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**Intimate partner violence within same-sexed relationships of gay
men: a discourse analysis**

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ii Abstract

Research suggests that the prevalence rate of Intimate partner violence (IPV) is similar or higher compared to heterosexual relationships. IPV within same-sex male relationships is a major health problem and public concern. Although IPV between gay male partners is an immense social and public health issue, it remains hidden and poorly understood. It is clear that little to no research exists in South Africa with regards to IPV in gay male relationships. This paper aims to contribute to the literature that exists on this topic with the hope of further developing the understanding of IPV within gay male relationships, including: the types of abuse, possible causation and consequences of IPV. The most important implication of this research is to create awareness around a topic that is not being addressed. Semi-structured interviews were conducted with mental health professionals and a critical discourse analysis was used to analyse results. Findings indicated that heteronormative discourses existed amongst professionals with regards to IPV in gay male relationships. Gay men are not perceived as victims of abuse and IPV remains a heterosexual issue. South Africa is a heteronormative society in which violence is linked to hegemonic masculinity. These heteronormative notions and associated stigma perpetuates internalised homophobia. The implications of these findings are discussed and possible recommendations for further research is provided.

Keywords: abuse, discourse analysis, hegemonic masculinity, heteronormative, intimate partner violence, same-sex male relationships, South Africa, violence

CHAPTER 1

INTRODUCTION

In recent years, it has become increasingly clear that Intimate Partner Violence (IPV) is a crime that occurs often and affects a multitude of people worldwide. The most common depiction of IPV, as seen in the media and acknowledged by society, involves a female victim and an abusive male partner (Jeffries & Ball, 2008; Murray, Mobley, Buford & Seamn-DeJohn, 2007). Studies have shown that on a global scale 20% of women have been physically or sexually abused by a male perpetrator (Shai & Sikweyiya, 2015). While society distinguishes abusive behaviour as a man harming a woman, other groups remain invisible to a violent epidemic.

Intimate partner violence in South Africa is a serious ongoing problem and challenges society in many ways. IPV is the most common form of violence experienced by South African women, according to Vetten (2014). It is estimated that roughly 30% of reported cases of violence are domestically abusive in nature and South Africa is reported to be one of the most violent countries in the world with regards to violence against women (Bendall, 2010). South Africa's female homicide rate in 1999 was the highest recorded- six times the global average- and half of the fatalities were caused by IPV (Vetten, 2014). In other words, intimate partner violence in South Africa takes place in one out of three households (Kruger, 2004) of which four women are killed by their male partners every day (Vetten, 2014).

While IPV within heterosexual relationships have been researched in literature, studies on IPV in same-sex relationships are comparatively scarce (Stephenson, Hast, Finneran & Sheath, 2014). Society remains ignorant and maintains a stigmatic view when it comes to the issues around IPV in same-sex relationships. It is a general assumption that IPV or domestic violence does not exist within the lesbian, gay, bisexual and transgender (LGBT) community (Murray *et al.*, 2007). Moreover, the prevalence of IPV is believed to be exclusive to heterosexual relationships. *The National Intimate Partner and Sexual Violence Survey* of 2010, surveyed 16,507 adults (9,086 women and 7,421 men) and found that IPV was prevalent in: 43.8% of lesbian women and 26% of gay men (Walters, Chen & Breiding, 2013). Research

suggests that IPV occurs roughly one-quarter to one-half of all same-sex relationships (Murray *et al.*, 2007). Rates of IPV and sexual violence reported by gay men and lesbian women are said to be equal or higher than reported incidents by heterosexual individuals (Walters *et al.*, 2013). Therefore, the prevalence and occurrence of IPV within same-sex relationships is similar to those of heterosexual relationships (Chan & Cavacuiti, 2008; Duke & Davidson, 2009; Goldenberg, Stephenson, Freeland, Finneran & Hadley, 2016; Murray *et al.*, 2007). These statistics refute the allegations that only heterosexual women are victims of violence and that men never fall victim to abuse.

Intimate partner violence within gay male relationships has received little to no attention in academic research or media. The prevalence and occurrence of IPV among gay male relationships varies among studies, with some countries having produced no data at all (Shai & Sikweyiya, 2015). Some research suggest that IPV rates among gay men range between 12% to 36% (Moodley, 2013) and 11-39% (Chan & Cavacuiti, 2008). It is estimated that one in five gay men within a romantic relationship experiences abuse, of which the actual prevalence rate of IPV is unknown (Cruz, 2003).

Research claims that the prevalence rates of IPV remain underreported and underestimated. In same-sex male relationships this is due to various considerable factors such as homophobia, fears of security/safety after reporting, lack of uniform legal definitions, and variability of legal procedures (Duke & Davidson, 2009). Gay men experience rates of abuse similar to those of heterosexual women (Houston & McKirnan, 2007). IPV occurs at a significantly higher rate in gay male relationships (men who have sex with men) compared to heterosexual men, which ranges between 25-50% (Finneran & Stephenson, 2014). It is also assumed that men in general are more likely to be perpetrators of abuse, therefore the probability of IPV in same-sex male relationships is higher (Duke & Davidson, 2009). Thus, the rate of IPV in gay male relationships is not only comparable to the prevalence statistics of heterosexual relationships, but is assumed to be greater. It is also important to note that very few South African studies exist regarding IPV within gay male relationships.

1.1 Rationale

Previous research regarding IPV focuses specifically on heterosexual women as victims of abuse. Little sufficient research and analysis has been done on the abuse that occurs within same-sexed relationships of men. Limited research exists regarding violence in gay male

relationships (Chan & Cavacuiti, 2008). Social science literature with respect to gay men and domestic violence is practically non-existent (Cruz, 1996). Discourses on domestic violence in most social sciences also refers to men beating women (Jeffries & Ball, 2008). In addition, a gap in literature exists regarding the rates of IPV within gay male relationships in non-US countries (Finneran, Chard, Sineath, Sullivan & Stephenson, 2012).

Intimate partner violence among gay and bisexual men has become a major public health problem in the United States (Goldenberg *et al.*, 2016) from which studies report that IPV is the third largest health problem affecting gay men, following HIV and substance abuse (Cruz, 1996; Landolt & Dutton, 1997). The amount of research that has been done focuses on violence within same-sex relationships with regards to hate crimes or gender based violence among the LGBT community (Alexander, 2002). Previous studies have shown the psychological and behavioural problems that occur in heterosexual victims of abuse, but very few studies have explored the same phenomenon among same-sex victims of abuse (Gehring & Vaske, 2015). It is also plausible that the trauma of IPV experienced by same sex victims is more maladaptive as a result of minority stress and lack of appropriate legal- and support services.

1.2 Aim

The aim of this study is to contribute to the existing literature surrounding IPV among same-sex relationships of gay men. This paper will interpret IPV within same-sex male relationships through discourse analysis. The purpose of this study is therefore, to further explore and develop an understanding of IPV within gay male relationships, including: the types of abuse, possible causation and consequences of IPV. Firstly, this paper aims to evoke attention on the public health - and social problem that IPV creates within the gay male community. Awareness needs to be created in order to address this issue. Secondly, it aims to contribute to the minimal research that has been done in countries such as South Africa and ultimately provoke interest from other researchers to partake in future studies.

The second chapter of this paper focuses on the literature that exists around this topic; briefly describing the prevalence of IPV, the nature and patterns of abuse, contributing factors of IPV, the reasons why men stay with their abusive partners and what the effects of IPV are on its male victims. Chapter three describes the methodology that was used in this study. This

chapter is concerned with the research design, participants that were used in the study, how the data was collected and how the interviews were analysed. Furthermore, chapter three contains a brief reflection of the researcher's role and influence on the data collection. Chapter four discusses the results from the analysed interviews that were transcribed into a simple form of text. Discourses are made based on a thematic framework between the transcribed material and existing literature. The paper then concludes with chapter five in which the researcher reflects on the research findings, the limitations of the study and recommendations for future research.

1.3 Motivation

Limited research exists regarding IPV in gay male relationships (Chan & Cavacuiti, 2008). Few empirical studies exist around the understanding of IPV in gay male relationships and the support services available to them (Oliffe *et al.*, 2014). It is apparent that little to no research exist in South Africa regarding IPV within same-sex male relationships. IPV among gay men is deemed a public health problem, thus it is important that some light is shed upon the stigma and opinions of society. It is important to consider why the statistical prevalence of IPV in South Africa within the gay community is underreported, underestimated and not available to the public. It is also important to consider the factors hindering men from reporting abuse and how this relates to society's prejudgements, local services and support structures. Gaining a better understanding into this issue can create an opportunity to provide effective treatment and counselling for those individuals affected by it.

The term "Intimate Partner Violence" (IPV) is used throughout this paper. IPV can be defined as a pattern of destructive behaviour from one individual (perpetrator) that dominates, coerces and isolates another individual (victim) in order to gain control and maintain power within the relationship (Duke & Davidson, 2009). Domestic violence is a term frequently used interchangeably with IPV in literature, however IPV typically describes the type of physical violence, sexual violence and/or psychological/emotional abuse within any intimate relationship regardless of marital status or domestic living situation (Gehring & Vaske, 2015). "Violence" and "abuse" are also interchangeable terms used in this paper in relation to IPV.

It is important to acknowledge that IPV is prevalent and important in all sexually orientated relationships. This study, however, particularly focuses on IPV within same-sex male relationships in order to avoid sexual orientation -and gender differences. Gay male

relationships only include men who have sex with men (MSM). Therefore, this study does not pertain to bi-sexual males. The data will further be analysed through critical discourse analysis as an interpretation of results. Due to the lack of research in a great deal of countries, the majority of research and literature is based on internationally published work- mainly within the United States. Therefore, this study is limited to what it can contribute to research within a South African context.

CHAPTER 2

LITERATURE REVIEW

2.1 Prevalence of same-sex intimate partner violence

Intimate partner violence occurs in any intimate relationship regardless of a partner's age, gender or marital status (Gehring & Vaske, 2015). According to Carbo, Ahumada, Caballero and Argüelles (2016), the United Nations depicts stereotypical female victimisation by defining IPV as:

...every act of violence that has or may have a result of harm or suffering, being physical, sexual, or psychological to women, as well as threats of those acts, coercion, or kidnapping, both in private as well as in public life. (p.364)

Intimate partner violence is not exclusive to heterosexual relationships and female victims of abuse. The prevalence rates of IPV among same-sex relationships are comparable or even higher than those of heterosexual relationships (Alexander, 2002; Chan & Cavacuiti, 2008; Duke & Davidson, 2009; Gehring & Vaske, 2015; Goldenberg *et al.*, 2016; Houston & McKirnan, 2007; Merrill & Wolfe, 2000; Murray *et al.*, 2007). Research has found consistent IPV prevalence rates between 25-50% among male and female same-sex relationships (Alexander, 2002; Merrill & Wolfe, 2000). Research suggests that IPV is more prevalent in same-sex male relationships because men are more violent in nature and in turn behave accordingly (Goldenberg *et al.*, 2016).

Intimate partner violence within gay male relationships is considered a major health problem affecting men (Cruz, 1996). This substantiates the claim that IPV within the gay community is a serious issues that ties into increasing morbidity and mortality rates (Goldenberg *et al.*, 2016). Other devastating effects of IPV include physical trauma and injury, sexually transmitted infections, chronic pain, and poor mental health outcomes. Research conducted in the United States indicate that IPV is more prevalent among gay men of colour (Houston & McKirnan, 2007), those who are less educated, and HIV positive (Finneran & Stephenson, 2014). Even though IPV between same-sex male relationships is a social -and

public health problem, no preventative interventions within sexual minority groups (MSM and LGBT) have been developed (Kubicek, McNeeley & Collins, 2015).

Research on IPV within same sex relationships is a relatively new field of study. This research interest has taken the backseat compared to contributions of literature towards IPV in heterosexual relationships. Studies on heterosexual IPV started to emerge after the 1970's and same-sex related IPV developed decades later from which this area has slowly been developing (Gehring & Vaske, 2015). Research shows that one in five gay men are victims of abuse in intimate relationships (Cruz, 2003). Men who have sex with men (MSM) experience prevalence rates of IPV higher than heterosexual males and at the same rate when compared to heterosexual females (Finneran *et al.*, 2012). The prevalence of IPV among gay men, however, may be far worse. Often cases of abuse go unreported due to the number of different constructs that constitutes as violent behaviour and the sheer lack of support services within the LGBT community (Cruz, 2003).

There are certain myths surrounding IPV in same-sex relationships that continue to obscure society's view in governing the importance of addressing IPV as a public health problem. In their study, Island and Letellier (1991) highlighted a few of these myths (Cruz, 1996): 1) men are never victims of abuse- only women; 2) IPV is more prevalent in heterosexual relationships than same-sex relationships; 3) male on male abuse is considered an equal fight; 4) occurring violence between two men is considered normal; 5) IPV in a gay male relationship is only a disagreement between two lovers; 6) the perpetrator is always physically more powerful, stronger and bigger than the victim; 7) perpetrators under the influence of alcohol or drugs are not liable for their actions; 8) IPV in same-sex male relationships is caused by HIV and AIDS, as well as substance abuse; 9) IPV in same-sex relationships are due to sadomasochistic behaviour; 10) gay male victims of IPV are impervious to legal protections; 11) acts of violence are often provoked by the victim; 12) violent outbursts are exaggerated by victims, otherwise they would leave their abusers; 13) victims in same-sex relationships are able to leave their partners easier than that of female victims in heterosexual relationships ; 14) IPV in gay male relationships occur in population groups that frequent night clubs, are of low socio-economic status or is part of a racial minority; 15) victims of abuse are co-dependent.

The above mentioned myths are constructed through heteronormative thinking. These constructs shape the societal beliefs of IPV within same-sex male relationships. This manner of thinking results into a false and ignorant way of understanding IPV as a public health- and

social problem within sexual minority groups. What is believed to be true for most heterosexual relationships, are not always true for all other sexually orientated relationships. By distinguishing fact from fiction this study hopes to create a better understanding of IPV within gay male relationships.

2.2 Understanding IPV among gay men within a South African context

The acknowledgement of IPV within gay male relationships emerged due to the responses towards homosexual relationships, mainly within Western societies (Henderson, 2012). Little is still known about IPV within same-sex male relationships. It is also evident, based on the overall lack of research, that even less is known about gay male relationships and IPV within South Africa when considering the dynamics and power of abuse, as well as inequalities. During the apartheid era, same-sex relationships were criminalised under the Immorality Act of 1957 which attempted to dispute the emerging gay sub-culture in some cities around South Africa (Adeagbo, 2012). The post-apartheid Constitution includes homosexual rights and same-sex marriage, however some parts of society and political agents remain homophobic and still discriminate against same-sex relationships. According to Adeagbo (2012), the current South African President, Jacob Zuma, once described same-sex relationships as a 'disgrace.' This statement from a political leader shows that the future of sexual minorities remain uncertain despite present legal changes. In addition to the heteronormative and homophobic ideologies of society, South Africa has an increasingly high crime rate which include various acts of violence, such as IPV.

Research suggests that IPV occurs in one out of three South African households (Kruger, 2004). However, the official prevalence statistics of IPV are inadequate. Globally IPV statistics with regards to same-sex victims remain inconclusive due to underreporting (Murray *et al.*, 2007). Victims are often adamant in seeking help. Within a legal framework there has been no clear definition of domestic violence or IPV in South Africa (Jackson, 1997). Acts of violence against women have been labelled as crimes of assault. Police members do not regard domestic violence or IPV as crimes. This makes it difficult to report cases of IPV and respond accordingly. Therefore, the prevalence rates of IPV in South Africa is unknown and IPV cases within same-sex relationships remain elusive. In recent years gay male relationships in South Africa have been supported by the Constitution (1996) through the Civil Unions Act that proclaimed gay marriage as legal (Henderson, 2012). The Constitution of South Africa claims

that domestic violence violates a number of human rights which include reverence, self-respect and equality (Kruger, 2004). The Domestic Violence Act 116 of 1998 identifies IPV as a great social evil and recognises its existence within the gay community (Henderson, 2012). The following excerpt from the introduction of Act 116 lists aspects of domestic violence within the ambit of South African law (Kruger, 2004: 157):

1. South Africa has a high prevalence rate of domestic violence.
2. The victims of domestic violence are among the most vulnerable members of our society.
3. Acts of domestic violence may be committed in a wide range of domestic relationships.
4. The remedies previously available to the victims of domestic violence have proved to be ineffective.
5. The Constitution entrenches the right to equality and to freedom and security of the person. Thus, these rights of the victims of domestic violence must be protected efficiently.
6. The South African government also has international commitments and obligations towards ending violence against women and children, including obligations under the United Nations Conventions on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Rights of the Child.

According to Kruger (2004), the Domestic Violence Act 116 aims to protect victims of abuse through the enforcement of certain protection policies. In addition, domestic violence support shelters provide refuge for victims of abuse. However, these centres only exist in some parts of the country. In South Africa only a few of these support centres exist, of which only one- the Carrol Shaw Memorial Centre- is a shelter for men (<http://www.socdev.gpg.gov.za>). Male victims of abuse have limited support services. Moreover, the majority of South African society remains homophobic and heterosexist and relationships between gay men are deemed unacceptable. There is a cultural stigma that remains in which homosexuality is referred to as “un-African” (Henderson & Shefer, 2008). A heterosexist society perceives heterosexual relationships as normative and superior over other sexual orientations (Murray *et al.*, 2007). Heterosexism is also used as an oppressive tool against sexual minorities. Even though gay relationships exist around all parts of Africa, homosexual behaviour is still criminalised in some African countries- four of which imposes lethal prosecution (McAdams-Mahoud *et al.*, 2014). Due to this cultural and societal stigma surrounding gay men, victims of abuse are less likely to approach any of the few support services available to them.

2.3 The pattern and nature of abuse

Abuse within relationships, either same-sex or opposite-sex, refers to violence in the way by which the perpetrator (abuser) gains control and power over the victim and aims to maintain this dominating position (Chan & Cavacuiti, 2008). According to Henderson (2012), abuse is defined similarly in any relationship regardless whether the relationship is homosexual or heterosexual in nature. In this context, abusive behaviour refers to non-consensual acts with the intent to inflict harm or potential harm or to control or restrict freedom of another (Merrill & Wolfe, 2000). A victim of abuse is often perceived as submissive, powerless, weak and passive towards the actions of the abuser (Andersson, 2008). In contrast, the perpetrator is powerful, domineering, impulsive and entirely responsible for their actions and outcomes of the situation. Typical victimization of survivors of abuse is often related to women. IPV or domestic violence occurs in all types of relationships, but non-prototypical cases, such as gay male relationships, are often overlooked (Seelau & Seelau, 2005). Young, strong men being portrayed as victims are challenged by society and inconceivable to most.

Abuse occurring in same-sex relationships can exist in many forms. These behaviours include, but are not limited to physical violence, verbal abuse, emotional manipulation, restricting access to finances, and sexual assault or rape (Duke & Davidson, 2009). Literature suggests that similar forms of abuse exist within heterosexual and homosexual relationships. Violence occurs at a high frequency in same-sex male relationships, in particular emotional abuse which is the most common type of abuse that exist in male relationships (Jeffries & Ball, 2008). Moreover, other categories of emotional abuse exist within homosexual relationships such as being outed to work colleagues, friends or family (Henderson & Shefer, 2008). Abuse causes physical and mental damage to the victim, the perpetrator and anyone who witnesses the violent outburst and follows a repetitive pattern until it is altered- because it will not merely disappear by itself (Cruz, 1996). Physical abuse refers to the bodily harm of another individual intended by the abusive behaviour of another individual. Sexual abuse is defined as non-consensual behaviours of a sexual nature which include forceful sex and sexual coercion (Merrill & Wolfe, 2000). Sexual abuse can present itself in the forms of (Murray *et al.*, 2007:11): “...sexual degradation, unwanted kissing, touching, penetration, and rape.” Emotional abuse refers to behaviours that cause psychological harm and commonly include possession, jealousy, verbal harassment and threats, as well as social isolation (Merrill &

Wolfe, 2000). Verbal abuse that constitutes for psychological aggressive behaviour of the perpetrator, may include: name calling, acts of aggressive and self-harming behaviour, insults, humiliation, and threats of physical harm (Gehring & Vaske, 2015). Another form of abusive behaviour manifests in financial/economic abuse. Financial abuse includes forced dependence on one partner financially, restricting financial support/resources, destruction of property, and yielding wealth as a weapon of control and obedience (Merrill & Wolfe, 2000).

Research suggests that more than one in four men (28.5%) experience abusive acts such as rape, physical violence and/or stalking by their intimate partner throughout their lifetime (Gehring & Vaske, 2015). The occurrence of physical abuse is significantly high in same-sex relationships (Murray *et al.*, 2007). Physical abuse occurs around 14-50% of most gay male relationships (Oringher & Samuelson, 2011). A study conducted by Merrill and Wolfe (2000) found cases of severe physical abuse (87%) being reported by gay male victims. These physical acts of violence included victims being pushed, shoved, or grabbed; being restrained or blocked from leaving the room; being punched, hit, or struck with hands or fists and slapping (Cruz, 2003). Respondents claimed to have suffered at least one injury if not more. In a study by Finneran *et al.* (2012), a sample of men who have sex with men (MSM) in South Africa, experienced physical abuse (8%) and sexual abuse (4.5%). Sexual abuse is a fairly common phenomenon among same-sex couples. Studies have found that 25-58% of gay men experienced some form of sexually manipulation and coercion (Murray *et al.*, 2007)

The dynamics of abuse within heterosexual relationships have been well documented and includes recurring themes around control, dominance, powerlessness and stress (Alexander, 2002). Many victims of IPV within same-sex male relationships, experience patterns of abuse similar to those of heterosexual female victims (Cruz, 2003). IPV is a circular process that consist of three phases. The first phase is often referred to as the “tension building phase” in which factors that result in stress, accumulate and affect one partner negatively. These stressors can vary- substance abuse, finances and/or personal anxiety. Other related issues such as generation inherited violence and learned helplessness are common in both same-sex and opposite-sex relationships in which IPV occurs (Chan & Cavacuiti, 2008). The second phase includes the outburst of violence or abuse due to the initial or first phase. The violence within this episode can vary in severity and types of abuse. The third phase involves the make up or “honeymoon phase” whereby the perpetrator profusely apologises for his/her behaviour and provides excuses to legitimize their actions. Cruz (2003) indicates that words of apology such as “I didn’t mean it, I love you, I won’t do it again” keeps the victim from leaving.

It is also important to note that IPV is not a 24/7 occurrence. The so called “honeymoon phase” can last from weeks to months where the relationship appears free of any further physical abuse. This, however, is only temporary and misleads the victim to stay in the relationship. In a study by Merrill and Wolfe (2000), the circular process of abuse, in accordance with *Walker’s cycle theory of violence*, was evident in their results. No physical violence occurred in the first three months of the relationship according to 78% of respondents:

First incidents of physical abuse occurred between three and six months for 31% of respondents, between six months and one year for 23%, and sometime after the first year for the remaining 23%. Moreover, 73% of respondents reported that they “agreed” or “strongly agreed” with the following statement: ‘After a violent incident, the relationship seemed to return to a ‘honeymoon period’ in which my partner was apologetic, caring, attentive, and romantic. (p.11)

A study done by Island and Letellier (1991) identifies a number of beliefs which underlie abusive gay male relationships (Cruz, 1996). These beliefs are summarised as follows: IPV can present itself in three forms: physical, material, and psychological. Abuse is primarily seen as a power struggle between perpetrator and victim in which aggression from the perpetrator increases to a point that leads up to the first violent outburst. The initial violent outburst is seen as a singular, discernible, unequivocal event and there is a continuous, but indiscriminate, increase in frequency of violent episodes. The intensity of the violent episodes also increases, as well as the severity. Violent situations cause a spreading effect over time and it only takes one serious violent episode to forever change how the perpetrator is perceived by the victim. Violence is a motivating force for the perpetrator and sex is used as a reinforcement tool that allows the violence to continue. The duration of the relationship increases the likelihood of IPV to occur and makes it harder for the victim to leave. Many attempts on the victim’s part are made to stop the violence or leave the relationship, but these attempts often fail. Through the use of violence the perpetrator controls the victim and tries to maintain this power dynamic. This often leaves the victim with feelings of isolation subsequent to the violent episodes and the perpetrator continuously disregards the victim’s feelings. Perpetrators of abuse will also continuously persuade the victim that the violence was provoked and that the victim is to blame.

2.4 Contributing factors of IPV in same-sex male relationships

2.4.1 Masculinity and internalised homophobia

Abuse in heterosexual relationships do not occur as a form of dysfunctionality, but rather as a patriarchal perceived right of male dominance (Landolt & Dutton, 1997). A similar belief exists within same-sex male relationships. Abuse in gay male relationships is therefore determined by power and not by gender (Cruz, 1996). The power dynamic that exists between male relationships stem from the theory of masculinity. Violence within gay male relationships are best understood by examining the tensions and struggles over masculinity (Oliffe *et al.*, 2014). Most gay men and women are raised in heterosexual families where power differences between men and women are apparent (Cruz, 1996). Men are classified either as perpetrators or victims of violence, or both (Andersson, 2008). A victim in an abusive relationship assumes a position that lacks action and power whilst masculinity is associated with a position of dominance, strength, authority and control. Individuals who assert high levels of masculinity and clear gender roles are more likely to become perpetrators of abuse (McKenry, Serovich Mason & Mosack, 2006) Gay men who identify themselves as “hyper masculine” and still in the closet, will follow heteronormative patterns of male power which leads to domination over their submissive (feminine) partners (Henderson & Shefer, 2008). The need to fulfil an ideological masculine role in gay male relationships often leads to stress, which in turn can lead to male battering (Cruz, 1996).

Society is unable to comprehend male victims of IPV since there is a notion around the ability of men to “fight back” (Goldenberg *et al.*, 2016). Thus, a social expectation exist for men to defend themselves and not to act in such a manner that provoke consequences, such as being labelled as a “fag” (Duke & Davidson, 2009). It is believed that only weak men fall victim to abuse and it is not surprising that men struggle to identify themselves as victims of abuse. Violence is often perceived as the only way of expressing and validating masculinity (Andersson, 2008). Fighting is seen as a form of masculinity in which perpetrators have control over their victims. Research shows consistent personality traits that characterise perpetrators of abuse. Abusers often have low self-esteem, feelings of incompetence, and weakness (Cruz, 1996). Perpetrators of abuse share the belief that men should be strong, dominant and superior,

as well as successful. The most profound attribute of a perpetrator is the feeling of inadequacy and presumed belief that violence is a culturally acceptable way of regaining masculinity. Furthermore, perpetrators of abuse have a need for control and dominance ascribe to traditional sex-roles.

Abuse can be seen as a method of control and compliance of the submissive partner with a feminine role (Henderson, 2012). Research has found prevalent cases of IPV between gay male relationships that are based on stereotypical heteropatriarchy (Henderson & Shefer, 2008). The way in which masculinity within a relationship is constructed determines how one man holds power and control over another. In some cases, both men identify as masculine and no identifiable female role exists. If both men in a gay male relationship assume a masculine role, heightened levels of dominance and control exist (Landolt & Dutton, 1997). This could also potentially lead to aggressive and violent behaviour. Henderson (2012) also found that in same-sex male relationships, where normative gender roles were assumed, sexual and psychological abuse occurred where partners were forced to have unwanted sex, were sexually coerced and unwillingly infected by HIV. A study conducted by Goldenberg *et al.* (2016) showed that the likelihood of IPV increases in same-sex male relationships due to ambiguous sex roles. This sort of tension often leads to a lover's quarrel over who is the leader of the household.

Different theories of masculinity exist. One theory is attributed to social learning. It is believed that violence, as a form of masculinity, has been encouraged in men through sports or military activities which encourages responses of abusive behaviour (Cruz, 1996). Children who are exposed to abusive behaviour in their households provide a platform for future aggressive behaviour (McKenry *et al.*, 2006). Later in life these individuals resort to violence as a way of dealing with conflict, because it is their best understood method in coping with a sense of disempowerment. Therefore, a household that portrays violence as a "norm" will most likely breed the same beliefs and ideologies within a child witnessing those violent acts. Victims of IPV have also reported experiencing violence within their families, especially abuse of a sexual nature (Murray *et al.*, 2007). This correlates with the construct of re-victimisation. Violent responses to problems can also be accredited to advertising and what is seen as masculine portrayals in the media (Cruz, 1996). Sociocultural models emphasizes the importance of sociocultural aspects within childhood development. The way in which an individual develops is embedded in a number of behavioural settings that shapes the individual as well as probable pathologies (Parritz & Troy, 2014). Thus, a heteronormative society that

encourages boys to act violently and instils hegemonic masculinity, plants the seed that raises men to act accordingly and contributes to internalised homophobia.

Internalised homophobia is another theory that describes masculinity as a causal factor of IPV between same-sex male relationships. Internalised homophobia is defined as the internalization of negative societal views of oneself, particularly towards one's sexual orientation (Gehring & Vaske, 2015). Internalised homophobia becomes distorted as a form of self-hatred which is then projected onto a partner in a hostile manner (Cruz, 1996). The victim in turn feels deserving of this punishment because of their internalised feelings towards their own sexual orientation. Shame is the basic construct that underlies internalised homophobia. Victims of abuse may experience greater levels of shame which can elicit two reactions: hatred against oneself or against another in the form of violence (Murray *et al.*, 2007). Negative views of the self can also lead to feelings of depression, powerlessness, low self-esteem and destructive behaviours such as substance abuse and sexual risk-taking (McKenry *et al.*, 2006).

According to Cruz (1996), most homosexual men are unaware of the effect of homophobic societal views which become their own homophobic attitude. Research suggests that homophobia is at the core of IPV within same-sex male relationships (Duke & Davidson, 2009). The psychological strain that develops from an external anti-gay culture might also produce aggression and frustration among men which in turn could lead to violent outbursts (Goldenberg *et al.*, 2016). Homophobic attitudes of society enables apathy and social tolerance towards IPV survivors and provides added advantage for abusers because of the limited support of victims (Duke & Davidson, 2009). Disempowerment theory is also closely linked to masculinity. Disempowerment theory refers to acts of violence based on the perpetrator's feeling of inadequacy or lack of self-efficiency (McKenry *et al.*, 2006). Individuals who feel threatened or who are afraid of being "outed," have the need to control their partners. It is important to note that IPV within gay male relationships are constructed within the realm of abusive male power and is based on hegemonic masculinity (Henderson & Shefer, 2008). Masculine gay men are content with dominating their partners who are perceived as 'feminine' gay men. In this context, hegemonic masculinity refers to the subordination of gay men under the hierarchy of other dominant men in a way that follows the norm of society- men dominating women.

2.4.2 Minority stress and being "outed"

As previously mentioned, stress related to fulfilling masculine ideologies often leads to violent outbursts. Homosexual individuals struggle with the societal belief that their relationships and lives are unacceptable (Gehring & Vaske, 2015). The effect of being oppressed as a sexual minority induces psychological strain and is referred to as “minority stress.” Minority stress is recognised as external and internal stressors experienced by minority groups (LGBT) due to prejudice and discrimination (Kubicek, McNeeley & Collins, 2015). Individuals of a sexual minority is often marginalised and stigmatised by society. According to Gehring and Vaske (2015), minority stress can result from external stressors which include discrimination, hate crimes, disregard of human rights and internal stressors such as internalized homophobia and hiding one’s true identity. Individuals of a sexual minority conceal their identity out of fear of being condemned by family, friends, work colleagues and society as a whole. While concealing one’s identity reduces the possibility of rejection, it also makes it difficult for an individual to gain access to support and adds to an isolated way of living. Minority stress leads to a number of adverse mental health implications for members of the LGBT community (Finneran & Stephenson, 2014). Adverse effects include a negative sense of self, feelings of depression and decreased levels of self-esteem, shame and guilt, and psychological strain.

Minority stress can also cause fear in being outed. Individuals of a sexual minority try to conceal their identity in order to avoid rejection. Outing may lead to IPV by the “closeted” or “out” individual. Perpetrators of IPV may threaten to tell their closeted partner’s family, friends, work colleagues, and broader community members about their sexual orientation or preference (Duke & Davidson, 2009). On the one hand, the abusive partner in this situation uses control over his closeted partner which is categorised as emotional and/or psychological abuse (Henderson & Shefer, 2008). A victim of IPV who has less power may not know how to challenge his abuser. On the other hand, an individual who feels threatened, even if his partner did not threaten to disclose his lover’s identity, may act out in a violent manner (Goldenberg *et al.*, 2016). Fear of being outed could also lead to the individual, who is still closeted, to control his partner. This would force the victim (out partner) to bend to the perpetrator’s will and is perceived as a form of psychological abuse. Mutual violence occurs where differences in outness create an environment in which both partners can become perpetrators of abuse. According to Goldenberg *et al.* (2016), emotional abuse is also perpetuated by the closeted partner through shunning the out partner and creating feelings of shame and disrespect towards

the partner who wants to be open about the relationship. The partner who has disclosed his sexual preference could possibly retaliate in a violent way.

Another way in which outing precedes the occurrence of IPV is through power imbalance (Goldenberg *et al.*, 2016). As previously stated, concealing one's identity leads to isolation and lack of support. An abusive partner can maintain control over the victim by using cultural norms and racism as threatening expectations that discourages the victim to seek help (Duke & Davidson, 2009). The closeted individual becomes heavily dependent on the partner who is "out". This creates a vulnerability and power struggle within the relationship and may lead to the out partner abusing this dynamic. When gay men or women feel isolated without any emotional support outside of the relationship, it could lead to tension and possible aggression (Alexander, 2002). Minority stress, internalised homophobia and identity concealment are all causational factors that contribute to the victimisation and perpetration of IPV (Gehring & Vaske, 2015).

2.4.3 Abusive personalities

Abusive personalities exist among male perpetrators. The characteristics of abusive men have been based on certain personality types. According to heterosexual literature, 80-90% of abusive males are diagnosed with personality disorders (Landolt & Dutton, 1997). Abusive personality traits are comparable to Borderline Personality Organisation (BPO). BPO is characterised by 1) unstable personal relationships that involve demoralisation of another, manipulation and hidden addictions, 2) unstable self-autonomy and attachment anxiety, 3) strong feelings of anger, dissatisfaction and impulsivity that is usually related to substance abuse and risk taking. It is also assumed that gay men are more prone to the extreme form of BPO- Borderline Personality Disorder.

Research has found that gay male perpetrators of IPV are prone to attachment disorders as well as other psychological problems (McKenry *et al.*, 2006). An insecure attachment or attachment anxiety formed in early childhood is related to IPV (Jeffries & Ball, 2008). Men who are less securely attached tend to act possessively towards partners and would resort to violence in order to keep their relationships. Male perpetrators of IPV also present character traits such as depression, inner hatred, insecurity, impulsiveness, history of violent and abusive behaviour, and poor communication skills (Murray *et al.*, 2007). Victims of abuse are characterised by guilt or self-blame, a submissive and timid nature, and depression. Violence

within same-sex relationships can also be initiated through emotional dependency which is closely linked to attachment. According to McKenry *et al.* (2006), emotional dependency refers to one partner being completely enmeshed with the other. Violent behaviour is then used as a tool to correct imbalances of emotional dependency and gain distance. Research has also found that male perpetrators of abuse are more likely to be manipulative and have a greater power/controlling position within the relationship (Goldenberg *et al.*, 2016). Feelings of inadequacy and low self-esteem can also lead to the need to control others (McKenry *et al.*, 2006). Low self-esteem has also been related to alcohol and drug dependency that is often associated with IPV.

2.4.4 Drug and alcohol abuse

Substance abuse (e.g. drugs and alcohol) as well as other addictive behaviours seem to be connected to IPV within same-sex male relationships (Jerffries & Ball, 2008). Substance abuse can often lead to impulsive and violent behaviour. The excessive use of alcohol or drugs by one or both partners often result in conflict that can turn violent (Goldenberg *et al.*, 2016). Substances such as alcohol or drugs cloud the mind and judgement of the user and the individual acts irrationally, without any inhibitions (Cruz, 1996). Research indicates three recurring themes with regards to the role of substance abuse and IPV (Murray *et al.*, 2007): 1) substance abuse may initiate violent behaviour, 2) victims of abuse may turn to drugs and alcohol as a way of coping with the effects of IPV, and 3) substance abuse may or may not be related to IPV because violence can occur with or without the influence of alcohol and/or drugs.

Initial stressors within the relationship such as jealousy and trust issues are amplified through the abuse of substances (Goldenberg *et al.*, 2016). Substance abuse often leaves the user in a state of paranoia. Coupled with issues around jealousy, the partner's behaviour can be misinterpreted by the user as malicious and can result in violent retaliation. Alcohol abuse is more prevalent among homosexual individuals when compared to heterosexual individuals (McKenry *et al.*, 2006). Individuals who abuse alcohol often do so to increase feelings of power and self-esteem. Research also suggest that alcohol abuse is a means of dealing with stress aggravated by (internalised) homophobia.

Substance abuse precedes destructive behaviour such as sexual risk-taking. Men who have sex with men (MSM) are more likely to contract HIV/AIDS when participating in unprotected sexual acts or forced to have non-consensual sex. Gay men are nine times more

likely to become infected with HIV when compared to heterosexual males (Stephenson *et al.*, 2014). Research shows that HIV-positive gay men are more likely to experience IPV throughout their lifetime (Murray *et al.*, 2007). Perpetrators of abuse also intentionally infect their partners with HIV and AIDS as a method of controlling their partner to stay in the relationship. The authors reported that victims of IPV were prone to have unprotected sex with their infected partners because they feared their partners' response to proposing safer sex. Therefore, individuals who experience same-sex male IPV are more likely to be infected with HIV/AIDS and male abusers can use their status as a weapon of power and control against their uninfected partner.

2.4.5 Other causal factors

Other theories exist with regards to the causation of IPV within same-sex male relationships. One theory is based on the distribution of power and equality within a relationship. According to Cruz (1996), individuals who secure the greatest economic resources also hold the greatest amount of power within a relationship. Financial inequalities and unequal power distribution often leads to IPV. Inequalities precedes IPV through power differences that develop into abuse and other forms of violent behaviour (Goldenberg *et al.*, 2016). Those with fewer resources and little power may resort to abusive behaviour (McKenry *et al.*, 2006). Other inequalities include education, age and employment (Goldenberg *et al.*, 2016). These inequalities create added strain to a relationship and can result in tension and violent behaviour.

2.5 Reasons why gay men stay in abusive relationships

Various theories exist why victims stay with their abusive partners. Victims of IPV in gay male relationships stay with their partners for more or less the same reasons as do female victims of abusive heterosexual relationships (Cruz, 2003). According to Merrill and Wolfe (2000), heterosexual female victims stay with their abusive partners due to the hope that their partner will change, love for their partner, lack of economic resources and employment skill, and fear of reprisal. Moreover, victims of abuse experience social isolation and limited access to resources (especially victims in rural areas). Studies have reported that many victims of abuse are unaware of the how and where in seeking help (Alexander, 2002). Gay male victims of abuse often lack supportive resources and prefer not to disclose their situation/relationship.

In addition, the homophobic and heterosexist societal stigma that exists creates an unsafe environment for gay men to divulge their relationship to authorities (Cruz, 2003). It is also possible through social learning that male victims of abuse perceive IPV as a gender typical behaviour and that aggression and violence is typical of being a man. Thus, individuals decide to stay with their abusive partners and seem reluctant to report cases of IPV. Reluctance in reporting IPV is also associated with professionals such as police officers, mental health practitioners and physicians, who are untrained in assessing same-sex IPV (Alexander, 2002).

For some same-sex partners, staying in a relationship is a means of staying connected with the LGBT community (Duke & Davidson, 2009). Because of the minority status under which gay men fall, ending a relationship and reporting IPV are seen as threats to the community that guards against external homophobia. It is also apparent that as a minority group a break-up could involve picking sides due to closely shared friendships. According to the authors, it is also challenging for a victim to convince the community that one of their own is abusive and acting violently. In cases like this the victim is often unheard. Another reason why men stay with their male abusive partners is as a result of dependency. According to the *Centre for Disease Control* (1995), more than 50% of gay men in the United States are infected with HIV/AIDS (Merrill & Wolfe, 2000). The HIV epidemic influences the victim's decision to stay in the relationship or to end it. Those affected by HIV carry a number of physical and emotional needs and depend more on their partners. If the abusive partner is HIV-positive, the victim might decide to stay out of guilt and obligation.

2.6 Consequences of IPV

The adverse outcomes of IPV leaves victims with a number of mental and physical health problems. According to Murray *et al.* (2007:8), mental health practitioners identify IPV as "...a severe problem with the potential to produce a broad range of negative consequences for affected individuals, such as physical injury, mental health disorders, impaired relationship functioning, behavioural and emotional problems for children who witness acts of parental IPV, and economic impairment." Little is known about the health outcomes of IPV in same-sex male relationships (Houston & McKirnan, 2007). African gay men are an even greater understudied population when it comes to IPV and the mental health problems associated with it (McAdams-Mahoud *et al.*, 2014). It is presumed that more than one-quarter of same-sex couples experience IPV which is a significant mental health issue that cannot be ignored

(Alexander, 2002). There is a need to better understand how IPV is constructed within same-sex relationships, especially for the training of mental health care providers and support staff.

The effects of IPV experienced by the perpetrator and/or victim is associated with physical trauma, physical affects (e.g. sexually transmitted diseases), and mental health problems (Finneran *et al.*, 2012). The adverse effects of IPV is not only physical or bodily injury, but psychological injury as well. Research shows that victims of abuse often report feelings of low self-esteem, anxiety, depression (in severe cases PTSD), emotional detachment, intimacy and trust issues, trouble sleeping, flashbacks and suicidal tendencies (Gehring & Vaske, 2015). In a study by Houston and McKirnan (2007), male victims reported high blood pressure, heart problems, smoking related ailments, sexually transmitted infections, and weight problems. It was also found that victims of abuse were more likely to be depressed and engage in risk taking behaviour such as substance abuse and unprotected sex.

Another detrimental effect of IPV is the way in which it isolates the victim. Homosexual individuals are reluctant to report cases of abuse. Homophobia and heterosexism through legal systems, medical –and mental health professionals affect the effectiveness of protective and support services for victims of IPV (Murray *et al.*, 2007). Firstly, gay men are fearful of disclosing their sexual orientation and situation to authoritative figures because of the homophobic and heterosexist stigma that remains in society (Merrill & Wolfe, 2000). Regardless whether the police officer is understanding of the homosexual nature of the relationship, the notion still exists that two men fighting is regarded as mutual battering and the victim should be able to defend himself. Secondly, resources that provide support for men are scarce. According to the authors, gay victims of abuse believe women shelters prioritize safety for women and children and disregard the needs of male victims. It is also possible that victims of IPV may not see themselves as “victims” or they might be ashamed in reporting abuse due to masculine projections (Oringher & Samuelson, 2011). Moreover, mental health professionals, such as counsellors, have not been effectively trained to assess and respond to IPV within sexual minority groups (Merrill & Wolfe, 2000). Interventions that have been put in place are few and often misinformed. A better understanding of IPV within the LGBT community is needed to better assist victims of abuse.

2.7 Conclusion

Based on the literature that has been done, it is a clear to see that a heterosexist stance exist with regards to IPV or domestic violence. Men are often portrayed as perpetrators of abuse and male victims remain an invisible demographic. South Africa is predominantly a heteronormative society, despite liberal advancements and same-sex legalities. The reality of IPV within same-sex male relationships is clouded in myths. To speak bluntly, society seems to be uneducated or ignorant towards the real public health problem that IPV creates within sexual minorities. This is evident in the lack of support structures for male victims of abuse as well as the lack of statistical data and research that surrounds this topic. Therefore, this study aims to further explore and develop understanding of IPV within gay male relationships and hopes to evoke attention on the public health - and social problem that IPV creates.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter addresses the research methodology that was used in this research project. It provides the purpose and advantage of using a qualitative approach and more specifically, discourse analysis. The data of this study includes transcribed interviews from professionals within the field of Psychology. This chapter discusses the way in which participants were recruited, the data gathered, and the way in which the results were analysed, as well as the researcher's reflexivity.

3.2 Research design

This study used a qualitative approach to research. Qualitative research allows researchers to understand social complexities of the world (Adeagbo, 2012). In some cases certain human relationships or social interactions cannot be easily studied due to the nature of sensitivity or limited insight. Research in South Africa regarding the prevalence and nature of IPV within same-sex male relationships is lacking. It is also not always ethically sound to gather data around complex social areas. However, the qualitative approach allows the researcher to gain understanding into areas that society knows little about and to enrich this knowledge. This research was grounded in exploration and discovery. There was no particular hypothesis or research question that guided this study, but rather a curiosity around IPV and how it is presented in same-sex relationships. The purpose of this research was to explore IPV in same-sex relationships of gay men. For this study, a qualitative approach was deemed appropriate as it provides the opportunity to gather rich, in-depth contextual data (Carbo *et al.*, 2016).

The method that was used in this study was discourse analysis. The main purpose of discourse analysis is: to uncover discourses that are central to action, represent certain phenomena, situations and identities, and supporting claims (Potter, 2004). In this sense discourses are used to understand social life and interactions. Critical discourse analysis is about studying and analysing the ways in which texts are made meaningful and how this constructs social reality through the uses of language (Phillips & Hardy, 2002). Discourse analysis therefore originated from linguistic studies (Starks & Trinidad, 2007). Discourse analysis rests on the research paradigm of social constructivism that allows researchers to interpret data that aims to construct reality of the social world (Hodges, Kuper & Reeves, 2008). Social constructivism is a theoretical framework that affirms society's traditions, norms and language (Moodley, 2013). Therefore, an approach such as discourse analysis is required to uncover social texts and meanings to explore how certain ideas are reproduced through language. Through discourse analysis this paper aims to explore and develop understanding of IPV within gay male relationships and ultimately evoke attention on the public health - and social problem that IPV creates within the gay male community.

Discourses do not exist on their own entirety, therefore bodies of previous literature need to be examined in order to uncover or produce discourses (Phillips & Hardy, 2002). Therefore, we assume that discourses are invisible and only appear as ideological projections of a cultural worldview (Laing, 2013). In other words, it shapes how we see the world and how the world sees us. Discourses are also created in a social world by guidelines of how one is supposed to behave, and to conform to these rules individuals need to adopt the language of the social world. As previously mentioned, sociological studies concerning IPV within same-sex relationships of gay men is a fairly new topic of study considering the lack of research that has been produced. New topics of study have reinforced the viability of discourse analysis as a useful research method (Phillips & Hardy, 2002). Critical discourse analysis is also useful in the way in which it addresses the problem of pluralism of research methods.

3.3 Participants

Due to ethical constraints surrounding this research project, the researcher was not allowed to gain first-hand accounts from victims of IPV. Thus, this study sought professional opinions from experts within the mental healthcare profession. According to a study by Merrill and Wolfe (2000), 58% of homosexual victims of IPV sought help from counsellors. It was

reported that police, legal representatives, and doctors were not helpful when compared to close friends, family members, and counsellors working in private practice. Therefore, this study included the participation of three professionals within the field of mental healthcare. The first participant was a registered counselling psychologist whose research focused extensively on violence. The second participant was a registered clinical psychologist with experience in couple's therapy. The third participant was a registered nurse and psychosexual educator who focused on psychological- and sexual wellbeing, especially within sexual minority groups. The participants had to be registered with a professional board such as the Health Practitioners Council of South Africa (HPCSA) or Nursing Council. These participants were chosen based on purposive sampling. Purposive sampling includes the selection of participants according to what they are able to contribute towards the understanding of the phenomenon being investigated (Polkinghorne, 2005). Each of these participants had substantial knowledge and input surrounding IPV. Personal experience with victims of IPV was not required due to the fact that cases of IPV within gay male relationships are rarely reported. Professionals are also not allowed to disclose information of such nature due to patient confidentiality. Thus, the interview questions focused on broad concepts surrounding the topic which were solely based on professional opinions and thoughts.

3.4 Procedure

This research project took place in Johannesburg over a period of nine months beginning in February 2016. Participants were contacted via e-mail in which the purpose of the research was briefly stated and participants were asked whether they would like to volunteer for interviews. Participants were referred to by a contact known by the researcher, who practiced as a clinical psychologist. This sampling strategy is referred to as convenience sampling. Information regarding interview date, time and place were discussed via email correspondence. Relevant participatory information and written consent forms (see appendices A and B) were also handed out prior to the interviews. A copy of the interview questions or questionnaire was also sent in advance to participants, as requested (see appendix C). Each participant received a letter that outlined the purpose of the study in which participation was deemed voluntary. Scheduled interviews were then conducted by the researcher at a time and place that was convenient for the volunteer participant. Interviews were conducted in English, lasted approximately 45 minutes, and were audio-recorded.

3.5 Data collection

The method for collecting data was semi-structured interviews that were audio-recorded. Semi-structured interviews allows the researcher to gain in-depth information from a subject based on a thematic framework that is still flexible (Moodley, 2013). Interviews have become a popular choice in discourse analysis within psychology and sociology since the 1980s and early 1990s (Potter, 2004). Interviews typically aim to uncover information about a subject's experiences and life history. According to Potter (2004), some of the advantages in using interviews as part of discourse analysis are; they allow the researcher to focus on particular themes, questions are developed in such a way to substantiate the research surrounding the topic, allow a degree of standardization among a sample of interviews and allows for sample control. Interviews can also have explorative purposes where the researcher introduces a topic, social issue or public health problem that he/she aims to uncover (Kvale, 2007). The intent of these semi-structured interviews was exploratory in nature and based on professional opinion.

3.6 Data analysis

The data from the semi-structured interviews were analysed through a critical discourse analytic lens. Critical discourse analysis provides a broader view of a phenomenon that includes all social practices, individuals and institutions (Hodges, Kuper & Reeves, 2008). Firstly, the interview data had to be transcribed. Transcriptions refer to oral information being translated into written language (Kvale, 2007). Analysing the textual data occurred in two conductive steps (Starks & Trinidad, 2007): decontextualization and recontextualization. Decontextualization involved the data being separated from the original document that was then coded in units of meaning. Themes and roles signified by language were identified through coding. Recontextualization involved the examination of the codes for themes or patterns. This process is also known as transcription, of which researchers identify and extract particular aspects of texts that seem relevant to the study (Gibson & Brown, 2009). The data was then

restructured, organized and reduced around a thematic framework that addressed the exploratory nature of the study.

3.7 Reflexivity

This qualitative approach was subjective since the researcher was the primary tool for analyses (Starks & Trinidad, 2007). In order to avoid researcher bias and increase trustworthiness, reflexivity of the researcher was taken into account. Reflexivity requires the researcher to be aware of their own perceptions and contributions in the analytic process. In this case I believe society has a heteronormative view of IPV and heterosexist ways of thinking distorts perceptions of IPV within gay male relationships. Being aware of my stance I made the conscious effort to avoid forming questions that were misleading and supportive of my stance. I was also aware of subtle prompting, nodding and other forms of agreement when the participant's views matched my own.

3.8 Conclusion

This research study followed a qualitative design and was exploratory in nature. Critical discourse analysis was used to analyse the data based on the results of semi-structured interviews obtained by three participants. These participants were professionals within the mental health practice and each participant had experience relevant to the topic of the research. The interview material was transcribed and the most relevant and recurring information was set out in a thematic framework which was presented and discussed in the fourth chapter.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

The final written data piece was represented as a simplified form of the actual analysis in order to avoid unnecessary complexity of transcription. In this chapter, I used the data collected from the interviews to further explore the discourses surrounding IPV within same-sex male relationships. In particular, I used a critical discourse lens to analyse the thoughts and professional opinions of three mental healthcare professionals (see Table 1) and their understanding of victims and perpetrators of same-sex male IPV. Based on the interview questions, recurring themes were extracted from the data and discussed.

Table 1

Summary of participants

	Profession	Field of interest
Participant 1	Counselling psychologist	Violence
Participant 2	Clinical psychologist	Couples therapy
Participant 3	Psychosexual nurse therapist and educator	Sexual identity and LGBT issues

4.2 Heteronormative discourses of IPV within same-sex male relationships

4.2.1 General assumptions

All participants stated that the topic of this research was very important, but understudied. The beliefs that society has about IPV in same-sex male relationships, follows a very heteronormative way of thinking. Victims of abuse that portray a female victim and male perpetrator is easier to comprehend by society than male on male violence. Children are also

easily identified as victims of abuse. The notion of male victims of abuse seems incomprehensible and are often stigmatised. Although IPV occurs in all forms of relationships, atypical relationships (e.g. gay, lesbian, bisexual) are often overlooked.

Participant 1, Extract 1

It feels like a very important area to look at... And in addition to that I think that it is a type of violence that is taken less seriously because it doesn't fall into the same kind of asymmetries as other violence that does.

Participant 1, Extract 2

Male-female violence would get more attention. Any violence involving children would get more attention precisely because it's easier for society to see these as victims as opposed to being able to take on board the idea that men could be victims.

Participant 2, Extract 1

It's probably a very unexplored or unexamined area and if I think about reading material on couples who are consigned, it's most often than not written with heterosexual couples in mind.

Participant 2, Extract 2

If I think about the dynamics of couples I don't think it's necessarily so different in same sex relationships... if I think about the power relation. Being in a couple is so much about power, who has the power and who gives up the power and so on. And I think it's very similar, or I know it very similar in same sex relationships.

Participant 2, Extract 3

I think a large part of society still, don't really have insight to what's going on in same sex relationships and are still pathologising to a degree homosexual people. So I... somehow I have a sense that a very large part of society almost chooses to turn a blind eye not wanting to really understand what's going on in same-sex relationships.

Participant 3, Extract 1

Intimate partner violence amongst same-sex male relationships do occur but it's, it's a stigmatised, often not talked about area.

Participant 3, Extract 2

This normative ideal that there's a female and a male partner...it doesn't exist. It's all constructed by society. So what happens is these men also internalise this notions of there's a submissive and a dominant partner which is a heteronormative way of looking at it, so there's a top and there's a bottom type of thing.

Although society identifies victims of abuse much easier when a distinguishable power dynamic exists, the power dynamic within heterosexual and homosexual relationships are constructed similarly. In same-sex relationships the sex roles of individuals are often blurred and IPV is more likely to occur in same-sex male relationships when sex roles are ambiguous (Goldenberg *et al.*, 2016). However, the masculinity theory provides evidence that one male exerts his dominance over the other as a form of hegemonic masculinity. It is also possible that one male would then take a more feminine or submissive role within the relationship. If the relationship presents two males that are both dominant, the one male would exert hyper-masculinity. Gay men who portray hyper masculinity and whose sexuality remains undisclosed tend to identify with heteronormative discourses of power (Henderson & Shefer, 2008). Participant 2 stated that when sex roles are not clear within a relationship (usually a woman that accepts a man's dominance) then individuals feel the need to fight for power and this, often than not, is translated into violence. This is also clearly portrayed as a struggle between hegemonic masculinity and sexual desire in which participant 2 made a reference to the film, *Brokeback Mountain*.

Within society, gay men as a sexual minority are marginalised and subjected to social and constitutional "norms". Being raised in a heteronormative environment, many men seek to fill traditional roles of male dominance which play out in future adult relationships. These internalised notions of "normality" also contribute to internalised homophobia as the research suggests. The shame and guilt that society pushes onto gay men regarding who they are as human beings and whom they choose to love, can be translated into very negative and homophobic views of the self. This often makes individuals extremely angry in such a way that their disgust is projected onto their partners. Society as a whole remains uninformed and ignorant when it comes to the public health concern that IPV creates within the community. Thus, Henderson and Shefer (2008) states that:

Gay men's abusive relationships must be understood within the context of male abuse of power within the broader social realm and institutions that continue to operate on the basis of

hegemonic forms of masculinity. Gay men have little power within these heteropatriarchal contexts, and this may facilitate a consent to vestiges of domination within their own community or relationship(s). (p. 6)

Numerous myths surrounding IPV and same-sex male relationships also continues to exist. Two men are seen as equally dominant and powerful, therefore it is difficult for society to imagine that a man could be subjected to IPV. This supports the notion that men should be able to protect themselves and that IPV is just a form of “mutual battering.” Participant 3 also stated that there is a stigmatised view of men in society that relates to ‘big boys don’t cry.’ Abuse that occurs between two men seem to gather less attention because it doesn’t fit into the heteronormative asymmetries of society. IPV is therefore regarded as a heterosexual issue.

4.2.2 South Africa as a patriarchal society

Procreation and patriarchy were seen as the underlying factors of heterosexual unions in Africa where only heterosexual couples were fit to raise an ideal family (Adeagbo, 2012). During the apartheid era, same-sex relationships were criminalised under the Immorality Act of 1957. Despite the changes of post-apartheid South Africa, society still follows a patriarchal system which fuels hegemonic masculine ideologies and homophobia. This supports the manner in which boys grow up with heteronormative discourses of masculinity and power. It also shapes the way in which gay male relationships are viewed as immoral and atypical. The current issue surrounding hate crimes towards homosexuals is a reflection of the social standing towards sexual minority groups.

Participant 1, Extract 3

The capacity or the expectation that men are able to act out violently is more present. So I think as a sociological or a cultural factor I think that two men potentially may bring easier social routes to violence...generally speaking particularly in a *patriarchal society* like South Africa I think that this would be true.

Participant 2, Extract 4

If I think about it the difference between Jo-burg and Pretoria as cities I think it’s very different. If I think about Cape Town compared to Bloemfontein for instance I think it’s very different, so I really can’t speak about society at large because there are definitely pockets within society,

pockets of people of smaller systems that are much more understanding and much more accepting and curious. And also much more normalising than others...

Participant 2, Extract 5

Homosexuality is seen as a shadow side by many traditional men in our society. So the *stigma* around being gay I think plays into the stigma around being gay and abused. I think there's something about not being able to claim your own power in life not being able to stand up for yourself...

Participant 2, Extract 6

Oh God... I think it's really, really hard I don't think there's huge amounts of support, the stigma is rife, cultural and religious beliefs systems I think give gay people an extremely hard time... I think we're lacking.

Participant 3, Extract 3

We cannot look at intimate partner violence if we don't look at how *hegemonic masculinity* is accepted in South Africa.

Participant 3, Extract 4

So as soon as anything happens within that (same-sex) relationship that challenges the norm... a lot of people are perceived as a happy couple they won't speak up on it. So it's... I think in that in itself it leaves very little space for, for authenticity and good boundaries. Because we want society to see we are gay and we're making this work. So they keep quiet and the abuse happens in silence to keep that front, to keep that image of being perfect.

Participant 3, Extract 5

So 95% of you tell me that you would rather let your son one day kill their girlfriend four times through a bathroom door than be gay?... at that moment there were a couple of pennies that dropped because it's the truth... because statistically like there's a lot of studies that have done violence and boys and how certain toys, certain games, perpetuates violence.

Participant 3 stated that we cannot begin to understand IPV between gay male relationships without looking at the way in which boys grow up in society. In her desensitisation trainings, participant three stated that she used an example of a three year old boy and gave her audience (society) the choice between two toys the boy could play with- a baby doll or a toy gun. What would you give the boy? She stated that 95% of her audience had

chosen the toy gun. When she asked them why they chose the toy gun instead of the baby doll, respondents stated that giving the boy a “girly” toy to play with would make the boy gay. Most respondents did not know where this train of thought came from. Society predicts that certain genders play with certain toys as is the heteronormative way. Thus, 95% of these respondents would rather accept the chances of the child becoming violent later in life (exposure to guns) than being homosexual.

When asked about the issues that gay men face in South Africa, participants were highly empathetic and concerned. Most of the participants believed that the majority of South African society to this day remain homophobic, even if there are small pockets in society that are more accepting. Predominantly, homosexuality is seen as un-African and it disrupts the heteronormative social norms of the country (Adeagbo, 2012). Living in a heteronormative and often homophobic society causes great concern. This is especially true for gay male victims of abuse. Because of the stigma that surrounds same-sex male relationships, victims do not receive the support and help they need. These men often do not even try to seek help. Participant 3 mentioned that she knew of a lesbian woman that was been raped by her partner and who tried to report it to the police. The police officer stated that it was impossible and that they did not help gay people. This blatant refusal to help contributes to the fact that most same-sex victims of IPV do not report abuse or seek help. Research suggests that police are less likely to offer assistance to victims of abuse in cases that do not involve male-female partners (Seelau & Seelau, 2005). The insensitivity of support- and protection services towards victims of abuse are often experienced as secondary victimisation (Jackson, 1997).

Secondary victimisation often leaves those who want to seek help in despair. If nobody believed you why would you tell anybody in the first place? Thus, these negative thoughts coupled with secondary victimisation can be a key barrier for a number of male victims and perpetrators of IPV to seek help (Murray *et al.*, 2007). Secondary victimisation in this example stems from a disbelieving society that uses a heteronormative notion of understanding. The stigmatised view surrounding same-sex relationships also contribute to the lack of support within the LGBT community. Same-sex couples would often put on a façade of the perfect relationship as not to disrupt the norm of society. Because these relationships are often stereotyped, victims of abuse would rather keep to themselves than report abuse or dare confirm societal beliefs. They would also refrain from giving other gay members of the community a bad reputation or fear the rejection of being gay. In other words, it is better to keep up

appearances than to admit that something is wrong. Therefore, victims of abuse are often isolated from the community, friends and family, and support services.

4.3 Violence breeds violence

South Africans live in an ultraviolent country. Our crime rates are increasing day by day and crime statistics regarding IPV or domestic violence is unknown or entirely unavailable. Domestic violence is ripe in South Africa and the most common form of violence reported by women (Vetten, 2014). The prevalence of IPV in South Africa between same-sex relationships are unknown, but hypothesised to be far greater than we can fathom. Abuse occurring within same-sex male relationships occur within a broader context of social power relations and theories of masculinities, but are also impacted by hetero-patriarchal beliefs that stigmatise gay men (Henderson & Shefer, 2008). Sexual minorities are commonly abused within the society at large.

Participant 2, Extract 7

We (South Africans) come from a very, very difficult story of trauma on so many levels... So I think our history really contributes to the high prevalence of IPV in relationships or in couples.

Participant 2, Extract 8

...if one grows up in a house where your dad and your grandfather and your great grandfather were alcoholic's or abusers or child molesters or whatever the case may be surely there might be a genetic predisposition. But it's also very obvious that one learns in terms of one's role models and as if you get a certain example or if you grow up in a certain family environment or a certain social environment where certain behaviours are the norm one would most probably follow that norm, unless you get the opportunity to engage in maybe therapeutic process where it would be possible to break the pattern.

Participant 3, Extract 6

I think we are... living in a very violent environment, South Africa is well-known for the highest levels of abuse and intimate partner violence in general.

Participant 3, Extract 7

Individuals who develop in a society that is very homophobic, very heterosexist, very heteronormative...those issues should not be underestimated when we work with gay and lesbian people.

Participant 3, Extract 8

I think the problem is it's not reported on that sometimes people are not even aware of it ... I think as a society we are numbed towards violence in general so we don't see things...

Participant 2 mentioned that the history regarding most South African men, is a traumatic one. Many of the older generations who fought in the army were never offered debriefing opportunities. These men are at a greater risk for Post-Traumatic Stress Disorder (PTSD). It is also known that individuals with PTSD could act out violently due to repressed trauma and the inability to cope. This all plays a role in families where IPV is prevalent. Poverty and people having to commute to work or who live far away from their families also adds to the prevalence of IPV in certain households.

Children growing up in households that portray violence as the norm will most likely develop these behaviours as adults. The majority of individuals who are abusive adults report high levels of violence that originated from their family (Stephenson *et al.*, 2014). Not only do our family role models influence our development and ways of dealing with conflict and relationships later in life, but society also shapes the ideologies we have. Most often than not, sexual minorities feel the need to conform to society's heteronormative ways of functioning. If it's okay for men to dominate women then it is also okay for men to dominate and abuse their male partners, regardless whether this comes from personal experience (abusive household) or what society teaches us.

It is well documented that sexual minorities are often bullied by peers and experience high levels of violence from an early age (Stephenson *et al.*, 2014). Children who are victims of bullying either experience re-victimisation later in life or become bullies themselves. Gay men are often bullied in school for being too feminine, for being too overweight, for not liking sports, for showing emotion (crying), and for not being the stereotypical boy that society wants them to be. Participant 3 stated that, because we live in an extremely violent country people become desensitised to the violence around them. South Africans are so use to abuse- we are

abused by our government, we are abused by the bullies at work or in schools- that we often do not recognise the abuse that is happening within our intimate relationships. This is also due to the fact that our relationships are the one place we are supposed to feel safe.

4.4 Abusive personalities

Contrary to what the literature has found on abusive personalities as being a separate entity to what contributes to IPV, participants agreed that the one major contributing factor of IPV is individual life history and psychopathology. Previous research suggest that psychopathology is a causal factor of IPV, in which case this is based on clinical evidence and not empirical research (Landolt & Dutton, 1997). The psychopathology of an abusive individual, according to Landolt and Dutton (1997), is associated with borderline personality, attachment anxiety, and negative childhood experiences. More recent studies suggest that individual characteristics combined with unique life experiences can predispose men towards abusive behaviour. This also entails social- and family factors as previously mentioned.

Participant 1, Extract 4

I would have a strong issue with this kind of idea of an abusive personality because it seems to suggest that abuse is a... or being abusive is a quality in and of itself.

Participant 2, Extract 9

One's own life story definitely I think provides a script for how one is supposed to live life or one should live life.

Participant 3, Extract 7

I haven't seen so many narcissists in general in life than amongst gay men... at some stage while they're (perpetrators) growing up in their development they developed a narcissistic wound and at some stage, when they have inter-personal relationships, somebody's got to feed that narcissistic wound and if that wound is not fed it can lead to emotional violence and often also physical violence.

Participant 1 greatly disproved of the idea of an “abusive personality”. Stating that one has indeed have an abusive personality means that it is inevitable to be anything else than an abuser. The concept of an “abusive personality” is a very old and outdated viewpoint by Landolt and Dutton (1997). More recent studies show that the personalities associated with abusive behaviour is much more complex and integrated, not only through genetic predisposition but other factors such as individual experience and society. According to participant 1, individual factors include the inability to verbalise and digest internal struggles and the inability to mentalise (think about others emotions). This is also related to early attachment difficulties that becomes present in adult relationships.

Very few individuals who are abusive are diagnosed as malignant narcissistic and with anti-social personality disorders. Participant 3 suggested that a lot of gay men are narcissistic. This is not a clinical diagnosis, but rather individual characteristics of narcissism. Young children are often vulnerable to society’s stigma and discrimination against sexual diversity due to heteronormative views. Children who are not accepted, who are marginalised, who need to learn how to fight and defend themselves from a young age against what society thinks is normal, develop a narcissistic wound. This wound is never treated and leads to the development of abusive characteristics. Again, in a heteronormative and sexist society sexual minorities learn to hate themselves and learn to use that hatred to bully others.

The irony is that gay men are not “sick” or born with abusive personalities, but that society predicts the way in which sexual minorities behave as perpetrators and/or victims. Due to the stigma that surrounds same-sex relationships and the heteronormative stance of society, gay men face various challenges with regards to IPV- support services, reporting abuse and also dealing with narcissistic wounds. It is painful to see that society as a whole is linked to IPV in same-sex male relationships in a way that is very hurtful, very abusive and very difficult to change.

4.5 Conclusion

In conclusion, the results of this study provide a better understanding of the social standing associated with IPV occurring in same-sex male relationships. Participants pointed out the needed attention and importance surrounding this topic. A heteronormative discourse exist that underlies each theme of the results that were found. Society perceives IPV as a

heteronormative issue which portrays a male perpetrator and female victim. It is hard to conceptualize a male victim of abuse. This stigma makes it difficult for gay men to confide within their own community (keeping up appearances) and to seek professional help.

South Africa remains a patriarchal society and because of this, hegemonic masculine ideologies persist among men. This in turn makes it “okay” for men to act violently and to use violence as a form of masculine dominance and authority. Ultimately, boys grow up in a violent society. They see their fathers abusing their mothers and their grandfathers doing the same. Gender appropriate toys give young boys the opportunity to play with toy guns (symbol of violence). Society believes that infants who play with dolls instead might grow up to be gay. Children who seem different than what society believes is “normal”, are marginalised, bullied and teased. It is likely that these boys develop narcissistic traits that increase the chances of them behaving violently or abusive into adulthood. Internalised homophobia due to societal stigma, plays a major role in the behaviour of victims and perpetrators of IPV.

CHAPTER 5

CONCLUSION

5.1 Reflection

When I started this project, the complexity of this topic was something I knew little about. The more I started reading the literature the more it became clear that IPV between gay male couples is a serious issue. It is a social -and public health problem that society knows very little about. Embarking on this research project I have broadened my knowledge and understanding on something that remains ignorantly invisible to society. I have come to realise that I have taken a certain stance regarding IPV within same-sex male relationships. I believe that IPV as a social- and public health problem is classified by society as a heterosexual issue. Society at large retains a heteronormative mentality. I believe that a silent epidemic exists among the LGBT community and to the public eye. Women and children are seen as victims of abuse, while men are seen as perpetrators of abuse. Therefore, a stigma exists that maintains the view of IPV as a heteronormative issue and this is keeping gay men from reporting abuse. I also feel that service providers who assist victims of IPV need to be better educated around the social issue and public health problem that revolves around IPV in same-sex relationships.

I believe that the stigma around IPV within the gay community needs to be addressed in order to create a safe and approachable platform from which victims can seek help. I also believe that LGBT organisations in South Africa need to discuss the subject of IPV within the gay community and make it accessible for victims to reach out and gain better assistance. Through my research I have only come across one men's shelter situated in South Africa called The Carrol Shaw Memorial Centre (Gauteng Department of Social Development: Men and Boys Programme). This shelter only accommodates 20 residents, no men under the age of 19 and stays are temporary to overnight and weekends.

The knowledge base of my participants regarding this topic seemed lacking. Participant three provided the most reliable information due to her position as a psychosexual educator/nurse therapist who works within the LGBT environment. Participant one (counselling psychologist) and participant two (clinical psychologist) had general knowledge about this topic and reverted the information back to heterosexual situations. Although the research has shown minimal difference between heterosexual and homosexual couples with regards to IPV, I am concerned that a lack of insight and knowledge from mental health professionals could hinder the quality of therapy with clients or patients. This is also applicable to other support services such as the South African Police Services. As mentioned previously, participant three stated that a lesbian woman was refused help by police after she stated that she was raped by her female partner. Thus, there is a dire need for people involved in support services (police, medical professionals, therapists etc.) to be better educated around this issue.

This research topic is something I feel strongly passionate about. I have a number of friends and family within the gay community. The research that has been done has opened my eyes to the lack of care and support for same-sex individuals living in South Africa. The little to none literature that has been done within a South African context and the lack of interest, supports this. Before I started searching for literature on IPV, I made contact with a few locally known LGBT organisations (e.g. OUT wellbeing, GALA and Sonke) to gather information on IPV within gay male relationships. These organisations did not have any academic literature within their archives regarding this topic. In addition, I made contact with two gay male initiatives- ManKind and Men's Advice Line- based in the UK, who responded promptly and provided me with various articles. I felt dumbfounded that LGBT organisations within our country could not provide me with any information regarding an issue that the literature profusely highlights as important.

5.2 Limitations

This study was exploratory in nature. There appears to be little to no research done on IPV within same-sex male relationships in a South African context. Thus, the majority of the literature within this study is based on international research. The results that were obtained provided an interesting glimpse into society and the way in which IPV is constructed as a heteronormative discourse. However, the sample size of participants was relatively small which might not have been ideal in capturing all the information around this topic. Although

participants were not required to have prior experience with IPV, it was clear that participant three had the most knowledge because of her role within the LGBT community. However, finding willing participants who were actively involved within the local LGBT communities was challenging. Due to ethical constraints, only professional opinions of mental health practitioners were gathered as data. This gave an insight into society based on individuals who work as service providers and support for those seeking help. A more heterogeneous sample (e.g. nurses, police officers, lawyers) could provide a better presentation of the societal beliefs and viewpoints people have.

5.3 Recommendations

The aim of this study was to gain better understanding around a topic that seems misunderstood and poorly researched. The research suggests that IPV within same-sex male relationships is a social- and public health problem occurring at vast rates. It is a social issue that is blinded by heteronormative ways of thinking which leaves a sexual minority vulnerable to the devastating effects and implications of IPV. Based on the research that has been done, support services are lacking in aiding male victims of abuse. Due to the societal stigma of gay male relationships the majority of victims never seek help or disclose the nature of their abusive relationships. Intervention strategies need to be implemented in visibilising IPV within same-sex communities in order to demolish the myths that surround it. If society became more aware of how prevalent or common IPV is within same-sex male relationships, people will be more open to talk about it.

The heteronormative ideologies of society perpetuates IPV. Patriarchal societies that encourage hegemonic masculinity, subconsciously accept men as violent entities. Sadly these heteronormative ways of thinking might never change or it would take a great deal of effort. It would take an enormous amount of time (if possible) to break down what society deems as “normal”. I believe the more pressing and realistic issue is not changing societal beliefs, but better educating those directly involved with perpetrators and victims of abuse. Further research will aid in getting IPV among gay men onto national and regional health policies and agendas. Addressing IPV is a global health priority which needs to be taken just as seriously as women and child initiatives. Feasible and effective health service interventions need to be implemented for IPV within same-sex male relationships to inform future policy and practice.

Further recommendation is to conduct future research in South Africa in order to better understand IPV within a local context and to lessen the extent to which the research relies on international literature. Gay black South African men is a demographic that has not been researched on with regards to IPV and same-sex male relationships. There is also a need to substantiate the research with prevalence statistics. Currently there is no statistical data available on domestic violence in South Africa. The prevalence rates of IPV within gay male relationships is also believed to be greater due to victims not reporting incidents to officials. In addition, I believe if information were to be gathered from lived experiences of perpetrators and victims of IPV, then the data would be far richer and more significant. Thus, further research should be done on the discourses of IPV from the gay male perpetrator- and victim's perspective.

This research study contributes in a small way to the existing literature that has been done on this topic. There is still a vast amount of work that needs to be done with regards to IPV within same-sex male relationships. Societal beliefs are hard, if not impossible, to change. However, we can change the way in which people talk about this issue. Talking about it makes it real, especially within a society that doesn't believe this issue even exists- or chooses to ignore it. The fact of the matter is, IPV within the gay community and society is a crime. It is an offence which is increasing within hidden communities and it calls for public attention. There is a great need to better educate people on this matter, because it is often underestimated and stigmatised. I hope that this study will draw attention to the need for social intervention and further research.

6 REFERENCES

- Alexander, C. J. (2002). Violence in gay and lesbian relationships. *Journal of Gay & Lesbian Social Services*, 14(1), 95-98, doi: 10.1300/J041v14n01
- Adeagbo, O.A. (2012). *Gay men, intimacy and family life: Exploring interracial same-sex unions in Johannesburg* (Unpublished Doctoral Thesis). University of Johannesburg. Retrieved from: <https://ujdigispace.uj.ac.za> (Accessed: 22/07/16).
- Andersson, K. (2008). Constructing young masculinity: a case study of heroic discourse on violence. *Discourse & Society*, 19(2), 139–161, doi: 10.1177/0957926507085949
- Bendall, C. (2010). The Domestic Violence Epidemic in South Africa : Legal and Practical Remedies. *Women's studies*, 39:2, 100-118, doi: 10.1080/00497870903459275
- Carbo, P. A., Ahumada, M.A.V., Caballero, A. D., & Argüelles, G.A.L. (2016). “How do I do discourse analysis?” Teaching Discourse Analysis to novice researchers through a study of intimate partner gender violence among migrant women. *Qualitative Social Work*, 15(3), 363-379, doi: 10.1177/1473325015617233
- Chan, E., & Cavacuiti (2008). Gay Abuse Screening Protocol (GASP): Screening for abuse in gay male relationships. *Journal of Homosexuality*, 54(4), 423-438, doi: 10.1080/00918360801991455
- Cruz, J.M. (2003). “Why Doesn’t He Just Leave?” Gay Male Domestic Violence and the Reasons Victims Stay. *The Journal of Men’s Studies*, 11(3), 309–323, doi:10.3149/jms.1103.309
- Cruz, J. M. (1996). *Domestic Violence in Same-Sex Relationships* (Master's thesis). University of North Texas, Denton

- Duke, A., & Davidson, M.M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment and Trauma*, 18(8), 795-816, doi: 10.1080/10926770903291787
- Finneran, C., Chard, A., Sineath, C., Sullivan, P., & Stephenson, R. (2012). Intimate partner violence and social pressure among gay men in six countries. *Western Journal of Emergency Medicine*, XIII (3), 260– 271, doi:10.5811/westjem.2012.3.11779
- Finneran, C., & Stephenson, R. (2014). Intimate partner violence, minority stress, and sexual risk-taking among U.S. men who have sex with men. *Journal of Homosexuality*, 61(2), 288-306, doi: 10.1080/00918369.2013.839911
- Gauteng Department of Social Development. *Database of men's organizations*. Retrieved from:<http://www.socdev.gpg.gov.za/NPOPartnerships/Documents/Database%20of%20Men%20Organisations.docx>
- Gehring, K. S., & Vaske, J. C. (2015). Out in the open: The consequences of intimate partner violence for victims in same-sex and opposite-sex relationships. *Journal of Interpersonal Violence*, 1-24, doi: 10.1177/0886260515600877
- Gibson, W.J., & Brown, A. (2009). *Using documents in research*. In *Working with Qualitative Data* (pp. 65-84). London, England: SAGE Publications, Ltd. doi: <http://0-dx.doi.org.ujlink.uj.ac.za/10.4135/9780857029041.d59>
- Goldenberg, T., Stephenson, R., Freeland, R., Finneran, C., & Hadley, C. (2016). 'Struggling to be the alpha': sources of tension and intimate partner violence in same-sex relationships between men. *Culture, Health & Sexuality*, doi:10.1080/13691058.2016.1144791
- Henderson, N. (2012). Narratives of power and abuse in gay relationships in the Cape Metropole. *South African Journal of Psychology*, 42(3), 323–332
- Henderson, N., & Shefer, T. (2008). Practices of power and abuse in gay male relationships: An exploratory case study of a young, isiXhosa-speaking man in the Western Cape, South Africa. *South African Journal of Psychology*, 38(1), 1–22, doi: 10.1177/008124630803800101

- Hodges, B.D., Kuper, A., & Reeves, S. (2008). Qualitative research: Discourse analysis. *British Medical Journal*, 337(7669), 570-572
- Houston, E., & McKirnan, D.J. (2007). Intimate partner abuse among gay and bisexual men : Risk correlates and health outcomes. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 84(5), doi: 10.1007/s11524-007-9188-0
- Jackson, L. (1997). Recent initiatives in addressing gender violence in South Africa. *Institute for Security Studies*, 14
- Jeffries, S., & Ball, M. J. (2008). Male same-sex intimate partner violence : a descriptive review and call for further research. *Murdoch E-Law Review*, 15(1), 134–79.
Retrieved from <http://eprints.qut.edu.au/17536/1/c17536.pdf>
- Kruger, H. B. (2004). Addressing domestic violence : to what extent does the law provide effective measures? *Journal of Juridical Sciences*, 29(1), 152–173.
- Kubicek, K., McNeeley, M., & Collins, S. (2015). Young men who have sex with men’s experiences with intimate partner violence. *Journal of Adolescent Research*, 31(2), 143-175, doi: 10.1177/0743558415584011
- Kvale, S. (Ed.). (2007). *Doing Interviews*. London, England: SAGE Publications, Ltd. doi: <http://0-dx.doi.org.ujlink.uj.ac.za/10.4135/9781849208963>
- Laing, B. (2013). *An exploratory study of identity construction amongst married gay men in same-sex marriage: A discourse analysis* (Unpublished Master's Thesis). The University of Johannesburg. Retrieved from: <https://ujdigispace.uj.ac.za> (Accessed: 22/07/16).
- Landolt, M. A., & Dutton, D. G. (1997). Power and personality: An analysis of gay male intimate abuse. *Sex Roles*, 37(5), 335–359, doi: 10.1023/A:1025649306193
- McAdams-Mahoud, A., Stephenson, R., Rentsch, C., Cooper, H., Arriola, K. J., Jobson, G., de Swart, G., Struthers, H., & McIntyre, J. (2014). Minority stress in the lives of men who have sex with men in Cape Town, South Africa. *Journal of Homosexuality*, 61(6), 847-867, doi: 10.1080/00918369.2014.870454

- McKenry, P. C., Serovich, J. M., Mason, T. L., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence*, 21(4), 233–243, doi: 10.1007/s10896-006-9020-8
- Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men : An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality*, 39(2), 1–31
- Moodley, Y. (2013). *Construction of intimate partner violence in gay male relationships* (Unpublished Master's Thesis). University of the Witwatersrand. Retrieved from: <https://ujdigispace.uj.ac.za> (Accessed: 14/04/16)
- Murray, C. E., Mobley, A. K., Buford, A.P., Seamon-DeJohn, M.M. (2007). Same-Sex Intimate Partner Violence. *Journal of LGBT issues in Counselling*, 1(4), 7-30
- Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., & Macmillan, H. (2014). Gay men and intimate partner violence: A gender analysis. *Sociology of Health and Illness*, 36(4), 564–579, doi:10.1111/1467-9566.12099
- Oringher, J., & Samuelson, K. W. (2011). Intimate partner violence and the role of masculinity in male same-sex relationships. *Traumatology*, 17(2), 68-74, doi: 10.1177/1534765610395620
- Parritz, R.H., & Troy, M.F. (2014). *Disorders of childhood: Development and psychopathology* (2nd Ed). London: Wadsworth
- Phillips, N., & Hardy, C. (Eds). (2002). *Discourse Analysis*. Thousand Oaks, CA: SAGE Publications, Inc, doi: <http://0-dx.doi.org.ujlink.uj.ac.za/10.4135/9781412983921>
- Polkinghorne, D.E. (2005). Language and meaning: data collection in qualitative research. *Journal of Counselling Psychology*, 52(2), 136-145.
- Potter, J. (2004). *Discourse analysis*. In Handbook of data analysis (pp. 607-645). London, England: SAGE Publications, Ltd
- Seelau, S. M., & Seelau, E. P. (2005). Gender-role stereotypes and perceptions of heterosexual, gay and lesbian domestic violence. *Journal of Family Violence*, 20(6), 363–371, doi: 10.1007/s10896-005-7798-4

- Shai, N. J., & Sikweyiya, Y. (2015). Programmes for change: Addressing sexual and intimate partner violence in South Africa. *SA Crime Quarterly*, 51, 31-41
- Starks, H., & Trinidad, S. B. (2007). Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17(10), 1372–1380, doi: 10.1177/1049732307307031
- Stephenson, R., Hast, M., Finneran, C., Sineath, C. R. (2014). Intimate partner, familial and community violence among men who have sex with men in Namibia. *Culture, Health & Sexuality*, 16(5), 473-487, doi:10.1080/13691058.2014.889753
- Vetten, L. (2014). Domestic Violence in South Africa. Policy Brief 71, *Institute for Security Studies (ISS)*
- Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention

7 APPENDICES

7.1 Appendix A



PARTICIPANT INFORMATION LETTER

To whom it may concern,

My name is Lounette Graaff and, as part of the fulfilment of a BA Psychology (Hons) degree at the University of Johannesburg, I am conducting a research project in the form of a mini dissertation. My research topic is Intimate Partner Violence (IPV) within same-sexed male relationships: a discourse analysis.

The term “Intimate Partner Violence” can be defined as a pattern of destructive behaviour from one individual (perpetrator) that dominates, coerces and isolates another individual (victim) in order to gain control and maintain power within the relationship (Duke & Davidson, 2009). Domestic violence is a term frequently used interchangeably with IPV in literature, however IPV describes the type of physical violence, sexual violence and/or psychological/emotional abuse within any intimate relationship regardless of marital status or domestic living situation (Gehring & Vaske, 2015). “Violence” and “abuse” are also terms that can be used interchangeably.

The purpose of this research is to contribute to the existing literature surrounding intimate partner violence by investigating IPV among same-sex relationships of gay men. The aim is therefore, to further explore and develop understanding of IPV within gay male relationships, including: the types of abuse, possible causation and consequences. It is important to acknowledge that the IPV is prevalent and important in all sexually orientated relationships. However, this study particularly focuses on IPV within same-sex male relationships in order to avoid sexual orientation -and gender differences. Gay male relationships will thus include men who have sex with men (MSM).

This is a qualitative research study that will be analysed through a critical discourse lens. As part of purposive sampling I would like to conduct semi-structured interviews with mental health professionals in order to gather professional opinions around this relatively new and understudied phenomenon. These interviews will take about 45 minutes of your time and will be recorded (with consent). Transcripts of these interviews will be kept safe on the researcher's laptop and will only be accessible to my supervisor and myself. No form of personal identity will be used in the transcripts or final paper.

Please note that participation is voluntary. You are allowed to withdraw from this study at any time without any repercussions. Questions are semi-structured and will be available to you before to the scheduled interview date and time. Please answer all questions based on your professional opinion. No prior experience with victims of IPV is therefore needed.

I would like to thank you in advance for your time and contribution to this research study!

Kind regards,

Lounette Graaff (Researcher)

Contact details: lounette.graaff@gmail.com
(082 680 0644)

Professor Gertie Pretorius (Supervisor)

Contact details: gertie@gertiepretorius.co.za

7.2 Appendix B



CONSENT FORM

I, _____ hereby consent to being interviewed and audio recorded by Lounette Graaff for her research study on Intimate Partner Violence within same-sexed male relationships: a discourse analysis.

I understand that:

- My participation is voluntary.
- There is no right or wrong answers to these questions. Therefore, I answer questions based on my professional opinion.
- I am allowed to withdraw from this study at any time.
- My name or any other form of identity will not be used in this research study.
- Direct quotations from the interview will be used as part of the results section in this study.

Signed: _____

Date: _____

7.3 Appendix C



INTERVIEW QUESTIONS

1. *What are your thoughts and views on IPV within same-sex male relationships?*
 - Is this concept you have thought about?
 - Have you come across any cases in your career? And could you share any interesting dynamics of that particular case?
 - Were they any different to other cases of heterosexual IPV?
2. *What do you think are some of the contributing factors of IPV?*
 - What do you think two men would bring to a situation that could lead to IPV?
3. *In your opinion, what are the risk factors of IPV?*
 - How do these compare and contrast to IPV risk factors in same-sex male relationships?
4. *What do you think are the types and pattern of abuse associated with IPV?*

- In your opinion, how does this compare/contrast to same-sex male relationships?
5. *What do you think are the effects (physical/psychological) of IPV on its victims?*
- Do these differ for gay men who experience IPV?
6. *What is your opinion on the prevalence of IPV within SA?*
- What is your opinion on the prevalence of IPV within same-sex male relationships globally and within South Africa?
7. *What do you think society's views are on IPV?*
- How do these views differ or remain the same when compared to same-sex male relationships?
 - What are the views of South African society on same-sex male IPV?
8. *In the South African context, how do you think gay men experience IPV with regards to stigma, support services, cultural beliefs and attitudes?*
- Open question: is there something I haven't thought about or mentioned that you might consider being relevant to this research?

