men or related to the heteronormative context.

### **Victimization risk**

Several factors at the individual and intimate relationship levels contribute to the emergence or heightening of IPV victimization. Some are common to heterosexual populations, such as prior victimization and inexperience in intimate relationships (Korkmaz, 2021), but may be a particular challenge among gay men. Indeed, gay men are likely to experience homophobic victimization and minority stressors, such as internalized homophobia or concealment of one's sexual orientation, which can affect their relationship commitment, investment, or stability (Rostosky & Riggle, 2016). During their socialization, most gay men are also less exposed to relatable cultural scripts and intimate and romantic relationship models, which are generally based on heterosexual—and monogamous—couples (Courduriès, 2014). This could also contribute to a greater risk of getting into a relationship with a violent partner, as suggested by our findings as well as those of Head and Milton (2014) in their study among bisexual persons. There is a paucity of knowledge about gay men's inexperience with intimate and romantic relationships, and future research should strive to deepen the understanding of the links between such inexperience and IPV.

Furthermore, our results, along with those of other studies (e.g. Finneran & Stephenson, 2014; Roy et al., 2022; Sharma et al., 2020), suggest that sexual agreements are a critical issue in many male-to-male IPV cases. Men in same-sex relationships are much more likely than heterosexual men to strike a sexual agreement (Sharma et al., 2020). The gay population is also particularly vulnerable to HIV and other STBBI and, therefore, at greater risk if one of the partners in a non-exclusive relationship fails to respect the agreed-upon protection measures. In fact, based on our results, it seems that the type of agreement (open or monogamous relationship) is not a risk factor, but rather the breaking of the agreement or the fact that it was not consensual. Even though these results are exploratory, they help fill a gap in the literature on the links between IPV and sexual agreements. Researchers could further explore how negotiation of and adherence to sexual agreements are embedded in power imbalances between partners, which can also be an IPV risk factor.

### ***Recognition of IPV victimization***

Our study brought to light two main barriers to recognizing victimization, namely the trivialization and social representation of IPV. Several factors operating at various levels of the ecological model influence the trivialization of IPV, including the often-homophobic victimization experience in other contexts (individual level) and the evolution within gay environments (community context level), which can themselves downplay IPV and normalize female inferiority, a factor that has also been reported in other studies of same-sex male relationships (Goldenberg et al., 2016; Oliffe et al., 2014). These authors, along with others who have studied the IPV experience of heterosexual men (e.g. Machado et al., 2016), also posit that the embedded social image of masculinity (sociocultural norm level), that is, that men are invincible, make men less likely than women to acknowledge their victimization experience because they do not want to be in a position that they think makes them look weak.

This takes us to the second barrier encountered by our participants in recognizing IPV, which lies in its social representation, another socio-cultural norm factor. In fact, the general conception of IPV as physical assault of a woman by her male partner is too restrictive and does not reflect the experiences of participants in our study. The latter seemed to lack the conceptual reference point required to recognize their partner's behavior as abusive, as reported by Pilon-Rousseau (2019) in his secondary analysis of our data. This barrier makes it difficult to recognize IPV victimization, as a male (Machado et al., 2016) and as a male experiencing IPV by a same-sex partner (Goldenberg et al., 2016; Oliffe et al., 2014). Even if Québec's social policies relating to IPV take "gays and male victims" into consideration (Gouvernement du Québec, 1995), our findings

show that this heteronormative view of IPV is firmly embedded in the Québec psyche and hinders the recognition and addressing of male-to-male IPV.

### ***Response to the IPV experience***

On the social network and community levels, social support appears to be not only fundamental to helping gay men recognize IPV, but also to finding appropriate psychosocial services, taking steps toward separation, or filing a complaint with the police. Seeking help seems to be easier when the person's sexual orientation is known and accepted. This is in line with other authors who found that not being out is an IPV risk factor among men in a same-sex relationship (Finneran & Stephenson, 2014; Goldenberg et al., 2016). Furthermore, as explained by participants and practitioners, disclosing IPV is already challenging, especially for men who need to go against masculinity norms that discourage help seeking (Machado et al., 2016). It can therefore be extra challenging for gay men who face the double burden of disclosing IPV as well as their sexual orientation. Most of our participants were out and accepted by friends and family, which may have something to do with the fact that Québec is a relatively open society and accepting of homosexuality (Giner & Perron, 2017). It is nevertheless noteworthy that heterosexism plays a key role in participants' IPV experience, because it comprises many other risk factors at different levels. Among other things, the trivialization of IPV between men and homophobic revictimization emerged as significant barriers to addressing their IPV situation. This concurs with the findings of Scheer et al. (2020) in their review of literature on help-seeking barriers among LGBTQ+ populations.

Finally, our results showed that gay men's ability to address their IPV experience also depends on other factors, including their willingness to leave their partner in the context of a small gay population. IPV victimization can have devastating effects on self-esteem and self-efficacy (Karakurt et al., 2022). The experiences of some of the participants and practitioners suggest that it could be even more devastating for gay men, who have access to fewer potential intimate partners than heterosexuals. This is worth exploring at greater length in future research.

### ***Limitations***

Despite its unique contribution to the understanding of factors related to IPV victimization among gay men, this study has limitations. First, the relatively homogeneous sample might have limited the identification of certain factors and, consequently, there are reasons to be cautious about the transferability of results. Greater diversity in ethnocultural backgrounds, gender identity or

parental status might have helped shed greater light on how these factors are related to IPV and better reflected the reality of, for example, male immigrants or parents, and racialized or transgender men. Intersectional-based research is relevant in that it gives better consideration to these factors in sampling as well as other stages of the research process. Whitfield et al. (2021), for instance, examined, individually and intersectionally, sexual orientation, gender identity, and race/ethnicity as predictive identities of IPV victimization.

As most of our data is drawn from participants' IPV experience, their narrative may have overlooked aspects participants were not fully aware of. For example, none of the participants mentioned the age difference with their partner as a factor in the IPV, even though it has been identified as a factor in the literature (e.g. Goldenberg et al., 2016). However, this limitation was partially offset by soliciting the advice of practitioners.

Lastly, the study yielded fewer results for protective factors. First, because our interview guide focused more on risk factors and second, because the interviews addressed participants' need to share the hardest experiences and aspects of their relationship. We were nevertheless able to identify a number of protective factors, mostly at the social network level (e.g. family's and friends' awareness of the individual's IPV situation and sexual orientation), that appear to be crucial to promoting better prevention and social response to IPV.

### ***Implications for practice***

Despite its limitations, this study points to the importance of acting on several levels to effectively fight IPV among gay men. Among the numerous implications that emerged, we would like to draw attention to two levels of factors of the ecological model and their interactions, namely the relational and socio-cultural norms levels. First, it seems important to promote healthy intimate and romantic relationships from a non-oppressive perspective that is inclusive of sexual diversity (e.g., school programs). Although the social climate for LGBTQ+ persons in Québec is relatively positive, relationship models are predominantly heterosexual and gay men have few reference points for what constitutes a healthy, egalitarian relationship between two men. These measures would help prevent the normalization of violence. Prevention and screening of IPV among gay men should also include potential sources of power imbalance that could impact IPV, including sexual agreements. In addition to prioritizing safety, practitioners should support men in addressing potential sources of power imbalance that could impact IPV, including the establishment of an explicit, fair and satisfying sexual agreement that is likely to be respected. More broadly, even LGBTQ+-inclusive societies cannot afford to let homophobia and heterosexism go unchecked. One way to fight them is to educate the public about the detrimental effects of discrimination. The same

is true for IPV prevention: efforts still need to be made to raise general awareness about IPV by educating the public and practitioners about the fact that IPV is not only physical, that men can experience IPV too, and that IPV occurs in non-heterosexual relationships.

## Conclusion

This paper deepens the understanding of factors shaping gay men's experience of IPV. Using an ecological perspective, our study highlights the importance of acting on multiple levels to effectively strengthen prevention and social responses to IPV among gay men. Considering that heterosexism emerged as a comprehensive factor of IPV, it is urgent to strengthen the fight against homophobia and the deconstruction of heterosexism, even within gay environments. Even if this discussion focuses on factors specific to gay men or related to heterosexism, we want to reiterate the importance of considering the different factors of the ecological model as a whole in preventing and addressing IPV victimization. Practitioners and policymakers alike must not ignore individual or relational factors, because they are just as embedded as other factors in the IPV experience of gay men.

## Notes

1. We use *gay* to refer to men who are sexually or emotionally attracted mostly to other men. We chose this term because it matches our sample (see the "Method" section) and also for the purposes of brevity. This social category cannot, however, include all individual experiences and intimate relationships between men across different cultures.
2. The research team included seven researchers (two specialized in IPV, two in sexual diversity, and three in masculinities) and four community organizations (one working in IPV, two in sexual diversity, and one with men with psychosocial difficulties). Close to 20 other organizations, in these three sectors and others (e.g., police force), were also periodically involved in some of the activities (e.g. development of the data collection, data analysis).
3. Studying IPV in a separation context provided a better overview of IPV changes during the relationship, from its beginning to post-separation, including periods in which partners break up and then get back together. See Roy et al., 2022 for more details about the separation process.

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