

“It’s Just Two Guys Fighting”: Intimate Partner Violence Among Gay and Bisexual Men

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Abstract

This research explores the experiences and needs of gay and bisexual (GB) men who have encountered Intimate Partner Violence (IPV) in England and Wales. Using Interpretative Phenomenological Analysis (IPA), the study examines three key areas: the nature of abuse experienced by GB men, the distinct characteristics of identity-based abuse, and the impact of sexual identity on help-seeking behaviours. Through a multi-method approach combining qualitative surveys (n = 59), follow-up in-depth interviews (n = 8), and innovative photo elicitation sessions (n = 2), the research places participant's lived experiences at the centre of the investigation.

The findings reveal how heteronormative assumptions and hegemonic masculinity create unique barriers to recognition and support for GB male victims. Participants reported complex patterns of abuse that capitalised on internalised homophobia, masculine identity norms, and additional vulnerabilities such as age, religion, and language barriers. The study identified specific tactics used by perpetrators, including threats of 'outing' and manipulation of societal marginalisation, whilst also uncovering significant gaps in service provision and institutional responses to GB male victims.

This research challenges traditional gendered narratives of IPV by demonstrating that power and control dynamics manifest similarly across different relationship contexts, whilst acknowledging the unique barriers faced by GB men. The findings contribute to both applied and theoretical understandings of IPV, particularly expanding criminological knowledge through a detailed examination of GB male experiences. This work addresses a significant gap in current literature, particularly within the context of Wales and England, where research on GB men's experiences of IPV has been notably scarce.

The study has significant implications for policymakers and service providers, providing valuable insights that can inform more inclusive and practical approaches to IPV support and intervention for LGBTQ+ communities. The findings highlight the urgent need for expanded awareness, improved support services, and more nuanced policy approaches that acknowledge the diverse experiences of IPV survivors, regardless of their gender or sexual identity.

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Glossary¹

Bidirectional Abuse: A pattern of abuse where both partners in a relationship engage in harmful behaviours toward each other, though often with different power dynamics and motivations.

Bisexual: A person who is sexually and/or romantically attracted to people of more than one gender.

Bracketing: In phenomenological research, the process of setting aside researcher preconceptions to focus on participants' experiences.

By and For Approach: Services designed and delivered by members of the community they serve, ensuring cultural competency and lived experience.

Chem Sex: The use of specific drugs before or during sexual activity, particularly prevalent in some parts of the gay male community.

Cisgender: Individuals whose gender identity aligns with the sex assigned at birth.

Closeted: Describing a person who has not disclosed their sexual or gender identity to others.

Coercive Control: A pattern of behaviour that removes the victim's liberty and strips away their sense of self through tactics like isolation, degradation, monitoring, and regulation of daily life.

Coming Out: The process of disclosing one's sexual or gender identity to others.

Compounded Invisibility: Term discussed in this thesis describing how GB men are simultaneously over-visible as potential threats and invisible as potential victims.

¹ Note: While some terms may be familiar, their specific usage in this context warrants clear definition. Additionally, certain terms carry particular meanings or nuances when applied to LGBTQ+ experiences of IPV. These definitions reflect current academic discourse whilst prioritising clarity and respect for lived experiences.

Consent-to-Contact Form: Research tool used to maintain participant anonymity while enabling follow-up contact.

Continuum of Violence: The concept developed by Liz Kelly describes how various forms of violence against women are connected, ranging from everyday sexism to extreme violence.

DARVO: An acronym for "Deny, Attack, and Reverse Victim and Offender" - a manipulation technique where perpetrators deny wrongdoing, attack the victim for confronting abuse, and claim they are the actual victim.

Dasein: A Heideggerian concept meaning "being there" or "presence," referring to human existence and self-awareness.

Domestic Abuse/Violence: Violent, controlling, coercive and threatening behaviour, including psychological, physical, sexual, financial, or emotional abuse between people who are or have been intimate partners or family members.

Double Closet: The dual burden of disclosing both abuse experiences and sexual identity when seeking help.

Double Hermeneutic: In IPA, the two-stage interpretation process is where the researcher interprets the participant's interpretation of their experience.

Duluth Model: Framework for understanding domestic violence developed by Pence and Paymar (1993), centring power and control.

Economic/Financial Abuse: Controlling a person's ability to acquire, use, or maintain economic resources, creating financial dependence.

Emotional Abuse: Actions that undermine a person's sense of self-worth through constant criticism, humiliation, or emotional manipulation.

Fore-Understanding: In phenomenological research, the researcher's prior knowledge and assumptions are considered before engaging with new phenomena.

Gaslighting: A form of psychological manipulation where a person makes someone question their sanity, perception of reality, or memories.

Gay: A person who is sexually and/or romantically attracted to people of the same gender, typically men attracted to men in the context of this research.

Gender Expression: How a person presents their gender through behaviour, clothing, hair, voice, or other external characteristics.

Gender Identity: A person's internal sense of their gender, which may or may not correspond with the sex assigned at birth.

Gender Performance: How individuals express or "perform" their gender identity through behaviour, appearance, and interactions with others.

Gender Symmetry: The concept that IPV is perpetrated equally by men and women.

Grooming: The process of building trust to facilitate abuse, particularly relevant in age-gap relationships.

Hegemonic Masculinity: A practice that promotes the dominant position of men in society and the subordination of women and other gender identities. It emphasises traits like physical strength, stoicism, and dominance.

Hermeneutic Circle: A concept in interpretative phenomenology describing how understanding develops through a circular process between parts and the whole of a text or experience.

Heteronormativity: The assumption that heterosexuality is the default, normal, or preferred sexual identity and that traditional gender roles are natural and appropriate.

Heterosexism: A system of attitudes, bias, and discrimination that favours heterosexual relationships whilst stigmatising relationships between people of the same gender.

Hook-up Culture: A social environment that accepts and encourages casual sexual encounters without necessarily including emotional intimacy or commitment.

Homo-hysteria: Anderson's term for the fear of being perceived as gay that drives rigid masculine performances.

Ideal Victim: A concept describing societal expectations of how victims should behave, appear, and respond to abuse.

Identity-Based Abuse: Abuse tactics that exploit aspects of a person's identity, such as threats of 'outing' or manipulation of internalised homophobia.

Identity Reconstruction: Concept discussed in this thesis - the process through which GB men rebuild coherent identities following IPV.

Inclusive Masculinity: Anderson's theory suggests that reduced homophobia allows more diverse masculine expressions.

Internalised Homophobia: The internalisation of society's negative attitudes towards being LGBTQ+, which can impact self-worth and relationship dynamics.

Intersectionality: A framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination or privilege.

Intimate Partner Violence (IPV): A pattern of behaviours used by one partner to maintain power and control over another partner in an intimate relationship, regardless of gender or sexual identity.

Isolation: A control tactic where abusers separate victims from friends, family, and support networks.

LGBTQ+: Acronym for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others.

Lifeworld: In phenomenology, the world is immediately experienced in the subjectivity of everyday life, before theoretical interpretation.

Love Bombing: An attempt to influence a person by demonstrations of attention and affection, followed by periods of manipulation and control.

Manhood Acts: Identity work males do to claim membership in the dominant gender group.

Masculine Capital: The social value or status gained through displaying traits associated with traditional masculinity.

Masculinity Norms: Social expectations about how men should behave, express emotions, and relate to others.

Microaggression: Brief, commonplace verbal, behavioural, or environmental indignities that communicate hostile or negative attitudes toward marginalised groups.

Minority Stress: The chronic stress experienced by members of stigmatised minority groups, including LGBTQ+ individuals, due to prejudice and discrimination.

Mutual Abuse: A contested term sometimes used to describe bidirectional abuse, often criticised for obscuring power dynamics.

Outing: The act of disclosing someone's sexual or gender identity without their consent.

Pansexual: A person who is attracted to people regardless of their gender identity.

Patriarchy Dividend: The advantages men gain from the subordination of women, even if they do not actively support patriarchal systems.

Perpetrator: A person who commits harmful, illegal, or violent acts against another person.

Perpetrator-Victim Reversal: When abusers portray themselves as victims and their victims as abusers.

Physical Abuse: Direct physical violence, including hitting, kicking, strangling, restraining, or using weapons against a partner.

Power and Control Wheel: A diagram that illustrates tactics used by abusive partners to establish and maintain control in relationships.

Psychological Abuse: Behaviours aimed at controlling or manipulating through fear, including gaslighting, threats, and isolation.

Psychological Safety: An environment where individuals feel safe to express themselves without fear of negative consequences.

Queer: An umbrella term for sexual and gender identities that are not heterosexual or cisgender.

Rape Culture: A setting in which rape is pervasive and normalised due to societal attitudes about gender and sexual identity.

Re-closeting: Being forced back into concealment about one's sexual identity, often as an abuse tactic.

Sexual Abuse: Any non-consensual sexual activity, including rape, sexual assault, and reproductive coercion.

Silent Treatment: A form of emotional abuse where a person refuses to communicate with another as punishment or control.

Social Constructionism: A theory suggesting that knowledge and many aspects of our world are created and maintained through social interactions rather than existing independently.

Stages of Change Model: Prochaska & DiClemente's model describing readiness for behavioural change.

Stonewalling: A refusal to communicate or cooperate, often used as a control tactic in relationships.

Survivor: Term emphasising resilience and agency after experiencing abuse.

Toxic Masculinity: A set of attitudes and behaviours stereotypically associated with men that are harmful to society, women, and men themselves.

Toxic Trio: The interplay between substance use, mental health issues, and IPV.

Trauma-Informed Care: Approach to support that recognises the impact of trauma and prioritises safety and rebuilding control.

Victim: Term often used to describe someone currently experiencing abuse or emphasising the harm caused.

Victim-Survivor: Combined term acknowledging both the harm experienced and the strength in survival.

List of Abbreviations and Acronyms

APA: American Psychiatric Association

BDD: Body Dysmorphic Disorder

CBT: Cognitive Behavioural Therapy

COHSAR: Name of Power and Control Wheel by Donovan and Hester

CPS: Crown Prosecution Service

CSEW: Crime Survey for England and Wales

CSE: Child Sexual Exploitation

DASH: Domestic Abuse, Stalking and Honour-Based Violence risk assessment tool

DSM: Diagnostic and Statistical Manual of Mental Disorders

DVA: Domestic Violence and Abuse

DARVO: Deny, Attack, and Reverse Victim and Offender

GB: Gay and Bisexual

GBV: Gender-Based Violence

GDPR: General Data Protection Regulation

GP: General Practitioner

HERMES: Healthcare Educator Responses to Making Environment Safer
(intervention study for LGBT+ IPV in healthcare settings)

HIV: Human Immunodeficiency Virus

IPA: Interpretative Phenomenological Analysis

IDVA: Independent Domestic Violence Advisor

IPV: Intimate Partner Violence

IPV-GBM: Intimate Partner Violence-Gay and Bisexual Men Scale

IRIS: Identification and Referral to Improve Safety (healthcare intervention for domestic violence)

LGBT/LGBTQ/LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (and others)

MARAC: Multi-Agency Risk Assessment Conference

MSM: Men who have Sex with Men

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

NSPCC: National Society for the Prevention of Cruelty to Children

ONS: Office for National Statistics

PE: Photo Elicitation

PICO: Population, Intervention, Comparison, Outcome - research framework

PTSD: Post-Traumatic Stress Disorder

RSE: Relationships and Sex Education

SP: Survey Participant

SPIDER: Sample, Phenomenon of Interest, Design, Evaluation, Research Type

TFSV: Technology-Facilitated Sexual Violence

THT: Terrence Higgins Trust

UK: United Kingdom

UNCRC: United Nations Convention on the Rights of the Child

VAWDASV: Violence Against Women, Domestic Abuse and Sexual Violence

VAWG: Violence Against Women and Girls

WAG: Welsh Assembly Government

WHO: World Health Organisation

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1. Introduction

Intimate partner violence (IPV) affects significant numbers of men in England and Wales, with an estimated 712,000 men experiencing domestic abuse in the year ending March 2024, representing 30% of all IPV victims (ONS, 2024). Over their lifetime, one in five men (21.7%) report being victims of domestic abuse, constituting 41% of all victims (ManKind Initiative, 2025). Despite this substantial prevalence, research has predominantly focussed on women's experiences or gender-neutral samples, with limited investigation specifically examining men's victimisation, particularly among gender and sexual minority populations (McManus et al., 2022; McHugh et al., 2013). This research gap is compounded by the fact *that "relatively few studies have explored IPV against men" and "even less attention has focussed on variation in experiences of IPV among men, for example, among gender and sexual minority men"* (Rollè et al., 2018).

The consequences of this research neglect are evident in both service provision and help-seeking behaviours. Only 4.8% of victims supported by local domestic abuse services are men, despite men comprising a significant proportion of IPV victims (ONS, 2022/23). Furthermore, 58.9% of men who contact specialist helplines report they have never spoken to anyone before about the abuse they are suffering, with 64% stating they would not have called if the helpline were not anonymous (ManKind Initiative, 2025). These statistics highlight the substantial barriers men face in accessing support and the critical need for research that can inform more inclusive service provision.

The barriers men encounter when seeking help are multifaceted and deeply rooted in cultural constructions of masculinity. Research demonstrates that men *face "fear of not being taken seriously," "shame and embarrassment,"* and are more likely to be blamed for their victimisation than women (Bates, 2019; Lysova et al., 2022). The *"masculinity narrative"* creates additional obstacles, promoting beliefs that men should be *"powerful and able to protect themselves"* and *"resolve their own issues,"* making help-seeking particularly challenging for male victims (Corbally, 2015; Bjørnholt & Rosten, 2020).

These challenges are further compounded for GB men, who may face additional identity-specific barriers alongside general male victimisation stigma. The intersection of sexual identity and IPV victimisation creates unique experiences that warrant specific investigation, yet current research gaps mean these experiences remain poorly understood.

Therefore, this research explores the experiences and needs of GB men who have encountered IPV in England and Wales. The study focuses on three key areas: the nature of abuse experienced by GB men, the specific characteristics of abuse within their age group, and the impact of sexual identity and abuse experiences on help-seeking behaviours.

The literature review chapter provides a comprehensive overview of current research and theoretical perspectives pertinent to IPV among GB men. It examines the broader context of how men experience IPV, with a specific focus on the unique aspects of abuse in GB relationships. The review encompasses several crucial areas: a) The scope and prevalence of IPV in the United Kingdom, b) The discourse surrounding Violence Against Women and Girls, c) Relevant legislation and policy frameworks, d) The legislative landscape for LGBTQ+ groups, and e) Available service provision for IPV survivors.

Additionally, the chapter delves into the complexities of risk assessments in IPV cases and explores theories of IPV as they relate to GB men's experiences. This comprehensive approach aims to establish a solid foundation for understanding the multifaceted nature of IPV in GB relationships and to identify gaps in current knowledge that this research seeks to address.

1.1 Researcher Positionality

This thesis is the product not only of academic inquiry but of a deeply personal journey that began long before I enrolled as a doctoral student. I am a heterosexual, cisgender woman, a researcher who is, by identity, an outsider to the communities whose experiences sit at the heart of this work. I believe it is important to make this clear from the outset, and to offer a brief account of why I came to this research and what I brought to it, both as assets and as limitations.

My interest in domestic abuse did not begin in a lecture theatre or a library. It began in childhood, as a witness to abuse perpetrated by my father towards my mother. That experience, and the broader pattern of intergenerational trauma running through my family (encompassing domestic abuse, child abuse, substance use, and completed suicide) instilled in me an early and visceral need to understand why abuse happens, who it happens to, and why it so often remains hidden. I did not arrive at this research as a detached academic observer. I arrived as someone for whom these questions have always mattered. Professionally, my background spans mental health services, working with women experiencing complex mental illness and trauma, and latterly, research into substance use. It was through this research, carried out alongside my doctoral studies, that the connections between substance use, trauma and IPV became increasingly apparent to me, connections that are directly relevant to the findings presented in this thesis.

Yet I am conscious that motivation and professional experience do not resolve the complexities of researching communities I am not a part of. As a heterosexual, cisgender woman researching gay and bisexual men's lived experiences, questions of trust, access, and researcher positioning shaped every stage of this work. My outsider status was not something to be minimised or explained away, but something to be actively and honestly engaged with throughout the research process.

This brief account is necessarily a summary. A fuller and more theoretically grounded account of my positionality, including the evolution of my reflexive understanding across the research process, my engagement with insider and outsider frameworks, and the practical implications of my positioning for research design, is provided in Chapter 3 (see Section 3.7, pp. 97-111). I return to this reflexive journey once more in the concluding chapter (Chapter 8, Section 8.7), where I reflect on how my understanding shifted from the beginning of this research to its end.

1.2 Research Questions

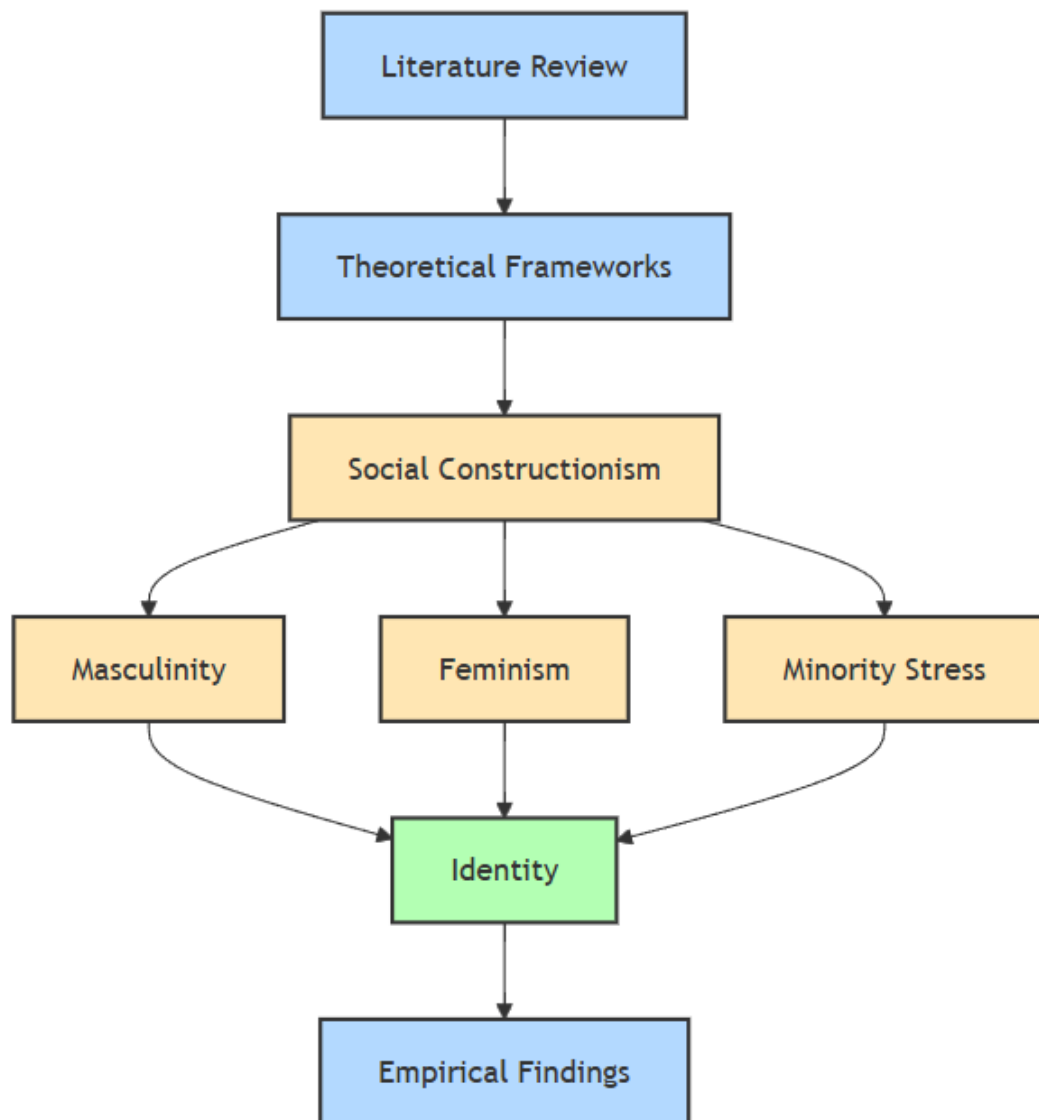
- I. What are the experiences and needs of gay and bisexual men who experience Intimate Partner Violence in England and Wales?

- II. How does IPV manifest during early relationship experiences and young adulthood, and how do these early experiences shape subsequent understanding of abuse?
- III. In what ways do sexual identity and experiences of abuse impact the willingness to seek help?

This research was initially designed to focus specifically on men aged 18-24. This age range was selected on the basis of established evidence that young people are at heightened risk of IPV, with research consistently identifying early adulthood as a period of particular vulnerability in both the formation of relationship patterns and the experience of abuse (Rolle, 2018; Barnes et al. 2023; Scheer and Baams, 2021). However, due to the recruitment challenges detailed in Chapter 3, the study was expanded to include participants aged 18 and above who could retrospectively discuss their experiences during young adulthood and early relationships. This methodological adaptation maintained the research focus on understanding how early experiences of IPV shape subsequent meaning-making and help-seeking behaviours, while enabling access to a broader range of participants.

Figure 1 below illustrates the interconnected nature of theory, policy, and empirical evidence that forms the backbone of this research. This visual representation highlights identity as the central concept connecting theoretical understanding, policy, and empirical findings.

Figure 1: Theoretical framework illustrating relationships between key concepts across chapters.



As depicted in this framework, the thesis develops through interconnected analytical levels that address the research questions through theoretical, policy, and empirical analysis. To meet the overarching aim and address the research questions, this study applies a phenomenological approach, specifically Interpretative Phenomenological Analysis (IPA), which situates knowledge within lived experience

(Smith et al., 2009). This approach was chosen to allow participants to present their experiences on their terms, placing them at the centre of the research process.

The study employs a phased approach to data collection, combining qualitative methods to investigate the lived realities of GB men who have experienced IPV. The data collection process faced initial challenges, including recruitment difficulties and issues with service providers not having eligible participants. These hurdles necessitated adaptations to the research design, which will be discussed in detail in Chapter 3.

Ultimately, successful recruitment was achieved through paid social media advertisements, targeted at demographics meeting the study's eligibility criteria. This method led to a two-stage data collection process:

- a) An online qualitative survey, designed to gather initial insights into participants' experiences and attitudes towards IPV.
- b) Follow-up in-depth interviews with participants who expressed interest through a separate, confidential consent-to-contact form.

Additionally, participants were offered the opportunity for a third phase: a photo-elicitation interview, providing another medium through which they could express their experiences. This flexible, participant-centred approach aligns with the principles of IPA, allowing for a deep exploration of individual experiences whilst giving participants control over how they share their stories. By utilising this methodology, the study aims to contribute to both applied and theoretical understandings of IPV experiences among GB men, highlighting the structural mechanisms that influence their perceptions, decisions, and help-seeking behaviours.

The findings of this thesis aim to extend existing theories on IPV by incorporating the unique perspectives of GB men, a group often marginalised in mainstream IPV discourse. In doing so, this work offers valuable insights to policymakers, service providers, and other professionals working with LGBTQ+ communities, potentially informing more inclusive and effective approaches to IPV support and intervention.

1.3 Language and Definition of Key Terms

This thesis uses the term *"intimate partner violence"* (IPV) in preference to *"domestic violence"* or *"domestic abuse"* throughout. IPV is defined as a pattern of behaviours used to maintain power and control over an intimate relationship (WHO, 2022).

The Domestic Abuse Act 2021 defines domestic abuse as *"behaviour of a person towards another person"* that is *"abusive"* if it consists of *"physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional or other abuse"* where both parties are *"personally connected"* (sections 1-2) (Home Office, 2021).

However, this thesis uses IPV in preference to *"domestic abuse"* or *"domestic violence"* as it more accurately reflects violence within relationships regardless of gender or sexual identity and avoids reinforcing gendered assumptions about abuse (Donovan & Barnes, 2019; Hine, 2019). This choice reflects growing academic consensus that IPV terminology is more inclusive and methodologically sound for research involving diverse populations, particularly LGBTQ+ individuals and male victims.

A clear preference for IPV terminology is expressed by many in the realm of domestic abuse research. For instance, Laskey et al. (2019) explicitly state:

While the CPS definition reflects domestic violence, the current review will use the term intimate partner violence (IPV) as it is the most commonly used within the literature, and the focus here will be on partner violence, rather than violence within the wider family.

(Laskey, Bates & Taylor, 2019, p.2).

Further, research by Donovan and Barnes (2019) critiques traditional *"domestic violence"* frameworks as containing heteronormative assumptions that inadequately capture the diversity of LGBTQ+ relationship structures. Their analysis demonstrates how conventional DV terminology fails to encompass same-sex relationships and non-traditional living arrangements, creating barriers to recognition and help-seeking among sexual minoritised populations.

In this thesis, I also use several terms interchangeably to refer to individuals who have experienced IPV, explicitly focusing on the experiences of cisgender GB men. These terms include "*victim*," "*survivor*," and "*victim-survivor*."

Victim: Term often used to describe someone currently experiencing abuse or emphasising the harm caused.

Survivor: Term emphasising resilience and agency after experiencing abuse.

Victim-Survivor: Combined term acknowledging both the harm experienced and the strength in survival.

Each term is widely used within the context of domestic abuse and IPV, and whilst there are subtle distinctions, I do not make a formal separation between them. The term "*victim*" often conveys the immediate experience of harm or abuse, whilst "*survivor*" tends to focus on the agency and resilience of individuals after the abuse has occurred. The term "*victim-survivor*" bridges these two perspectives, recognising that individuals may see themselves as both harmed and resilient, either simultaneously or at various stages of their journey. My use of these terms reflects the diversity of ways individuals may identify, allowing for a more inclusive approach to understanding IPV in the context of this research.

Additionally, I use the terms "*men*" and "*male*" to refer to cisgender men, which is the focus of this thesis. Whilst "*men*" generally relates to identity, "*male*" may refer more specifically to biological sex.² However, I employ both terms in this research to describe the population being studied, without placing particular emphasis on the distinction between them.

The implications of terminology choices for male victims are particularly evident in UK research by Hine and colleagues. Research by prominent academics in the field (Hine, Bates and Wallace, 2020) directly illustrates the complexity of terminology for male victims, documenting how telephone support providers report that men call saying, "*I can't be the victim of domestic abuse*." This research demonstrates how

² I am using this language specifically to refer to cisgender men in line with recent UK legal rulings defining "sex" as biological sex, as per the Supreme Court's interpretation of the Equality Act 2010 (House of Commons, 2025).

traditional victim terminology can create recognition barriers for male victims, who may struggle to identify with the victim identity due to societal constructions of masculinity and help-seeking. In addition, Hine's (2022) extensive research documents how *"gendered models of abuse have contributed to a 'domestic violence stereotype' that positions men as perpetrators and women as victims* (Hine & Noku, 2022). The Laskey, Bates & Taylor (2019) study further notes that *"male victims and victims from the LGBTQ+ community do not recognise their experience as abuse"* partly due to terminology barriers, highlighting the importance of inclusive language choices in academic research.

1.4 Situating the Study

This thesis explores the experiences of GB men who have experienced IPV in England and Wales. Whilst acknowledging the significant body of work focussed on female victim-survivors, this research aims to challenge assumptions about IPV and demonstrate that when we move beyond the narrative of male perpetrator and female victim, the impact, consequences, and experiences of IPV often manifest similarly across genders and sexual identities. The core argument of this thesis is that IPV, at its root, is about power and control - a dynamic that can exist in any relationship, regardless of gender or sexual identity. This is not to diminish the experiences of female victim-survivors, who undoubtedly constitute a considerable proportion of those affected by IPV. Instead, it is to argue that disregarding the experiences of an entire population based on the notion that they cannot experience domestic abuse because of their gender is both reductive and potentially harmful.

It is crucial to note that whilst this research focuses on GB men, it does not seek to pit their experiences against those of other groups. Instead, it aims to broaden our understanding of IPV, recognising that whilst some elements may be unique to specific populations, the underlying issues of power, control, and abuse transcend gender and sexual identity boundaries. This thesis does not position itself within any single theoretical framework. Instead, it adopts an interpretivist approach that draws on multiple theoretical perspectives, including feminist theory, masculinity studies, and social constructionism, which illuminate the relationship between identity and IPV. The central analytical focus is on identity: how it is constructed, performed, and

impacted by experiences of IPV among GB men. Through this analysis, identity emerges as both a method through which abuse is enacted and a critical factor shaping how GB men experience and respond to IPV. This theoretical flexibility allows for a comprehensive examination while maintaining focus on lived experience. The detailed theoretical positioning is explored in Chapter 2.

Throughout this work, care has been taken to distinguish between experiences of harm that are underpinned by socio-political approaches to IPV and those which have been argued to be inherent to specific relationship dynamics. The aim is not to conclude whether IPV in GB relationships is profoundly different or the same as in other contexts, but rather to focus on the very real risks and harms faced by GB men who experience it. By positioning this research in this way, the intention is to contribute to a more inclusive and comprehensive understanding of IPV, one that recognises the potential for victimisation across all demographics whilst still acknowledging the specific contexts and challenges faced by different groups.

This thesis uses these terms while acknowledging that language around IPV and LGBTQ+ identities continues to evolve. Terms are chosen to reflect current academic discourse, while prioritising clarity and respect for lived and living experiences (Laskey et al., 2019). A complete glossary of all terms used throughout the thesis is provided for reference at the beginning of this thesis.

1.5 Why Study GB Men's Experiences of IPV?

Until recently, much of the research on IPV has focussed predominantly on women as victims and men as perpetrators, leaving a significant gap in our understanding of male victimisation. This oversight is particularly pronounced for GB cisgender men, whose experiences are often overlooked or misunderstood within the broader context of IPV research. The true scale of male victimisation in domestic relationships remains elusive due to several factors inhibiting disclosure, including fear of ridicule, embarrassment, and lack of awareness of available support services (Wallace et al., 2019; Morgan et al., 2016; Tsui et al., 2010). This underreporting is exacerbated for GB men, who may face additional barriers related to their sexual identity. Recent research indicates that IPV is nearly as prevalent in same-sex

relationships as in heterosexual ones, with over 50% of gay men and 75% of lesbian women reporting psychological IPV (Rolle et al., 2018; Messinger, 2011). GB men face distinct challenges when experiencing IPV. Connell's theory of Hegemonic Masculinity, as discussed by Durfee (2011), emphasises that men are expected to hold dominant power and control in relationships. This creates particular difficulties for male victims, who must navigate the conflict between acknowledging their powerlessness whilst meeting societal expectations of masculinity. For GB men, these challenges are compounded by heteronormative expectations and potential homophobia or biphobia (Hine et al., 2020; Donovan and Barnes, 2020).

The psychological forms of abuse experienced by GB men may include unique elements related to their sexual identity, such as threats of 'outing' or manipulation related to internalised homophobia. These identity-specific forms of abuse are often overlooked in mainstream IPV frameworks, which tend to focus on heterosexual relationship dynamics.

There is a notable lack of studies addressing same-sex IPV, particularly in the UK context. In Wales specifically, research on the experiences of GB men is scarce, coupled with inadequate service provision. Research conducted alongside the development of Wales's men's domestic abuse service highlighted that LGBTQ+ people remain underrepresented in referrals to support services, despite evidence suggesting similar IPV rates to other populations (Harvey et al., 2014).

Wallace's (2019) work on male survivors in Wales demonstrates that men face gender-specific barriers associated with masculine stereotypes, often feeling '*invisible*' and believing they '*shouldn't need help*'. These challenges are amplified for GB men, who may encounter additional discrimination and a lack of understanding from service providers (Hine, 2019). Recent policy developments have further exacerbated these challenges. Whilst organisations such as the Mankind Initiative and Respect provide helpline support for male victims of domestic abuse more broadly, at the time of writing Safeline operated the only dedicated national helpline specifically for male survivors of sexual abuse in England and Wales. Of particular concern was the planned closure of this service following the withdrawal of government funding (Ministry of Justice, 2025). Despite supporting approximately 2,000 men annually, and with 95% of male survivors reporting that gender-specific

provision removes critical barriers to help-seeking (Safeline, 2025), the service faced termination. Following significant public pressure and media coverage, Safeline was subsequently saved from closure through donations, though its long-term funding remains precarious (BBC News, 2025).

By focusing specifically on the experiences of GB cisgender men, this study addresses a significant gap in the literature whilst contributing to a more inclusive understanding of IPV. This focussed approach allows for a deeper understanding of unique experiences and challenges, including the often-overlooked experiences of bisexual men who may face abuse from partners of different genders. The research aims to develop more comprehensive models of IPV that account for gender and sexual identity without being constrained by narrow gendered narratives.

1.6 Thesis Structure

This thesis comprises nine chapters that systematically examine the experiences of GB men who have faced IPV in England and Wales. As depicted in this framework, the thesis develops through interconnected analytical levels:

Chapter 2: Provides a comprehensive literature review that maps existing knowledge about GB IPV. This chapter also examines current understandings of IPV prevalence and theoretical perspectives, including social constructionism and feminist thought. These theoretical foundations inform the analysis of identity, which serves as an analytical lens throughout the research, while identifying critical gaps in current knowledge.

Chapter 3: Details the methodological approach, explaining the use of IPA and the multi-method data collection strategy incorporating surveys, interviews, and photo-elicitation. Also discusses recruitment challenges and ethical considerations whilst establishing the theoretical framework.

Chapters 4 to 7: Present the empirical findings across four themed chapters. These chapters demonstrate how the theoretical concepts introduced in Chapter 2 manifest in the lived experiences of GB male survivors, with particular attention to how identity shapes IPV experiences:

Chapter 4 explores lived experiences and the nature of abuse among GB men.

Chapter 5 examines power and control dynamics within abusive relationships.

Chapter 6 investigates how identity and society shape abuse experiences.

Chapter 7 analyses the journey from victimisation to recovery.

Chapter 8: Synthesises key findings and central arguments whilst proposing recommendations for policy and practice. Reflects on the research journey, acknowledges limitations, and suggests directions for future research that could further enhance understanding of IPV within GB male relationships.

Each chapter builds upon previous discussions whilst maintaining focus on the central research questions regarding GB men's experiences of IPV, the nature of abuse, and the impact of sexual identity on help-seeking behaviours.

By visualising these conceptual relationships in Figure 1, this framework highlights identity as pivotal, as it shapes the experiences of GB male survivors. This process bridges theoretical discussions with policy analysis and empirical findings, creating a comprehensive examination of this understudied phenomenon.

2. Setting the Scene of GB IPV

To develop a comprehensive understanding of IPV among GB men, this chapter explores the definitional, policy, and empirical landscape that shapes their experiences. Understanding IPV among GB men requires examining not only what it encompasses but also how definitions have evolved to include diverse experiences while revealing persistent implementation barriers.

This foundational chapter explores how IPV has been defined, tracing the evolution from exclusionary frameworks to ostensibly inclusive definitions whilst revealing persistent tensions between gender-neutral language and gendered implementation. The analysis reveals how historical exclusions continue to influence contemporary responses, presenting specific challenges for populations whose experiences deviate from traditional narratives of IPV.

The chapter begins by examining IPV definitions and their evolution, before analysing the broader scope of abuse across different populations. It then narrows specifically on male experiences of IPV, LGBTQ+ complexities, and ultimately the unique intersection of masculinity and sexual minoritised status that characterises GB men's experiences. These experiences are shaped by social, cultural, and identity-based factors that challenge mainstream conceptualisations of IPV, which often focus on male-perpetrated violence against women.

The theoretical framework section examines key conceptual approaches that inform understanding of these experiences, before the final section identifies critical gaps in knowledge and establishes the rationale for the current study, which seeks to understand how IPV impacts the identities of GB men, how they respond to abuse, and what factors facilitate positive outcomes.

2.1 Understanding Intimate Partner Violence: Definitions and Context

An in-depth narrative literature review was conducted to synthesise and critically analyse themes and key findings, allowing for deeper exploration of how GB men experience IPV, what barriers they face in seeking help, and how their experiences shape their identity (Grant and Booth, 2009).

To ensure comprehensive coverage, I employed a systematic search strategy using the SPIDER tool (Sample, Phenomenon of Interest, Design, Evaluation, and Research Type), an adaptation of the PICO framework that better suited the qualitative focus of this research (Cooke et al., 2012). The SPIDER framework's "*Evaluation*" component replaced PICO's more rigid focus on '*Outcomes*', facilitating a more flexible search strategy appropriate for exploring subjective experiences and attitudes (Cook, Smith and Booth, 2012). The search strategy incorporated Boolean logic across three major databases (Scopus, Web of Science, and ASSIA), supplemented by grey literature searches through Google Scholar to capture government reports, conference proceedings, and charity publications that often provide valuable insights (Polit & Beck, 2014). The search was restricted to English-language publications from 2000 to 2022, focusing specifically on gay and bisexual men's experiences of IPV. Full search terms and the SPIDER framework mapping are detailed in Appendix [D]. In total, 106 sources were included in this narrative literature review, comprising 70 sources identified through the three database searches and 36 through supplementary Google Scholar searches.

Key themes that were developed across the literature include the high prevalence of emotional abuse and psychological manipulation, often linked to victims' sexual identities (Donovan & Hester, 2011). Studies highlighted significant barriers that GB men face in accessing support services, with many reporting mistrust of healthcare providers or fear of being outed as factors preventing help-seeking (Turell, 2000). The literature revealed important gaps, particularly in longitudinal research examining long-term impacts of IPV, and limited representation of men from minoritised ethnic or lower socio-economic backgrounds (Messinger, 2011). There is also insufficient research on how intersecting identities shape experiences of abuse and access to support services (Simpson & Helfrich, 2005).

The literature review also considers the various theoretical frameworks that have been applied in this field, such as minority stress theory (Meyer, 2003), hegemonic masculinity (Connell, 1995), and social constructionism (Butler, 1990). These theories provide essential lenses through which to interpret the experiences of IPV among GB men, especially in terms of how their sexual and gender identities intersect with experiences of abuse.

2.1.1 What is Intimate Partner Violence?

IPV refers to any form of abuse or aggression that occurs between individuals in an intimate relationship. It encompasses a wide range of behaviours, including physical, emotional, psychological, sexual, and economic abuse. Whilst IPV is often associated with physical violence, it also includes non-physical forms of control, manipulation, and coercion that can have equally damaging effects on individuals' mental and emotional well-being (Rolle et al., 2018; WHO, 2021; Maxwell et al., 2025). IPV can occur in any type of intimate relationship, whether heterosexual or same sex, regardless of the gender or sexual identity of those involved. It is not confined to any particular demographic group; it affects people of all ages, ethnicities, and socioeconomic backgrounds. The power dynamics within a relationship are often central to IPV, with one partner exerting control or dominance over the other, although it can sometimes involve mutual aggression or abuse (Johnson, 2006; Stark, 2007; Bates, 2016; Lysova et al., 2024).

In this thesis, IPV is understood as a complex and multifaceted phenomenon that goes beyond physical harm (WHO, 2021). It includes various forms of coercive control, emotional manipulation, and even behaviours like isolation from social support systems, all of which can be as damaging as physical violence (Lohmann et al., 2023; Bailey et al., 2023). The abuse may be subtle or overt, occur over a prolonged period, and often escalate over time (Lohmann et al., 2023). IPV is not limited to current relationships; it can also happen after a relationship has ended, such as in cases of stalking or harassment by a former partner (Tomkins et al., 2023).

At its core, IPV is about the misuse of power and control within intimate relationships, with devastating consequences for the individuals involved. However, as this research focuses on the experiences of GB men, it approaches IPV with an understanding that intimate relationships in LGBTQ+ communities may face additional layers of complexity, including unique forms of abuse and heightened barriers to accessing support services (Messinger, 2017; McGregor, 2023; Maxwell et al., 2025).

2.1.2 The Evolution of IPV Definitions: From Exclusion to Inclusion

The recognition of IPV in same-sex relationships within UK policy has been a gradual and incomplete process, with significant implications for victims' ability to access support and justice. This evolution reveals tensions between inclusive definitions and their implementation, which continue to shape responses to IPV today.

Until 2004, same-sex couples were entirely excluded from domestic violence legislation in England and Wales, rendering experiences of abuse in these relationships legally invisible. This exclusion reflected the broader marginalisation of LGBTQ+ people within society and meant that abusive partners could not be prosecuted under domestic violence frameworks, regardless of the severity of abuse (Domestic Violence, Crime and Victims Amendment Act 2004). This legal gap was particularly significant given the legacy of Section 28 of the Local Government Act, which had prohibited the 'promotion' of homosexuality in schools from 1988 to 2003, creating an educational vacuum regarding same-sex relationship dynamics that continues to affect IPV recognition today (Weeks, 2007).

The Labour government's introduction of a gender-neutral definition in 2004 marked the first formal recognition of same-sex domestic abuse:

Any incident of threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality

(Home Office, 2005a, p.7).

However, this initial definition contained significant limitations. Its focus on "*incidents*" implied that domestic abuse occurred as isolated events rather than the sustained patterns of coercive control that research consistently demonstrates. More critically, whilst the definition was technically inclusive, it was implemented within policy frameworks that remained focussed on male perpetrators and female victims, effectively maintaining certain victims' invisibility in practice (Hester, 2013; Myhill, 2015).

A significant policy evolution occurred in 2013 when the Home Office adopted the term "*domestic violence and abuse*," acknowledging forms of harm beyond physical violence:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality

(Home Office, 2013, p.2).

This definition represented important progress in recognising the complex, ongoing nature of abuse and explicitly included younger people (16-17 years old) who research showed experienced high rates of relationship violence. The introduction of coercive control as a criminal offence through the Serious Crime Act 2015 further advanced understanding of domestic abuse beyond physical incidents. However, the guidance accompanying the 2015 coercive control legislation revealed persistent tensions between inclusive definitions and gendered implementation. Despite the gender-neutral offence, guidance emphasised that coercive control was "*primarily a form of violence against women and girls*" underpinned by societal gender inequality (Home Office, 2015, p.7). This framing overlooked unique elements of coercive control in different relationship contexts and continued to marginalise certain victims within policy discourse (Stark, 2007; Johnson, 2008).

The Domestic Abuse Act 2021 created England's first statutory definition of domestic abuse, representing the culmination of decades of advocacy. The Act's definition is explicitly gender-neutral and comprehensive, covering physical, sexual, emotional, psychological, economic, and coercive/controlling behaviour (Home Office, 2024).

Wales developed a notably more comprehensive approach earlier than England. The Welsh Assembly Government's 2005 definition recognised domestic abuse as extending:

Beyond actual physical violence to include emotional abuse, the destruction of property, isolation from friends and family, threats to others, including children, control over access to money, personal items, food, transportation and the telephone, and stalking

(WAG, 2005, p.6).

Crucially, this definition explicitly acknowledged that domestic abuse *"is not a 'one-off' occurrence; it is persistent,"* better reflecting victims' lived experiences. Wales has also increasingly adopted a public health approach to IPV that recognises it as not merely a criminal justice issue but a population health concern requiring systematic prevention, early intervention and coordinated response across multiple sectors. This approach, exemplified by initiatives like the Health Inclusion Programme (2024) and Violence Prevention Unit (2021), demonstrates promising directions for more comprehensive responses (Robinson and Rowlands, 2006; Berry et al., 2014).

2.1.3 Gender-Neutral Definitions vs. Gendered Implementation

Despite these advances toward inclusive definitions, a tension persists between gender-neutral language and gendered implementation that has profound implications for diverse victim populations. This tension is most clearly visible in how current legislation operates within existing policy frameworks.

Implementation of the Domestic Abuse Act 2021 continues within the Violence Against Women and Girls (VAWG) strategy framework, which states that:

VAWG crimes describe behaviours which are committed primarily, although not exclusively, by men against women" and "recognises that victims of VAWG crimes are disproportionately women, with the majority of perpetrators being male.

This creates a contradiction between inclusive legislation and gendered policy implementation. The Mankind Initiative and other organisations supporting male victims have argued that this approach *"minimises and further marginalises men"* and called for parallel strategies addressing male victimisation (Mankind Initiative, 2021). Whilst the government has acknowledged that men may experience *"gender-specific types of abuse and barriers to reporting"* and pledged £500,000 for LGBTQ+-specific domestic abuse organisations, these commitments remain

embedded within VAWG frameworks rather than recognised as distinct policy priorities (Mankind Initiative, 2021; Brooks, 2020).

The UK and Welsh governments have established comprehensive definitions of domestic abuse that are gender-neutral in their wording, yet the implementation of these definitions within policy frameworks often retains a gendered approach that may not fully address the experiences of all victims. As this thesis will demonstrate, this tension between inclusive definitions and gendered implementation creates specific challenges for understanding and responding to IPV in diverse populations. Charles and Jones (2010) critique early gender-neutral definitions, arguing that they fail to address the patterned, systemic inequalities faced by women fully. Whilst this perspective remains vital in highlighting the gendered nature of domestic abuse, it can overshadow the experiences of other populations whose abuse may not align with traditional understandings of violence (Charles and Jones, 2010; Kelly, 1988).

The Domestic Abuse Act (2021), which applies in England and Wales, establishes a gender-neutral statutory definition of domestic abuse that captures both physical and non-physical abuse. However, the Act has been subject to widespread criticism due to a proposed clause asserting *"Any guidance issued under this section must, so far as relevant, take account of the fact that the majority of victims of domestic abuse in England and Wales are female"*. Some organisations and charities have argued that this clause will marginalise certain victim populations, as those using this guidance in practice will be encouraged to prioritise female victims (Mankind Initiative, 2020).

This evolution of IPV definitions reveals both progress and persistent challenges in recognising diverse experiences of IPV. Whilst gender-neutral definitions create theoretical space for recognising all victims, their implementation within gendered frameworks continues to create barriers for those whose experiences fall outside traditional victim narratives (Mankind Initiative, 2020). The ongoing discourse regarding whether policy and practice should adopt a gendered lens presents meaningful consequences for understanding IPV across different populations. Critics contend that placing emphasis on female victimisation may inadvertently marginalise other groups, particularly when statistics demonstrate substantial numbers of victims across demographic categories (Lily, 2023; Williams, 2023; Mankind Initiative, 2020).

A gender-neutral definition allows for those who experience domestic abuse to be viewed and treated equally, providing equal opportunity to have their perpetrators prosecuted under the legislation. However, framing domestic abuse under gendered frameworks creates approaches and perceptions that may not adequately capture the full scope of IPV experiences across different populations (Lily, 2023; Williams, 2023; Mankind Initiative, 2020). This tension between inclusive definitions and gendered implementation sets the stage for examining how IPV manifests across different populations, each with unique vulnerabilities, experiences, and barriers to recognition and support. Understanding this foundational tension is critical for examining the specific challenges faced by different victim populations, as the following sections will demonstrate (Lily, 2023; Williams, 2023; Mankind Initiative, 2020).

2.2 The Scope of IPV: General Prevalence and Recognition

Establishing the true scope of IPV requires moving beyond traditional reporting mechanisms to understand patterns of abuse across diverse populations. This section examines how comprehensive measurement approaches reveal the extensive reach of IPV whilst highlighting significant recognition gaps that continue to marginalise certain victim experiences. The analysis demonstrates that whilst IPV affects millions of people annually, traditional frameworks have created substantial blind spots that render many experiences invisible. Understanding this broader scope is essential for developing more nuanced approaches that can recognise diverse experiences whilst maintaining focus on the most affected populations. The prevalence data challenge binary understandings of abuse and reveal the need for more nuanced frameworks that can capture the complexity of power dynamics across different relationship contexts.

2.2.1 Measuring the True Extent of IPV

Understanding the scope of IPV requires reliable measurement approaches that can capture the full extent of abuse across society. The Crime Survey for England and Wales (CSEW) is considered a more effective method for measuring crime

compared to police reporting for several key reasons. Firstly, its methodology is reliable and offers a more comprehensive indication of the true extent of crime. Secondly, it provides a more accurate measure of trends over time. The CSEW's purpose is to measure the extent of crime in England and Wales by asking individuals if they have experienced crime during the previous year, regardless of whether they reported it to the police. This data, used in conjunction with police records, creates a more complete picture of crime (ONS, 2012).

The CSEW's approach addresses the issue of underreporting, which is particularly prevalent in cases of IPV. Many victims may not report their experiences to the police due to fear, stigma, or a lack of trust in the criminal justice system (Hester, 2013). By capturing unreported crimes, the CSEW provides a more accurate estimate of IPV prevalence. Furthermore, the survey's methodology enables the collection of detailed information about the nature and context of IPV experiences, which can inform policy and support service development (ONS, 2012).

This methodological foundation is widely considered important for understanding the scope of IPV and may reveal patterns that police reporting alone would miss, though the CSEW itself has limitations in capturing the full range of victim experiences (Hester et al., 2023). The data that emerges from this comprehensive approach demonstrates that IPV affects far more people than traditional reporting mechanisms suggest, highlighting the importance of moving beyond narrow conceptualisations of who experiences abuse and under what circumstances (Hester et al., 2023; Myhill, 2017).

Recent developments in CSEW methodology further highlight measurement challenges. Hester, Walker, and Myhill's (2023) comprehensive review of CSEW domestic abuse questions revealed that current approaches fail to capture lived experiences adequately, particularly for diverse victim populations. Their consultation with survivors showed that existing questions do not reflect the subtle, insidious nature of coercive control, with many victims unable to recognise their experiences within current frameworks. The research highlighted particular gaps in measuring male victimisation and LGBTQ+ experiences, demonstrating how traditional measurement approaches may systematically undercount certain populations whilst failing to capture the complexity of contemporary abuse dynamics.

2.2.2 The Scale of IPV

According to the CSEW, there are approximately 1.2 million female and 700,000 male victims of domestic abuse in England and Wales annually. In Wales specifically, figures suggest that domestic abuse affects 11% of women and 5% of men each year, equating to 61,138 females and just over 43,000 male victims (Berry et al., 2014). It is important to note that the exact number of victims may vary slightly depending on the source and methodology used. However, there is a consensus among reputable sources, such as the CSEW and other government reports, regarding the overall prevalence estimates and distribution of IPV victimisation (ONS, 2019; Welsh Government, 2019).

These statistics suggest several important patterns, though it should be noted that prevalence estimates vary depending on the methodology and definitions used. Whilst they indicate the gendered nature of IPV, with women disproportionately affected, they also point to a significant number of victims across demographic categories, albeit with the caveat that certain populations (including GB men) remain systematically undercounted within existing frameworks (Hester et al., 2023; ONS, 2022).

The substantial numbers involved - nearly two million people annually in England and Wales alone - demonstrate that IPV represents a major social issue requiring a comprehensive understanding and response (Hester et al, 2023). The regional variations evident in these data also suggest that local contexts, support systems, and cultural factors may influence both IPV prevalence and reporting patterns. This geographic dimension adds another layer of complexity to understanding how IPV manifests across different communities and populations.

2.2.3 The Recognition Gap: Beyond Traditional Frameworks

Historically, research, policy, and practice have focussed primarily on heterosexual women's experiences of IPV, creating significant recognition gaps for other populations. The victimisation of different groups has been largely overlooked or

considered controversial, despite studies identifying that IPV affects people across demographic boundaries (Douglas, Hines, & McCarthy, 2012). This lack of recognition has contributed to a dearth of support services tailored to the specific needs of diverse victim populations (Hines & Douglas, 2010).

Whilst comprehensive measurement approaches such as the CSEW provide a broader picture of IPV prevalence than police reporting alone, they too contain significant limitations in capturing diverse victim experiences, particularly among LGBTQ+ populations (Hester et al., 2023). Nevertheless, the data that does exist suggests that IPV affects a wider range of populations than traditional frameworks have acknowledged (Hester et al., 2023; Hines and Douglas, 2010).

This recognition gap has profound implications for how society understands and responds to IPV. When certain experiences are rendered invisible or marginalised within dominant frameworks, victims from those populations face additional barriers to identifying their experiences as abuse, seeking help, and accessing appropriate support. The result is a cycle where limited recognition leads to inadequate services, which in turn reinforces the invisibility of these experiences (Bates, 2020; Hine et al., 2022).

2.2.4 Moving Beyond Binary Understandings

The scope of IPV revealed through comprehensive measurement approaches demonstrates the need to move beyond binary understandings that position abuse as affecting only certain types of relationships or victims. The significant numbers of victims across different populations suggest that IPV operates through complex dynamics of power and control that can manifest in various relationship contexts (Brooks, 2023).

Understanding this broader scope is essential for developing more nuanced approaches to IPV that can recognise diverse experiences whilst maintaining focus on the most affected populations. The data reveal that whilst certain patterns exist in IPV prevalence and impact, these patterns occur within a broader landscape of

abuse that affects people across demographic boundaries (Women's Aid, 2021). This broader understanding sets the foundation for examining how IPV manifests within specific populations, each with unique vulnerabilities and challenges. As the following sections will demonstrate, this requires moving beyond one-size-fits-all approaches toward a more comprehensive understanding of how different factors intersect to create specific patterns of risk, experience, and recovery.

2.3 Male Experiences of IPV: Challenging Assumptions

Male experiences of IPV challenge assumptions about gender, victimhood, and vulnerability that have historically shaped understanding and responses to abuse. This section examines how substantial numbers of male victims reveal the limitations of traditional frameworks whilst highlighting unique barriers to recognition and support that stem from societal expectations around masculinity. The analysis explores how gender expectations operate to create both vulnerabilities to abuse and obstacles to help-seeking, revealing the complex ways that masculine ideals can be weaponised within abusive relationships. Understanding male victimisation requires moving beyond binary thinking about perpetrators and victims toward a more nuanced analysis of how power, control, and vulnerability manifest within different contexts. This examination reveals significant service provision disparities and demonstrates the need for approaches that can recognise diverse experiences of victimisation whilst addressing the specific challenges faced by male survivors.

2.3.1 The Significance of Male Victimisation

The CSEW data revealing 700,000 male victims of IPV annually in England and Wales represents more than a statistical footnote - it challenges assumptions about who experiences IPV and under what circumstances (Berry et al., 2014). Despite these substantial numbers, male victimisation has been largely overlooked within research, policy, and practice, creating significant gaps in understanding and support provision (Brooks, 2023).

The emergence of evidence about male victimisation through comprehensive measurement approaches like the CSEW emphasises that this represents a significant concern within society that warrants attention. However, recognising male victimisation requires challenging deeply embedded assumptions about gender, violence, and victimhood that have historically shaped responses to IPV (Meyer, 2003; Cannon and Buttell, 2015).

Although domestic abuse policy and research have historically and understandably centred women's experiences given the disproportionate impact on women, growing evidence suggest that a significant number of men also experience IPV in ways that warrant dedicated attention (Brooks, 2023; Cannon and Buttell, 2015). In the UK, it is estimated that one in six men will experience some form of IPV in their lifetime. However, the stories and experiences of these male victims are often dismissed, trivialised, or used as rhetorical devices rather than recognised as legitimate experiences requiring an appropriate response (Mhishi, 2022).

2.3.2 Societal Barriers to Recognition

Male victims face particular challenges in having their experiences recognised due to societal expectations around masculinity and victimhood. A number of studies suggest that stereotypes about men's invulnerability and resilience discourage them from seeking support, both formally and informally, contributing to significant underreporting and unmet needs (Messinger, 2017; Brown, 2008). Evidence suggests that some male victims face scepticism when reporting physical abuse due to assumptions about male strength and ability to defend themselves (Hine et al., 2020; Morgan and Wells, 2016). Society's expectations that men should be self-reliant and invulnerable create additional barriers to recognition, as male victimisation challenges traditional narratives about gender roles and capabilities. Emotional and psychological abuse frequently involves attacks on masculinity, using shame and societal expectations to maintain control (Morgan & Wells, 2016). Data indicate that around half of male victims and survivors (49%) fail to tell anyone they are experiencing IPV, and they are two and a half times less likely to disclose abuse than female victims (19%) (Macdonald, 2021). This reluctance to report abuse stems

from a range of factors, including societal stigma, lack of awareness about available support services, and concerns about not being believed or taken seriously.

A number of studies indicate that many men experiencing IPV require anonymity guarantees before seeking help, highlighting the powerful influence of stigma on help-seeking behaviours (Brooks, 2023). A 2021-22 survey showed that 66% of men calling the Mankind helpline had never spoken to anyone before about their abuse, with two-thirds stating they would not have called without anonymity assurances (Brooks, 2023). The persistence of societal stigma thus not only shapes how men understand and interpret their experiences of abuse but also creates profound barriers to help-seeking and recovery. Men's experiences of reporting IPV and seeking support from healthcare and other services are often challenging.

2.3.3 Nature and Forms of Abuse Against Male Victims

Studies have shown that male victims experience multiple forms of IPV, including physical, emotional, psychological, sexual, and financial abuse (Wallace et al., 2019; Bates, 2020). Whilst these categories mirror those experienced by other victim populations, societal expectations around masculinity and victimhood can profoundly affect how men experience and report abuse.

Physical abuse against male victims includes hitting, kicking, restraining, and the use of weapons (Hine et al., 2020). However, the response to male victims reporting physical abuse often differs significantly from responses to other victims, reflecting gendered assumptions about strength, vulnerability, and legitimate victimhood. Emotional and psychological abuse frequently involves attacks on masculinity, using shame and societal expectations to maintain control (Morgan & Wells, 2016). Perpetrators may exploit masculine ideals about strength, independence, and emotional control to undermine their victims' sense of self and agency. This form of abuse can be particularly effective against male victims because it targets core aspects of masculine identity. Financial abuse may manifest through control of resources, forced debt, or exploitation of economic vulnerabilities (Bates & Taylor, 2019). Coercive control of male victims often leverages societal pressures around

masculine roles and expectations, particularly around provision and protection (Hine, 2019). When male victims are economically controlled, they may face additional shame due to cultural expectations about male financial independence and provider roles.

2.3.4 Impact and Consequences

The impact of abuse on male victims can be severe and long-lasting. Research has found elevated rates of depression, anxiety and post-traumatic stress among male survivors compared to those that have not experienced abuse, with substance use identified as a common coping mechanism in several studies. Though sample sizes in this literature are often small and findings should be interpreted with appropriate caution (Wallace et al., 2019; Hine et al., 2020).

Many male survivors also report experiencing profound social isolation and shame, which can persist long after the abusive relationship has ended (Wallace, et al. 2019; Hine et al. 2020; Bates, 2020). This isolation is often compounded by limited recognition of their experiences and a lack of appropriate support services designed to address their specific needs. The research by Fiebert (2014) and colleagues challenges common assumptions about the motivations behind violence in relationships. Their findings suggest that reasons for initiating abuse are often related to control and attention-seeking, regardless of the perpetrator's gender. This research highlights the need for a more nuanced understanding of IPV dynamics that moves beyond simplistic assumptions about gender roles in abusive relationships.

2.3.5 Service Provision Disparities

Research consistently demonstrates significant disparities in domestic abuse service provision between those designed for different victim populations in the UK. Studies highlight that while hundreds of organisations provide support for women experiencing domestic abuse, services specifically tailored to men's needs remain exceptionally limited (Brooks, 2020). This disparity is evident across emergency

accommodation, helpline services, and community-based support, with male-specific services representing only a small fraction of total domestic abuse provision nationally (Mankind Initiative, 2023).

The current IPV service landscape in England and Wales reflects policy priorities that have not adequately addressed the needs of male victims/survivors. While services are theoretically available to all victims, the current distribution of resources creates structural barriers to access. In England, there were just under four hundred refuge services in 2021, providing around 3,000 bed spaces (Women's Aid 2021). However, only about 1 in 5 referrals were accepted due to limited capacity. Government funding for refuges was £25 million in 2021/22. There are over 250 community-based domestic abuse services delivered by various agencies, but 2 in 3 victims/survivors were estimated to be turned away in 2017 due to insufficient funding (House of Commons, 2021).

Wales had approximately thirty-four refuge services in 2020/21 with approximately 284 bed spaces (ONS, 2022). During the same period, the Welsh Government provided £5.25 million in funding for domestic abuse services, with an additional £4 million provided to help the VAWDASV sector meet anticipated increases in demand as lockdown measures eased (Welsh Government, 2020/21). The National Advisers' Annual Report highlighted that 'significant challenges' remain in service provision, with ongoing work needed to address gaps in services and ensure equitable provision accessible to all (Welsh Government, 2021). The most striking disparity is in emergency accommodation provision, where currently only 302 refuge spaces exist for men nationwide, compared to over 4,000 for women. Male-specific spaces represent less than 1% of total refuge provision (Brooks, 2023). This inequity reflects not merely resource allocation but assumptions about who experiences domestic abuse and deserves protection.

Recent developments in public policy have further exacerbated challenges for GB male survivors through significant reductions in financial support for specialised services. Of particular concern is the planned closure of Safeline, the only dedicated helpline for male survivors of abuse in England and Wales. Despite supporting approximately 2,000 men and boys annually, this specialist service faces termination following the withdrawal of its £250,000 government funding. The significance of

gender-specific provision is highlighted by service user testimony, with 95% of male survivors reporting that having a dedicated male helpline removed a critical barrier to help-seeking (Safeline, 2025). The disproportionate impact of funding cuts on male-specific services further reinforces patterns of inequality, with male support services appearing to be "the first to be cut" when budgetary constraints arise.

Male-focussed community services have grown from just 70 in 2012 to approximately 235 today, but this still represents a fraction of the support available to women (Brooks, 2023). Currently, only thirty IPV organisations in the UK have dedicated '*male*' IDVAs or support workers specifically trained to support male victims/survivors. Data also reveals significant unmet needs across the support landscape. One study found that less than 1% of community service users were male (Brooks, 2023), revealing a profound disconnect between estimated prevalence rates and service use. The COVID-19 pandemic further highlighted these service gaps, with helpline calls from men increasing by 25% and website visits rising by 75% during lockdowns, revealing growing isolation and escalating abuse impact without corresponding increases in dedicated support services (Mankind Initiative, 2022). These statistics reflect not just individual hesitancy to seek help but systemic failures in policy implementation. Despite gender-neutral language in domestic abuse legislation, the allocation of resources and design of services continue to reflect gendered assumptions about victimisation.

In Wales specifically, multiple studies have identified persistent gaps in service provision for male victims. Robinson and Rowlands (2006) documented a distinct lack of available support, while subsequent reviews have identified significant failures in matching service provision to the needs of specific groups, including men and LGBTQ+ victims (Berry et al., 2014). Despite the Welsh Government's VAWDASV legislation emphasising the need for services to be available to "*everyone*" experiencing domestic abuse (Welsh Government, 2012, p. 3), implementation has often fallen short of this inclusive vision. Healthcare settings represent critical intervention points for identifying and supporting IPV survivors, yet significant gaps exist in healthcare responses to male survivors generally and GB men specifically. The IRIS (Identification and Referral to Improve Safety) programme has demonstrated that training healthcare professionals to recognise signs of

domestic abuse can increase referrals to support services substantially (Feder et al., 2017). However, such programmes have been designed primarily around female victimisation patterns and may not adequately address the specific presentations and needs of GB male survivors, who may be reluctant to disclose both their abuse experiences and sexual identity within healthcare settings that operate on heteronormative assumptions.

2.3.6 Age Dynamics and Male Victimisation

National Crime Surveys consistently report that younger adults are at greater risk of victimisation than older adults. This raises important questions about when IPV first begins and whether the abuse experienced by younger people differs from that experienced by older individuals.

Several studies have specifically examined young people's experiences of IPV. For instance, a 2005 survey by Burman and Cartmel found that boys were more likely than girls to report being physically assaulted in dating relationships, though girls were more likely to report perpetrating violence. A larger study of 1,353 young people aged 13-17 in the UK found that whilst girls were more likely to experience physical violence, they were also more likely to report perpetrating it. This complicates traditional narratives of gendered violence, particularly in younger populations. Significantly, differences emerged in help-seeking behaviour, with only 36% of boys compared to 57% of girls reporting their abuse (Fox et al., 2014). This pattern suggests that male victims face additional barriers to seeking help that begin early in life and may persist into adulthood.

Research has shown that once someone experiences IPV, they are at increased risk of cumulative re-victimisation later in adolescence and adulthood (Young et al., 2019). For male victims, early experiences of abuse may be particularly influential in shaping their understanding of relationships and their willingness to seek help, as they occur within contexts that provide few models for male victimhood or appropriate help-seeking. The evidence regarding male experiences of IPV challenges traditional frameworks that assume predictable patterns of perpetration

and victimisation based on gender alone. The substantial numbers of male victims, their unique experiences of abuse, and the barriers they face in seeking help demonstrate the need for more nuanced approaches that can recognise diverse experiences whilst addressing specific vulnerabilities (Meyer, 2003; Cannon and Buttell, 2015). Male victimisation reveals how gender expectations operate to create both vulnerabilities to abuse and barriers to recognition and support. Understanding these dynamics requires moving beyond binary thinking about perpetrators and victims toward a more nuanced analysis of how power, control, and vulnerability operate within different contexts. However, recognising male victimisation is only part of understanding the full scope of IPV diversity (Donovan and Barnes, 2020). As the following section demonstrates, when gender intersects with other identity factors such as sexual identity, additional layers of complexity emerge that require even more nuanced understanding and response (Brown, 2008).

2.4 LGBTQ+ Intimate Partner Violence: Additional Complexities

IPV within LGBTQ+ communities reveals additional layers of complexity that cannot be understood through heteronormative frameworks focussed on traditional gender dynamics. This section examines how minority stress, identity-specific abuse tactics, and compounded discrimination create unique vulnerabilities and barriers for LGBTQ+ survivors. The analysis demonstrates how sexual and gender minority status intersects with IPV to create patterns of abuse that exploit specific vulnerabilities whilst creating additional obstacles to recognition and support. Understanding LGBTQ+ experiences requires recognising how minority stress theory helps explain heightened vulnerabilities whilst examining the inadequacy of service provision designed around heterosexual assumptions. The examination reveals how youth vulnerabilities, first relationship dynamics, and geographic isolation compound challenges for LGBTQ+ survivors, whilst persistent misconceptions and discrimination continue to create barriers to accessing appropriate support.

2.4.1 Prevalence and Recognition Challenges

IPV within the LGBTQ+ community is a significant issue that has been historically underrepresented in research and public discourse. Whilst IPV is often conceptualised through a heteronormative lens, focusing on male perpetrators and female victims (Cannon & Buttell, 2015), this framework fails to capture the diverse experiences and patterns of abuse in non-heterosexual relationships.

UK surveys have produced varying estimates of IPV prevalence within LGBTQ+ relationships, with figures ranging from approximately one in four to one in three individuals reporting experiencing domestic abuse at some point in their lives, though these estimates should be interpreted cautiously given significant variation in sampling methods, definitions of abuse, and population representativeness across studies (Berry et al., 2014). Interestingly, within this population, men are more likely to report violence than women (Berry et al., 2014). However, it is important to note that these samples may not be fully representative due to the limited inclusion of participants from all regions. Recent data highlights the significant prevalence of IPV within the LGBTQ+ community. In the UK, 49% of GB men reported experiencing IPV (Stonewall, 2018), whilst 25% of lesbian and bisexual women reported experiencing IPV (The Scottish Trans Alliance, 2010). It is reasonable to infer that these figures underestimate the true extent of the problem, given well-documented barriers to reporting among LGBTQ+ populations, though the precise degree of underreporting cannot be established from available data (Brown, 2008).

2.4.2 Identity-Specific Abuse Tactics

LGBTQ+ individuals face unique challenges when experiencing IPV that extend beyond the forms of abuse experienced in heterosexual relationships. Abusers may exploit LGBTQ+ culture and identity by threatening to "out" their partner to family, friends, or colleagues, knowing that acceptance is not always guaranteed (Bornstein, 2008). This type of coercive control is particularly prevalent among bisexual men, who are five times more likely to experience it compared to lesbian women and gay

men (Halpern et al., 2004). This finding points to the distinctive vulnerability of bisexual men within the broader GB category.

The threat of "*outing*" represents a form of abuse that has no equivalent in heterosexual relationships, as it exploits the specific vulnerabilities that arise from living in a society where LGBTQ+ identities may not be universally accepted. This tactic can be particularly effective because it leverages the victim's relationships with family, friends, and employers, potentially threatening multiple areas of their life simultaneously (Donovan and Barnes, 2020). Additionally, reporting abuse can be difficult for LGBTQ+ survivors, as they may encounter maltreatment, misunderstanding, and judgement from police and support services (Brown, 2008). The intersection of homophobia with traditional gender stereotypes creates compounded barriers for LGBTQ+ individuals seeking help and support.

2.4.3 Minority Stress and Heightened Vulnerability

The underlying mechanisms for LGBTQ+ people's increased risk for IPV can be understood through minority stress theory. This framework posits that minority status and majority values conflict with one another, which increases stress within a broader social context. This may manifest as self-stigmatisation, violence, hostility, and rejection within and toward the LGBTQ+ community. This increased level of stressors leads to mental and physical outcomes that are deleterious (Meyer, 2003; Frost et al., 2015).

Research consistently indicates that LGBTQ+ adults experience elevated rates of psychological distress, depression, anxiety, and substance use compared to heterosexual and cisgender populations, though findings vary across studies and intersecting factors such as age, ethnicity, and geographic location moderate these associations (Reuter and Whitton, 2018; Meyer, 2003). It should be noted that these disparities are understood as consequences of minority stress and discrimination rather than inherent characteristics of LGBTQ+ identities (Meyer, 2003; Reuter and Whitton, 2018).

2.4.4 Age-related Vulnerabilities and Identity Development

Young LGBTQ+ people have greater vulnerability to an extensive list of health, mental health, and social problems, including *"eating disorders, sexually transmitted diseases, school difficulties, forced sex, homelessness, violence and suicide"* (Higa, Hoppe and Mountz, 2014, p 663). The occurrence of these negative outcomes is not inevitable due to sexual minority status but may result from increased discrimination, marginalisation, and isolation that people within the LGBTQ+ community face.

Evidence suggests that young people may be coming out as LGBTQ+ at earlier ages than previous generations, though this pattern varies across geographic and cultural contexts (Rubin and McClelland, 2015; Craig et al., 2015). Some have distant or strained relationships with their families due to their sexual identity, experiencing fear of victimisation by family members and a lack of acceptance. The education and schooling environment can also be negative, as LGBTQ+ young people report experiences of bullying, anti-gay victimisation, and having their possessions stolen or damaged by peers. Young people are coming out as LGBTQ+ earlier in life than ever before. This is a defining moment that begins the person's resocialisation into life as a minority group member. The decision to disclose identity to others is challenging and stress-provoking (Meyer, 2015; Russell and Fish, 2016). Access to information and social media has accelerated the age at which people are coming out by providing more ways to connect with other LGBTQ+ people (Rubin and McClelland, 2015; Craig et al., 2015). However, even with increased visibility and acceptance, many adolescents still find themselves contending with heterosexist privilege and homo/bi/transphobic messages that linger in social consciousness (Nadal et al., 2016).

2.4.5 Relationship Context and First Experiences

When examining IPV within the LGBTQ+ community, younger LGBTQ+ people, particularly those under 25, are thought to be at heightened risk of domestic abuse. Donovan and Hester (2008) suggest that for many, their first relationships serve as affirmations of identity, and due to a lack of models for healthy same-sex

relationships, they may not recognise the signs of abuse. This can make them more vulnerable to violence, compounded by their dependence on tight-knit LGBTQ+ friendship networks and limited resources to seek help.

National Crime Surveys suggest that younger women, more often than men, report repeated, life-threatening, and injurious abuse, which some researchers, such as Fox et al (2014), argue justifies the framing of domestic abuse as gender-based violence and the provision of more support services for female victims. However, the use of measurement tools like the Conflict Tactics Scale (CTS; Straus, 1979)³, which often relies on self-reported victimisation and offending from predominantly younger populations (e.g., university students), has fuelled a debate about gender symmetry in IPV. Some researchers argue that IPV is not simply a crime committed by men against women but may present similar prevalence rates for both genders (Straus, 2011; Fiebert, 2014). This highlights the challenge of determining whether IPV manifests differently depending on age and gender, and whether the definitions of abuse and the tools used to measure it adequately capture its varied impacts across demographics.

Young et al. (2019) found that both girls and boys in Wales reported perpetrating and experiencing IPV at nearly equal rates, challenging preconceived notions of gendered victimisation. However, it is worth noting that emotional IPV victimisation was more frequently reported by girls, whilst boys were more likely to report physical victimisation. This could be attributed to societal attitudes towards gender roles in violence, where men may be less likely to report emotional abuse or perpetration due to social desirability bias.

The COVID-19 pandemic also exacerbated IPV, with younger people reportedly experiencing increased levels of violence and quicker escalation (Galop, 2021). Research suggests that adolescents who identify as LGBTQ+ experience higher rates of IPV, with an increase in young people reporting being seen by services

³ a self-report instrument assessing the use of negotiation, psychological aggression, physical assault, sexual coercion and injury tactics within relationships, which often relies on self-reported victimisation.

since the onset of COVID-19 (ONS, 2021; Hohl and Johnson, 2021; Gato et al., 2020).

These findings underscore the importance of preventative education for young people around healthy relationships. Due to inexperience, young people may struggle to recognise abusive behaviours, having no reference points for comparison. The implementation of mandatory, LGBTQ+-inclusive Relationships and Sex Education (RSE) in Wales in 2022, providing all students aged 3-16 with age-appropriate education about diverse relationship types, represents a significant step toward addressing this gap. By normalising discussion of all relationship types from an early age and focusing on identifying healthy and unhealthy relationship behaviours, it directly addresses the knowledge gaps that have historically complicated abuse recognition (Couturiaux et al., 2021).

2.4.6 Misconceptions, Discrimination and Service Barriers

Despite the common misconception that sexual violence primarily affects women, a considerable number of men are also survivors of sexual assault and abuse. In the UK, it is estimated that one in six men will experience some form of sexual violence in their lifetime (Mhishi, 2022). However, the stories and experiences of these male survivors are often dismissed, trivialised, or used as a rhetorical device to undermine the experiences of female victims. The public discourse on sexual violence has rightly focussed on amplifying the voices and experiences of women, as data shows that women still constitute most victims and that not enough is being done to prevent this violence. With most perpetrators of violence against women being men, it can be tempting to view male survivors' stories as mere exceptions or irrelevancies.

However, as Mhishi (2022) powerfully argues in his book *'Sons and Others,'* This is not just about supporting men and boys who have experienced sexual violence. It is about a web of connected experiences and solidarities – often messy, sometimes uncomfortable, but always real and worthwhile (p. 2). *'Sons and Others'* challenges the widespread misconceptions and misrepresentations of sexual violence against men across media and society. It offers a new perspective on understanding and relating to the male survivors in our lives and asks us to consider how the violence

they experience ultimately affects us all. Reading this book was an enlightening and deeply concerning experience that opened my eyes to the realities faced by male survivors of sexual assault and rape.

Recognising and addressing the sexual violence experienced by men does not diminish the importance of centring women's voices and working to end the disproportionate violence they face. Rather, by acknowledging the interconnectedness of these experiences, we can work towards creating a society where all survivors are believed, supported, and able to access the resources they need to rebuild. As we strive to end IPV in all its forms, we must challenge the myths and misconceptions surrounding male survivors and ensure that their stories are heard and validated. For LGBTQ+ men specifically, sexual violence within intimate relationships often remains unacknowledged due to societal misconceptions about male victimhood combined with stereotypes about LGBTQ+ sexual identity. Public narratives around LGBTQ+ male sexual identity have been identified as frequently drawing on stereotypes of high sex drives, risky behaviours, and hook-up culture, which can distort perceptions of abuse and lead some survivors to question whether their experiences qualify as victimisation (Mhishi, 2022). The technological context further complicates these dynamics. Gay dating apps have been associated with increased risk of sexual violence and coercion (Choi et al., 2020). The nature of these platforms - characterised by anonymity, immediacy, and location-based connectivity - creates distinctive risk environments where traditional consent frameworks may be compromised, particularly when combined with subcultural norms around casual encounters (Choi et al., 2020).

Despite legislative progress, LGBTQ+ individuals still face widespread discrimination and hate crimes. A study by Metro (2016) found that young LGBTQ+ people experience homo/bi/transphobia from friends, family, neighbours, and within educational settings. Similarly, the National LGBTQ+ Survey revealed that 40% of participants had been victims of various forms of abuse, often motivated by their LGBTQ+ identity (Government Equalities Office, 2018b). Discussing the hate experienced by LGBTQ+ individuals is essential to understanding the broader context of IPV within these communities. LGBTQ+ people often face multiple forms of abuse from the moment they come out, sometimes perpetrated by family, friends,

or partners who do not accept their identity. This layered abuse can compound the challenges in seeking help and reporting IPV (Donovan & Barnes, 2020). Some researchers have suggested a possible association between the 2016 UK referendum on leaving the European Union and reported increases in hate crimes, though establishing a direct causal relationship remains methodologically complex (Pickles, 2019; 2020).

For LGBTQ+ individuals, service provision faces additional complexities beyond those experienced by other populations. Research indicates that LGBTQ+ survivors predominantly seek support through informal channels rather than formal services, reflecting both the privatisation of social problems and the impact of heteronormative service frameworks (Donovan & Barnes, 2019). A survey of 2,042 LGBTQ+ people in the UK conducted by Galop and YouGov examined experiences of domestic abuse and access to support services. It found that around 6 in 10 LGBTQ+ survivors did not seek support from services after abuse by a family member or partner. Additionally, close to 4 in 10 went without any informal support from friends or family. The vast majority (81%) experienced abuse outside major urban centres where there are few or no LGBTQ+ services (Carlisle and Withers Green, 2023).

A 2020 Welsh needs assessment found that 83% of LGBTQ+ people did not know where to seek help. Galop's helpline saw a 65% increase in calls during 2020, but few LGBTQ+-specific services exist. The vast majority (81%) experienced abuse outside major queer cities where there are few or no LGBTQ+ services (Galop, 2021). This geographic concentration means that the majority of LGBTQ+ survivors experience abuse in areas where specialist support is not available. Trans, non-binary, gender diverse, and pan/queer survivors reported prominent levels of concern about mistreatment by services and a lack of understanding of their identities. Overall, these findings demonstrate significant unmet needs and barriers to support for LGBTQ+ IPV survivors, particularly outside major urban areas.

The harmful belief that LGBTQ+ couples would not encounter IPV due to perceived absence of power imbalances, as seen in traditional heterosexual relationship models, can lead to the trivialisation and dismissal of abuse by police and support services (Donovan and Barnes, 2020; Carlisle and Withers Green, 2023). This lack

of understanding and gender stereotyping creates barriers for LGBTQ+ individuals seeking help and support. On one hand, there exists a pervasive myth that LGBTQ+ relationships are inherently non-violent - a romanticised view that everything is positive once someone "*comes out*". On the other hand, LGBTQ+ individuals are often stereotyped as risk-takers, hypersexual, or prone to dysfunction - creating contradictory narratives that simultaneously deny their victimhood whilst positioning them as inherently problematic. These societal myths not only invalidate the experiences of LGBTQ+ survivors but also have a profound impact on their self-perception and identity. When society perpetuates the belief that LGBTQ+ relationships are immune to violence, survivors may internalise this message and question the validity of their own experiences. This creates additional psychological barriers to recognising abuse and seeking help, beyond the practical barriers created by inadequate service provision. The experiences of LGBTQ+ individuals demonstrate how sexual identity intersects with other factors to create unique patterns of vulnerability, risk, and recovery that cannot be understood through single-axis approaches. LGBTQ+ survivors must navigate not only the challenges faced by all IPV victims but also additional barriers related to sexual identity, minority stress, discrimination, and inadequate culturally competent support services.

2.5 Gay and Bisexual Men's IPV: The Intersection of Masculinity and Sexual Identity

Research suggests that GB men's experiences of IPV occupy a distinctive position at the intersection of masculine expectations and sexual minority status, with evidence indicating particular patterns of vulnerability, abuse, and recovery that differ from both heterosexual male victims and other LGBTQ+ populations (Messinger, 2017; Oliffe et al., 2014). This section examines how the intersection of masculine identity expectations with sexual minority status creates specific challenges that are further complicated by multiple intersecting identities, including race, class, age, disability, and immigration status. The analysis reveals how identity-specific abuse tactics exploit both masculine vulnerabilities and sexual minority status whilst creating compounded barriers to recognition and support. Understanding these experiences requires complex intersectional analysis that can capture how multiple identities create unique patterns of risk whilst examining the inadequacy of current service

responses to meet GB men's specific needs. This examination demonstrates the critical importance of moving beyond single-axis approaches toward frameworks that can recognise the complex identity negotiations involved in both victimisation and recovery processes (Finneran and Stephenson, 2013; Stephenson and Finneran, 2013).

It is important to acknowledge at this juncture that whilst this review addresses gay and bisexual men as a combined category (reflecting the study's sampling criteria), bisexual men's experiences of IPV may differ conceptually and empirically from those of gay men in important ways that warrant specific consideration.

Conceptually, bisexual men occupy a structurally distinct position, facing what McCole and Anderson (2025) term 'bi-erasure': a form of minority stress involving the active denial and delegitimisation of bisexuality as a valid sexual identity. In their systematic review of 100 studies, McCole and Anderson (2025) identified nine themes through which bi-erasure manifests, including the treatment of bisexuality as a temporary phase, normative assumptions of monosexuality, exclusion from both heterosexual and LGBTQ+ communities, and the policing of bisexual identities. Crucially, this erasure operates from multiple directions simultaneously, bisexual men may be presumed straight when in different-sex relationships and presumed gay when in same-sex relationships, meaning their bisexual identity is persistently rendered invisible regardless of relational context. This 'double marginalisation' represents a qualitatively different experience of minority stress to that faced by gay men, for whom community belonging within LGBTQ+ spaces is less contested (Meyer, 2003; McCole & Anderson, 2025).

Empirically, these conceptual differences carry measurable consequences for IPV risk. Bisexual individuals consistently report higher rates of IPV victimisation than both heterosexual and gay or lesbian people, a disparity that is not fully explained by general minority stress alone (Corey et al., 2022; Walters et al., 2013). Corey et al.'s (2022) systematic scoping review identified bisexual identity itself (distinct from behavioural bisexuality), as an independent risk factor for IPV, alongside partner biphobia as a specific abuse tactic, wherein abusive partners exploit stereotypes about bisexual promiscuity or non-monogamy to justify controlling behaviour or invalidate victims' experiences. The social isolation arising from rejection by both heterosexual and gay communities, documented extensively in the bi-erasure

literature (McCole & Anderson, 2025), may exacerbate these risks by limiting access to social support and reducing the likelihood of disclosure. Maxwell et al. (2022) similarly found that gay and bisexual men experiencing same-sex IPV in Scotland faced compounded difficulties in recognition and disclosure, driven partly by the absence of any available cultural narrative for their experiences. For bisexual men in particular, whose relationships may not be legible as same-sex to service providers, these barriers may be further intensified.

2.5.1 A Unique Intersection

Focusing specifically on GB men reveals a complex picture of IPV experiences that exists at the intersection of masculine expectations and sexual minority status. Whilst there is a wealth of research on male aggression and male perpetrators in the IPV literature, most centres on heterosexual men and does not explore the motivations behind violence in GB male relationships (Cannon & Buttell, 2015). This lack of empirical research into the causes of IPV in GB relationships hinders the development of effective interventions and support services for GB men experiencing abuse.

For GB men, the damaging impacts of abuse are often compounded by additional barriers related to their sexual identity. When seeking help, they may face homophobic responses from service providers, whilst the threat of being "*outed*" can serve as a powerful control tactic keeping them trapped in abusive relationships (Donovan & Barnes, 2020). The limited recognition of abuse in same-sex relationships by both society and support services creates further obstacles to accessing help. Moreover, GB male survivors must navigate the intersecting stigma of being both male victims and sexually minoritised, which can make their journey to recovery particularly challenging. This dual marginalisation creates unique dynamics that distinguish their experiences from both heterosexual male victims and other LGBTQ+ survivors (Hester, 2015; Oliffe et al., 2014; Widanaralalage et al., 2022).

2.5.2 Identity and Abuse Dynamics

The complex relationship between masculinity, internalised homophobia, and sexual minority status influences IPV experiences among GB men in distinctive ways. It has been theorised that gay men may attempt to accrue 'masculine capital' through stereotypically masculine attributes and behaviours (Ravenhill and Visser, 2017), and whilst some researchers suggest this could contribute to the normalisation of violence in relationships, this remains an area requiring further empirical investigation. Moreover, conformity to masculine norms and threats to masculinity contingency are strong predictors of internalised homophobia among gay men (Thepsourinthone et al., 2020). Internalised homophobia, in turn, may complicate the recognition and reporting of IPV, as well as the seeking of support from the LGBTQ+ community.

These complex intersections of identity - where sexual identity, masculinity norms, internalised homophobia, and cultural backgrounds converge - not only shape GB men's vulnerability to IPV but also profoundly influence their recovery processes following abuse. When GB men experience IPV, they must navigate recovery through multiple, sometimes conflicting identity lenses. Societal stigma and homophobia play significant roles in shaping GB men's experiences of IPV. Research demonstrates that GB men experience multiple forms of IPV, including physical, emotional, psychological, sexual, and financial abuse (Olliffe et al., 2014). However, these forms of abuse may manifest differently within same-sex male relationships due to the specific dynamics created by shared gender and a subordinated masculine position. Emotional and psychological abuse in GB relationships may specifically target masculine identity, using shame about sexual identity alongside attacks on masculine performance to maintain control. Perpetrators may exploit both heterosexual assumptions about "*real men*" and homophobic stereotypes to undermine their victims' sense of self and agency (Jarvaid, 2017).

Recent empirical research provides detailed documentation of how these dynamics manifest in practice. Hine's (2022) qualitative study with 40 queer British men who experienced IPV from male partners revealed how victims use rationalisation techniques to avoid identifying as victims, with victimhood perceived as weakness

that conflicts with masculine identity expectations (Hine et al., 2022). His research demonstrates that identity negotiations are particularly complex for sexual minority men, as they must navigate both masculine identity expectations and sexual minority stigma whilst processing their abuse experiences. Finneran and Stephenson's (2013) work identified 30 unique forms of IPV specific to GB men through focus groups with survivors, leading to the development of the IPV-GBM Scale - the first validated measurement tool designed specifically for this population (Finneran & Stephenson, 2013). Their research found that traditional IPV screening tools captured only 7.5% of IPV experiences compared to 30.7% using their specialised scale, demonstrating how heteronormative frameworks systematically undercount GB male experiences.

For GB men experiencing IPV, the coming out process creates specific vulnerabilities. Abusive partners may threaten to 'out' their victims to family, friends, or employers - a tactic that uses the victim's sexual identity as a tool of control. Additionally, when seeking help for abuse, GB men face what McClennen (2005) calls the '*double closet*' - they must disclose both their experience of abuse and their sexual identity, which can create significant barriers to help-seeking. The complexity of violence dynamics in GB male relationships is further demonstrated by research indicating that bidirectional violence is more common in same-sex relationships compared to heterosexual relationships (Bartholomew et al., 2008; Messinger, 2011). However, this complexity requires careful consideration, as what may appear as mutual violence can sometimes mask a pattern of victim-perpetrator reversal, also known as DARVO (Deny, Attack, and Reverse Victim and Offender) (Harsey et al., 2017). This dynamic can be particularly complex in GB male relationships where both partners may be similar in physical size and strength, making traditional victim-perpetrator distinctions less apparent to external observers. Oliffe's (2014) qualitative research with gay men who experienced IPV identified three key recovery processes: normalising and concealing violence, realising a way out, and nurturing recovery (Oliffe et al., 2014). His work demonstrates how gay men's experiences challenge hegemonic masculinity frameworks, revealing the plurality of gay masculinities and the complex ways abuse intersects with masculine identity. The research shows that recovery involves reconstructing masculine identity in ways that can accommodate survivor experiences.

2.5.3 Age, First Relationships, and Long-term Vulnerabilities

Research suggests that for some LGBTQ+ young men, their first intimate relationship may also be their first experience of abuse, and that age dynamics, including relationships with significantly older partners, can compound vulnerability to exploitation and manipulation (Donovan and Hester, 2008; Bird et al., 2012). This is particularly significant given evidence that early experiences of abuse in young adulthood can shape an individual's understanding of what constitutes normal relationship behaviour, increasing vulnerability to IPV in subsequent relationships (Young et al., 2019; Thorn, 2023).

The lack of positive models for healthy same-sex relationships may make younger GB men particularly vulnerable to abuse, as they may struggle to recognise abusive behaviours without reference points for comparison. The implementation of Relationship and Sex Education (RSE) in Wales in 2022 represents a significant step toward addressing this gap, but the effects will take time to materialise (O'Prey, 2022). Age dynamics also create specific vulnerabilities requiring attention. Research suggests that younger individuals are more susceptible to grooming and manipulation, particularly when they are still exploring their sexual identity or lack positive relationship models (Thorn, 2023). Emerging research into child sexual exploitation (CSE) shows that these dynamics are not limited to young women or girls (Welsh Government, 2019; Pearce, 2020). Studies increasingly reveal that boys, particularly those in LGBTQ+ communities, are also targeted by predators (Capaldi et al., 2024; Flores et al., 2017; McKay et al., 2017; Barnardo's, 2016; Fox, 2017).

Minority stress theory suggests that chronic stress related to being part of a stigmatised group can lead to negative mental health outcomes, such as low self-esteem and poor relationship choices. It has been suggested that some younger LGBTQ+ individuals may attribute greater wisdom or authority to older partners, possibly stemming in part from a lack of positive same-age role models and supportive community structures (Bird et al, 2012). This recognition broadens the

understanding of vulnerability and exploitation across different gender identities, helping to dismantle long-standing assumptions about who can be a victim.

2.5.4 Service Provision Inadequacies and Data Gaps

Empirical research reveals substantial barriers specific to GB men's help-seeking that extend beyond general male victim challenges. Hine's analysis of telephone support providers for male victims found that LGBTQ+ men were significantly under-represented in help-seeking samples, with confidentiality being vital as nearly half struggled to access services due to identity-related concerns (Hine, Bates & Wallace, 2022). Bates' (2020) qualitative research using innovative methodologies documented how male victims describe systematic psychological manipulation, though she acknowledges that LGBTQ+ men remain significantly underrepresented in help-seeking samples.

Despite the prevalence of IPV among GB men, they are often underrepresented among those accessing voluntary and statutory services (Macdonald, 2021). This underrepresentation may be due to a lack of awareness about available support, as well as concerns about discrimination or insensitive responses from service providers. Some studies suggest GB men may experience IPV at rates higher than heterosexual men, with GB men potentially being twice as likely to experience IPV compared to heterosexual men (Macdonald, 2021). For GB male victims/survivors, service disparities are compounded by additional barriers related to sexual identity and the intersection of homophobia with traditional masculinity expectations.

The ONS partner abuse figures for 2021/22 did not include figures for gay men, and accurate national data on LGBTQ+ victims/survivors accessing domestic abuse services remains limited (Galop, 2018; ONS, 2022). For GB men, accommodation gaps are compounded by additional barriers. Many existing male spaces lack the specialist knowledge necessary to support victims whose abuse may involve identity-specific tactics such as threats of "outing" or homophobic abuse. In Wales specifically, there is a scarcity of research on GB men's experiences of IPV (Harvey et al., 2014; Wallace et al., 2019; Maniatt and Coates, 2022). This knowledge gap is

coupled with a distinct lack of service provision for abused men and a significant failure to match provision to the needs of specific groups, such as men and LGBTQ+ victims. The shortage of LGBTQ+-competent emergency accommodation may mean that some GB men face severely limited choices between homelessness and remaining in dangerous situations. Research conducted alongside the development of Wales's men's domestic abuse service highlighted that lesbian, gay, bisexual and transgender people remain underrepresented in referrals to domestic abuse services across Wales, despite mounting evidence suggesting similar rates of IPV as experienced by other populations (Harvey et al., 2014; Maniatt and Coates, 2022).

2.5.5 Intersectional Vulnerabilities and Identity

GB men of colour face particular complexities in navigating IPV due to the intersection of racism, homophobia, and masculine expectations within their communities. Research shows that abusers in same-sex relationships may exploit a range of vulnerabilities, including cultural and ethnic identities (Ristock, 2011). For GB men from communities with strong religious beliefs, traditional gender roles, or negative attitudes towards homosexuality, acknowledging abuse experiences may require confronting multiple sources of stigma simultaneously. The intersection of racial identity with GB male victimisation is further complicated by different cultural constructions of masculinity that may provide both resources and barriers for recovery. Understanding these dynamics requires the application of frameworks of marginalised masculinities, which include males who support hegemonic masculine ideals but face challenges accessing masculine privilege due to racial marginalisation.

Economic position significantly shapes GB men's experiences of IPV and recovery options. Economic abuse among GB men may manifest through control of resources, forced debt, or exploitation of economic vulnerabilities (Bates & Taylor, 2019). For working-class GB men, economic dependence on abusive partners may be compounded by limited employment opportunities, particularly in contexts where workplace discrimination based on sexual identity remains common. The intersection of class position with GB identity creates particular vulnerabilities when traditional

masculine expectations include economic provision and independence. GB men from working-class backgrounds may face additional challenges in accessing support services that are often designed around middle-class assumptions about resources, mobility, and cultural capital.

For GB men who are recent immigrants or who face language barriers, vulnerabilities can be particularly acute. The isolation and dependence that often accompany the immigration experience can make it easier for abusers to control their partners and limit their access to support networks and resources (Keller & Brennan, 2007). This vulnerability is further intensified by restrictions on access to public funds for many immigrants, creating financial dependence that can trap victims in abusive relationships (Thiara & Roy, 2020). Immigration status intersects with GB identity in complex ways, as men may face multiple forms of marginalisation that compound their vulnerability to abuse whilst limiting their options for seeking help or leaving abusive relationships.

Research has consistently shown that disabled individuals face a heightened risk of IPV, with studies indicating they are up to twice as likely to experience abuse compared to non-disabled people (Thiara et al., 2012; Chan, 2019; Public Health England, 2015). For GB men with disabilities, these vulnerabilities may be compounded by additional stigma related to sexual identity and masculine expectations. Physical abuse can be '*tailored*' to exploit specific health conditions, creating additional layers of vulnerability that must be understood within intersectional frameworks.

Identity fluidity adds another layer of complexity to understanding IPV. For GB men, identity may not be fixed but is performed, negotiated, and can shift over time (Spargo, 2000). This fluidity may complicate traditional models of abuse, which often rely on static categories. Identity fluidity, particularly concerning gender and sexual identity, may mean that some GB men experience forms of abuse specifically targeting their identity expressions, such as being forced to conform to rigid masculine roles or having their sexual identity invalidated or weaponised by their partner (Scott-Storey et al., 2022; Hine et al., 2021; Spikol et al., 2024).

2.5.6 GB Men's Challenges and Future Directions

For GB men, sexual violence within intimate relationships often remains unacknowledged due to societal misconceptions about male victimhood combined with stereotypes about gay male sexual identity (Mhishi, 2022). The public narrative around GB male sexual identity has been described as frequently drawing on themes of high sex drives, risky behaviours, and hook-up culture, which research suggests can distort perceptions of abuse and lead some survivors to question whether their experiences qualify as victimisation (Mhishi, 2022). It may be inferred from the available evidence that this intersection creates particularly complex barriers for GB men seeking recognition and support (Jarvaid, 2017; Widanaralalage et al., 2022). The intersection of masculine expectations with sexual minority status creates unique challenges that extend beyond those faced by either heterosexual male victims or other LGBTQ+ populations separately (Scott-Storey, 2022). GB men may be required to navigate societal expectations around male strength and self-reliance whilst simultaneously confronting homophobic assumptions about their relationships and sexual identity. Evidence suggests this dual stigmatisation can result in dismissal both as male victims and as sexual minorities, though the extent to which this is experienced varies across individuals and contexts (Mayshak et al., 2024; Widanaralalage et al., 2022).

Contemporary policy developments further compound these challenges through approaches that fail to recognise the specific intersection of identities that GB men embody. Despite gender-neutral legislation, implementation continues within frameworks that either focus primarily on female victimisation or treat sexual identity as separate from rather than intersecting with gender dynamics (Mankind Initiative, 2022). This creates particular gaps in understanding how abuse manifests within the specific context of same-sex male relationships where traditional gender-based power dynamics operate differently (Rolle et al., 2018).

This analysis reveals that GB men experience IPV at rates similar to or higher than the general population, but face unique barriers rooted in the intersection of masculine expectations and sexual minority status (Scott-Storey et al., 2022; Spikol et al., 2024). The evidence demonstrates significant gaps in service provision and highlights the complex ways that identity intersections shape both vulnerability to

abuse and recovery processes. Key patterns include the prevalence of identity-specific abuse tactics such as threats of "*outing*," the profound impact of intersecting stigma on help-seeking behaviours, and the inadequacy of current service responses to meet GB men's needs (Donovan and Barnes, 2019). However, significant gaps remain in understanding how GB men navigate these complex challenges and what factors facilitate positive outcomes (Hine et al., 2024).

The literature consistently points to identity as a central concern for GB men experiencing IPV, yet current research provides limited theoretical frameworks for understanding how identity disruption and reconstruction unfold following abuse. The complex intersections generated through this analysis suggest that GB men's recovery involves multiple, simultaneous identity negotiations that distinguish their experiences from both heterosexual male victims and other LGBTQ+ survivors (Jessup et al., 2024). Understanding these unique dynamics requires moving beyond single-axis approaches toward more comprehensive analysis of how multiple identities intersect to create specific patterns of vulnerability, resilience, and recovery.

The following sections of this thesis will examine the theoretical frameworks necessary for understanding these complex processes and present an empirical investigation of how GB men navigate the intersection of identity, abuse, and recovery in practice. This reveals significant gaps in current understanding. While research has documented that GB men experience IPV at substantial rates and face unique barriers, questions remain about how they navigate identity reconstruction following abuse. How do GB men reconcile their experiences of victimisation with masculine identity expectations? What role does sexual identity play in their recovery processes? How do intersecting identities shape their pathways to resilience? These questions highlight the need for research that can capture the complex identity negotiations involved in GB men's experiences of abuse and recovery.

2.6 Theories for Understanding GB IPV

Understanding IPV among GB men requires engagement with multiple theories that help explain how abuse manifests, is experienced, and is responded to within different relationship contexts. The policy landscape and empirical literature reviewed thus far highlight the need for theoretical perspectives that can illuminate the complex intersections of gender, sexual identity, masculinity, and victimhood that shape GB men's experiences.

This section examines several key theoretical perspectives that collectively inform our understanding of GB male IPV. Beginning with feminist theory's contributions and the tensions between academic developments and institutional implementation, it moves through masculinity theory's insights into barriers faced by male victims, before examining social constructionism's understanding of gender performance and identity work. The discussion concludes with the minority stress theory's framework for understanding sexual minoritised experiences. These theories work together to reveal how GB men navigate competing identity demands while experiencing abuse - performing masculinity to maintain social acceptance whilst simultaneously occupying victim positions that challenge masculine norms. This theoretical overview demonstrates why GB male experiences often remain invisible within mainstream IPV discourse and establishes the conceptual foundation for understanding the empirical findings presented in subsequent chapters.

2.6.1 Feminist Theory, Academic Evolution and Reality

Feminist theory offers important insights into IPV, having been foundational in establishing domestic violence as a systematic pattern of power and control rather than isolated incidents. However, a critical distinction must be made between academic feminist scholarship, which has evolved considerably, and institutional feminism (feminism in practice)- the version embedded in policy frameworks, funding structures, and service provision - which continues to operate through frameworks that systematically marginalise non-female victims. GB men experiencing IPV encounter institutional feminism through services and policies, not academic conferences, making this distinction crucial for understanding their experiences.

Early feminist scholarship focussed primarily on women's experiences of patriarchal oppression, which was essential for bringing domestic violence into public consciousness and establishing support services. The deliberate theoretical linking of patriarchy, male perpetrators, and masculinity was a strategic move to highlight systemic male privilege and challenge societal denial of violence against women (Dobash and Dobash, 1979). However, as Idriss (2021) notes, these theoretical connections have become so embedded in institutional practice that any understanding of men as '*victims*' (or women as perpetrators) requires one to move outside the traditional boundaries of thinking, all within a climate that has been slow to acknowledge other paradigms (Idriss, 2021, p.4). This rigid connection between patriarchy and masculinity in institutional implementation has created particular challenges for understanding GB male victimisation, where men are often seen as invulnerable or as using their privilege for violence (George and Stith, 2014). Even within Connell's (1995) gender order, subordinated and marginalised masculinities can maintain more power than femininity in many contexts, creating complex positioning for GB men who may experience male privilege in some spheres whilst facing victimisation and marginalisation in intimate relationships.

First Wave Feminism (late 18th century to 1920s) focussed on legal rights, particularly suffrage, establishing precedents for women's political participation. Second Wave Feminism (1960s-1980s) expanded to social reform and, crucially, established the theoretical frameworks that continue to dominate institutional IPV responses today. This period saw the development of women-only refuge provision, the conceptualisation of domestic violence as patriarchal control, and the creation of training programmes emphasising male perpetrator/female victim dynamics. The enduring influence of second-wave feminist frameworks in institutional settings is exemplified by the Duluth Model's Power and Control Wheel (Pence and Paymar, 1993). While groundbreaking in recognising IPV as systematic patterns of coercive behaviour, its framework centres on gendered power imbalances that assume male perpetrators and female victims (Pence, 2012). Erin Pizzey, founder of the first women's refuge, became critical of this model's ideological rigidity, arguing it prevented recognition of family violence complexity and male victimisation (Pizzey, 1998). The model's institutional dominance demonstrates how second-wave frameworks, designed for specific contexts of male violence against women,

continue to shape service provision despite theoretical developments suggesting more inclusive approaches are needed.

Third Wave Feminism (1990s onwards) introduced intersectionality, developed by Black feminists like Crenshaw (1989, 1991) initially as a critique of mainstream feminism's exclusions. The Combahee River Collective (1977) explicitly challenged white feminism's failure to address race and class. Hill Collins (2000:180) explains: *'Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice.'* However, while academic feminism has embraced intersectionality theoretically, institutional implementation remains dominated by second-wave frameworks (Morgan and Wells, 2016). The evidence is stark: despite decades of intersectional scholarship, service provision continues to reflect priorities established in the 1970s and 1980s. The Violence Against Women and Girls (VAWG) framework, which explicitly frames gender-neutral legislation within female-centred implementation, demonstrates this institutional lag. As documented earlier, this translates to 302 refuge spaces for male victims versus over 4,000 for female victims - a disparity that reflects institutional priorities, not contemporary academic feminist thought (Donovon and Barnes, 2020).

McHugh, Livingston, and Ford (2005) argue for understanding domestic abuse as a *"complex, multifaceted, and dynamic aspect of human interaction"* (p.323), where factors beyond gender significantly alter abuse dynamics. This academic recognition contrasts sharply with institutional practice, where policy guidance instructing practitioners to *"take account of the fact that the majority of victims are women"* (Home Office, 2024) effectively mandates continued prioritisation despite theoretical evolution toward inclusivity. For GB relationships, where both partners are male, the institutional implementation of feminist frameworks becomes particularly problematic, as power dynamics operate through factors like internalised homophobia, masculine performance pressures, and minority stress - dynamics that institutional feminism, shaped by second-wave assumptions about patriarchal male-to-female violence, fails to accommodate.

Jackson Katz's (2006) research on how *"men's violence is normalised"* offers insights into cultural narratives shaping men's understanding of violence and

victimisation. While Katz primarily addresses male violence against women, his analysis reveals how feminist-influenced cultural scripts position men as aggressors rather than victims. For GB men experiencing IPV, these scripts, embedded in institutional practice through decades of feminist advocacy and training, create additional barriers to recognition and support. The critical issue is not whether feminist theory could theoretically accommodate GB male experiences - contemporary intersectional feminism potentially could. Rather, it's that institutional feminism, as encountered through service provision, funding structures, and policy frameworks, continues to operate through exclusionary practices established decades ago. This implementation gap between academic feminist evolution and institutional feminist practice creates systematic barriers GB men face when seeking support.

While feminist insights into power, control, and systematic abuse patterns remain valuable, the institutional implementation of feminist frameworks has created rather than challenged barriers for GB male victims. This reflects not the failure of individual feminists or even feminist theory per se, but the crystallisation of particular historical feminist approaches into institutional structures resistant to change. Understanding GB male IPV, therefore, requires frameworks that can account for experiences excluded by institutional feminist implementation, whilst acknowledging the theoretical contributions feminism has made to understanding power and violence in relationships.

2.6.2 Masculinity Theory and Male Victimisation

The study of masculinity emerged through critique of sex role theory and biological determinism (Whitehead, 2002), developing into what Brod (1987) defines as *'the study of masculinities and experiences as specific and varying social-historical-cultural formations'* (Brod, 1987:40). Men's studies involve diverse areas including bodies, globalisation, intimacy and emotions, fatherhood, sport, violence, ageing/life course, and relationships with feminism, reflecting the complexity of masculine experiences across different contexts. The evolution of masculinity studies can be understood through three distinct waves: the first wave (1970s) focussed on the

development of sex role models, examining how men were socialised into particular masculine behaviours; the second wave (1980s) emphasised deconstruction and power relations, critically examining how masculine privileges occur; and the third wave (1990s-present) has adopted poststructuralist theory, incorporating concepts of performativity and flux that view masculinity as fluid and contextual rather than fixed (Edwards, 2004).

The publication of Carrigan, Connell, and Lee's (1985) influential paper '*Towards a New Sociology of Masculinity*' marked a key moment when a new model for understanding masculinities began to emerge. This work showed how masculinity was linked to power relations amongst men, as well as over women, shifting academic understanding away from singular concepts of masculinity toward recognition of multiple, hierarchically organised masculinities. Central to contemporary masculinity theory is understanding how masculine identity is actively constructed and maintained through ongoing performance. Schrock and Schwalbe (2009: 289) define "*manhood acts*" as "*the identity work males do to claim membership in the dominant gender group, to maintain the social reality of the group, to elicit deference from others, and to maintain privileges vis-à-vis women.*"

Connell's (1995:76-81) framework identifies four relations among masculinities within the gender order that provide essential insights for understanding GB male experiences of IPV. Hegemonic masculinity includes men who support the hegemonic masculine ideal, pursue hegemonic masculinity, and generally have access to most or many masculine characteristics, though nobody fully achieves it. Men (and occasionally women) try to outdo each other by showing they are the most masculine through their proficiency in different "*masculine*" characteristics, achieved through "*Gender Performance*" or multiple '*Manhood Acts*' (Schrock and Schwalbe 2009). These categories can shift over time and vary across different cultural contexts - what constitutes hegemonic masculinity in one setting may be marginalised in another, demonstrating the fluid nature of masculine hierarchies. Complicit masculinity describes males who do not actively support the hegemonic masculine ideal but benefit from it whilst doing little to challenge hegemonic masculinity, happening through marriage, fatherhood, and community life, with the patriarchal dividend experienced by most men. For GB men experiencing IPV, this category becomes complicated as their sexual identity may exclude them from

traditional patriarchal dividends, whilst their gender may still provide certain privileges in some contexts.

Marginal masculinity includes males who support the hegemonic masculine ideal and pursue hegemonic masculinity but may be minorities in other forms (e.g., working-class men, BAME men, disabled men), facing challenges in accessing masculine privilege due to other marginalised identities and creating complex negotiations between masculine aspirations and structural limitations (Connell, 1995). Subordinate masculinity includes males who are heavily excluded from masculine privilege, particularly gay/bisexual/trans men, or '*straight*' men expelled from being '*real men*' such as the geek, the wimp, the dweeb, or the emo (Connell, 1995). This category is particularly relevant for understanding GB male experiences of IPV, as these men occupy positions that are already marginalised within masculine hierarchies before experiencing victimisation. The concept of hegemonic masculinity refers to the dominant form of masculinity that values strength, emotional restraint, and control, often leading to the marginalisation of men who do not conform to these ideals (Connell, 1995). In IPV contexts, hegemonic masculinity can contribute to both perpetration and victimisation, as a man who is a victim of IPV might hesitate to seek help due to societal expectations that men should be self-reliant and invulnerable (Javaid, 2016). This dynamic is particularly relevant in GB relationships where perpetrators may police masculinity to assert control, affecting how survivors understand their own identities and experiences.

Despite its influential status, Connell's (1995) original framework has faced substantial critique from scholars who argue that it ignores or minimises men's power at a structural level whilst being essentialist in ignoring variation amongst heterosexual men (Christian, 1994). The concept suffers from ambiguity due to inconsistent applications and a lack of recognition of what it looks like in practice, leading some to characterise it as a reductionist idea (Whitehead, 2002).

Responding to these critiques, Connell and Messerschmidt (2005) provided a reworking of the concept, arguing that in any given setting, a form of masculinity exists which is '*the culturally most honoured way of being a man*' (2005: 832), associated with authority and power. Therefore, hegemonic masculinity can be found in different forms at the local, national, and global levels through various '*configurations of practice*' (Connell and Messerschmidt, 2005: 847), rather than a

set of prescribed traits. The ideas presented by Connell (1995) offer essential insights into understanding GB men's experiences of IPV, as men occupying subordinated masculine positions who must navigate the contradiction between seeking help (which challenges masculine self-reliance) and maintaining masculine identity (which denies victimhood). The hierarchical nature of masculinities means that GB men already exist in marginalised positions before experiencing abuse, adding to existing vulnerabilities that traditional IPV theories fail to recognise.

Anderson (2009) and McCormack (2012) have suggested that contemporary masculinities are much more fluid, flexible, and open than previous theories allow, highlighting how attitudes for some men have begun to include overt support for same-sex relationships and physical and emotional tactility, representing reduced '*homo-hysteria*' (Anderson, 2009). Anderson argues that inclusive masculinities have emerged and that the '*archaic archetype of masculinity*' (Anderson, 2009: 4) is now on the decline, though this research predominantly reflects white, middle-class, Western contexts, limiting its applicability across diverse communities. The application of Anderson's inclusive masculinity theory to experiences of IPV reveals significant limitations, as even in ostensibly inclusive contexts, IPV can thrive due to relationship-level power tactics that exploit masculine ideals for control. When both partners are already gay or bisexual, abusive dynamics can still involve the policing and undermining of masculine identity as mechanisms of power and control, demonstrating that IPV operates through mechanisms that persist despite supposed social progress.

Claims that inclusive masculinities represent change have been challenged by research on lad culture, online misogyny, violence against women and girls, and fatherhood practices. Critics argue that male power has not diminished, even if the traits of hegemonic masculinity are changing (De Boise, 2015; O'Neill, 2015; Gough, 2018), and there remains a lack of research on trans and non-binary communities, the working class, and BAME men. The concept of Hybrid Masculinities, developed by Bridges and Pascoe (2014), offers important insights into how masculinity has evolved in some ways while men continue to hold dominant positions of power. Hybrid masculinities involve men's selective incorporation of performances and identity elements associated with marginalised and subordinated masculinities and femininities, though crucially, adopting marginalised traits does not necessarily

dismantle structural inequalities. This framework has particular relevance for understanding GB male experiences of IPV, as GB men may find their subordinated masculine positions appropriated by heterosexual men as evidence of progressive masculinity, whilst simultaneously remaining excluded from masculine privilege and support systems.

2.6.3 Social Constructionism and Gender Performance

Social constructionism provides important theoretical foundations for understanding how IPV among GB men operates within socially constructed frameworks of gender, sexual identity, and victimhood. This perspective suggests that the roles and expectations of men and women in relationships are shaped by societal norms, rather than being naturally determined (Burr, 2015). In the context of IPV, this theory challenges the assumption that men are naturally aggressive and that women are naturally passive victims. The importance of social constructionism for understanding GB male IPV goes beyond challenging gender binaries to examining how categories of victim and perpetrator are socially constructed themselves. Traditional IPV thinking relies on constructed categories that position male bodies as naturally threatening and female bodies as naturally vulnerable. For GB men experiencing abuse, these constructions create barriers to recognition, as their experiences fall outside socially constructed frameworks of legitimate victimhood.

Butler's (1990) performativity theory is particularly valuable for understanding GB male IPV, arguing that all gender is '*performative*' - social norms construct it, and through performing (or resisting) these norms, we create our sense of ourselves. This does not mean that gender identities are not important or deeply felt; however, it positions gender as less a state of being and more a constant process of becoming. Central to Butler's theory is the understanding that gender performance involves repetition that convinces us that gendered selves are '*stable*'. This repetitive nature of gender performance is particularly important for GB male survivors who must continuously perform masculinity whilst simultaneously occupying victim positions that challenge masculine norms. For GB men experiencing abuse, this creates a double-bind: they must maintain masculine performance for social acceptance and identity coherence whilst their victimisation fundamentally challenges masculine

norms. Research by Donovan and Hester (2014) demonstrates how this theoretical understanding plays out empirically, with GB men struggling to name their experiences as abuse because victimisation cannot be articulated within dominant masculine discourse.

Butler's analysis of how discourse constructs meaning through *'the limits of acceptable speech'* (Butler, 1990) reveals why GB men's experiences of victimisation often fall outside acceptable ways of talking about both masculinity and IPV. Butler's challenge to the sex/gender binary offers alternative ways of thinking about gender, particularly relevant for understanding GB male experiences:

'When the constructed status of gender is theorised as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that man and masculine might just as easily signify a female body as a male one, and woman and feminine a male body as easily as a female one'

(Butler, 1990:6).

This theoretical positioning helps explain how GB men's experiences of abuse challenge fixed categories of victim and perpetrator, masculine and feminine, strong and vulnerable. Butler (1990) argues that sex and gender cannot be thought of outside a system of compulsory heterosexuality, which is mandatory yet fragile. It's important to distinguish between compulsory heterosexuality as a systemic requirement that shapes all gender performances and individual sexual identity. For GB men, stepping outside compulsory heterosexuality through their sexual identity creates possibilities for different gender performances, but also exposes them to unique vulnerabilities when abuse occurs within same-sex relationships.

Building on Butler's performativity, West and Zimmerman's (1987) concept of *"doing gender"* reveals gender as a *'routine, methodological and reoccurring accomplishment'* (p.126). This *'doing'* involves a complex of socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine *'nature'*. To *'do'* gender is unavoidable, but it means engaging in behaviour at the risk of having your gender assessed. For GB men experiencing abuse, this reveals how they must continuously accomplish masculinity within contexts that challenge masculine ideals. Jackson and Scott's (2002) comprehensive definition provides important theoretical grounding for understanding the multi-layered nature of gender in GB male IPV experiences:

"Gender denotes a hierarchical division between women and men embedded in both social institutions and social practices. Gender is thus a social structural phenomenon, but it is also produced, negotiated, and sustained through everyday interaction...Gender intersects with other social divisions and inequalities, such as class, 'race' and sexuality. The meanings of masculinity and femininity vary within and between societies"

(Jackson & Scott, 2002, pp. 1-2).

This definition shows how GB men's experiences of IPV occur within pre-existing gender orders that position them as both privileged (as men) and marginalised (as sexual minoritised). The structural dimensions of gender create institutional barriers to recognition and support, whilst the interactional dimensions require constant negotiation of masculine and victim identities in everyday encounters.

2.6.4 Sexual Identity and Minority Stress

Despite increasing use of the concept of identity in academic and social debates, identity *'remains something of an enigma'* (Fearon, 1999: 1). Nevertheless, academics have attempted to define this important concept. Jenkins (2014: 6) states that identity 'is the human capacity - rooted in language - to know *"who's who"* (and hence *"what's what"*)', while Baumeister and Muraven (1996: 406) describe identity as *'a set of meaningful definitions that are ascribed or attached to the self, including social roles, reputation, a structure of values and priorities, and a conception of one's potentiality'*. In practical terms, identity refers to the way people classify themselves or how others define them through various social categories, including age, ethnicity, gender, and sexual identity, as well as other factors such as language and culture. These identities then form the basis for groups and communities in society, such as the LGBTQ+ community, though it is important to remember that these groups are not homogeneous - people within them have diverse experiences and perspectives.

Since the decriminalisation of homosexuality in the UK in 1967 and the gay liberation movement of the late 1960s, researchers have investigated how non-heterosexual identities develop (Cass, 1979; D'Augelli, 1994). Although different theories of sexual identity formation exist, they typically share common characteristics (Bilodeau and Renn, 2005; Gonsiorek, 1995), with most models beginning with a stage where individuals try to block recognition of their non-heterosexual feelings before later accepting these feelings and developing a positive sense of their sexual identity.

Understanding how sexual identity is formed has significance for research into GB male IPV, as sexual identity and the position of sexual minoritised men within society affect how men understand their intimate relationships and experience abuse. One of the most prominent models of LGBTQ+ identity formation was developed by Cass (1979), called the Homosexual Identity Formation Model, though contemporary academics have critiqued stage-based models, such as Cass's, for being overly linear and failing to account for the diversity of sexual identity experiences (Bilodeau and Renn, 2005). More recent research recognises that sexual identity development can be fluid, non-linear, and different for each individual.

Society does not treat all sexual identities equally, with sexual identities existing within hierarchical systems that privilege heterosexuality whilst marginalising other sexual identities. Rubin (1984) developed the concept of a '*sexual hierarchy*' that places heterosexual, married couples at the top and various sexual minoritised people at lower levels, affecting how different sexual identities are valued and treated in society. For GB men, this hierarchical positioning has important implications for their experiences of IPV, as their marginalised position within sexual hierarchies can create specific vulnerabilities to abuse whilst also creating barriers to seeking help and support. Understanding these hierarchies helps explain why GB men's experiences of IPV are often invisible within mainstream IPV discourse, dominated by heteronormative assumptions.

The process of '*coming out*' - disclosing one's sexual identity to others - is a unique aspect of the LGBTQ+ experience that has particular relevance for understanding GB male IPV. Coming out is not a one-time event, but an ongoing process that occurs throughout a person's life in various contexts and relationships (D'Augelli, 1994). For GB men experiencing IPV, the coming-out process creates specific vulnerabilities, as abusive partners may threaten to '*out*' their victims to family, friends, or employers - a tactic that exploits both individual vulnerability and structural discrimination in employment, housing, or family relationships. Additionally, when seeking help for abuse, GB men face what McClennen (2005) calls the '*double closet*' - they must disclose both their experience of abuse and their sexual identity, which can create significant barriers to help-seeking within services that may lack cultural competence or actively discriminate.

Meyer's (2003) Minority Stress Theory helps explain how both individual-level stressors and structural inequalities create heightened vulnerability for GB men through multiple mechanisms operating simultaneously. At the individual level, external stressors such as family rejection or workplace discrimination can increase relationship conflict, potentially escalating to abusive behaviours. Studies have shown that internalised homophobia can lead to increased feelings of shame and self-loathing, which can manifest in harmful behaviours within relationships (Herek, 2004). Meyer's framework helps explain how chronic stressors manifest in heightened substance use and altered behavioural norms in social spaces, raising concerns about the expectation of aggression between men, particularly during drinking, which may contribute to the minimisation of IPV in GB relationships. However, these individual experiences cannot be separated from structural factors, as minority stress operates through systemic inequalities including discriminatory laws, absence of appropriate service provision, economic marginalisation, and lack of institutional recognition of same-sex relationships. The interaction between individual stress and structural inequality shapes both victimisation experiences and help-seeking barriers. The lack of positive role models and supportive environments may influence relationship choices and vulnerability to exploitation (Bird et al., 2012). While minority stress theory provides crucial insights into how marginalisation creates vulnerability, its full value emerges when integrated with an analysis of how structural inequalities and institutional barriers compound individual-level stress.

2.6.5 Integration of Theories

The theoretical frameworks examined provide essential lenses for understanding how intersecting identities, societal expectations around masculinity, and heterosexual assumptions embedded in institutional practice shape both the experience of abuse and access to support for GB men. Rather than operating independently, these theories work together to illuminate the challenging circumstances GB men must navigate when experiencing IPV. The integration of performativity theory with masculinity studies reveals how GB men must continuously negotiate competing performances of masculinity and victimhood. Butler's (1990) insight that identity is constructed through repetitive acts helps explain how GB men's victim and survivor identities are actively constructed within

constraining contexts rather than simply discovered. Connell's (1995) framework of subordinated masculinities provides context for understanding how GB men's positioning within masculine hierarchies shapes vulnerability to abuse and limits access to support.

Social constructionism demonstrates how gender and sexual identities are performed and policed within abusive relationships, whilst the evolution of feminist theory toward intersectionality provides theoretical tools for understanding diverse victimisation experiences, even as institutional implementation continues to operate through exclusionary second-wave frameworks that marginalise male victims. The application of minority stress theory alongside structural analysis shows how chronic stress related to sexual minoritised status intersects with institutional barriers and other forms of marginalisation to create unique vulnerability patterns. What emerges from this synthesis is recognition that identity is central to understanding GB male IPV, as GB male victims' experiences are shaped by their gender, sexual, ethnic, and cultural identities, as well as societal expectations and institutional structures associated with these identities. How men experience and respond to IPV is inextricably linked to their sense of self, their navigation of intersecting identities, and the institutional contexts they encounter when seeking support.

For GB men experiencing IPV, intersecting stressors may heighten trauma, whilst institutional barriers limit access to culturally competent support services. These theoretical frameworks help explain why GB male victims often face scepticism, minimisation, or outright disbelief when disclosing abuse, as their experiences exist at the intersection of heteronormative IPV assumptions embedded in policy and practice, rigid masculinity norms that preclude male victimhood, and institutional frameworks that, despite theoretical evolution, continue to prioritise female victimisation. The theoretical frameworks demonstrate the need for approaches to GB male IPV that acknowledge the complex, intersectional nature of their experiences whilst addressing the concrete institutional barriers they face. Research approaches must account for the dynamic, processual nature of identity while also documenting how institutional structures and practices systematically exclude certain experiences. This requires moving beyond single-theory explanations toward integrated approaches that can accommodate both the complexity of GB men's lived experiences and the material reality of institutional exclusion.

The theoretical foundation established provides essential conceptual tools for interpreting the empirical findings presented in subsequent chapters. These frameworks offer lenses for understanding how GB men navigate complex identity negotiations whilst highlighting how institutional implementations of theoretical frameworks create barriers to recognition and support. The integration reveals that GB male IPV cannot be understood through any single theoretical lens but requires analysis that accounts for the intersecting dynamics of gender performance, sexual identity development, minority stress, and crucially, the gap between theoretical possibility and institutional reality within both masculine hierarchies and heteronormative society.

2.7 Summary

This chapter reveals a critical disconnect between policy aspirations for inclusive IPV responses and the lived realities of GB male survivors. Despite gender-neutral legislation and growing recognition of diverse IPV experiences, GB men remain systematically marginalised within systems designed around heterosexual assumptions and traditional gender binaries. This marginalisation has profound consequences. When GB men experience abuse, they face a double bind: their experiences challenge both masculine stereotypes about victimhood and heteronormative assumptions about relationship dynamics. The result is systematic exclusion from recognition, support, and recovery pathways. The closure of specialist services like Safeline, combined with the stark disparity in refuge provision (302 spaces for men versus 4,000+ for women), demonstrates how resource allocation continues to reflect outdated assumptions about who deserves protection.

More importantly, this review exposes a theoretical gap that undermines effective responses to GB male survivors. The identity reconstruction lens developed through this literature analysis reveals how identity processes operate at the intersection of masculine expectations and sexual minoritised status. Without understanding how GB men navigate these complex identity negotiations during and after abuse, services cannot provide appropriate support, policy cannot address structural barriers, and GB men remain trapped in cycles of invisibility and inadequate care.

The implications extend beyond GB men themselves. The exclusion of any victim population from domestic abuse policy and legislation undermines the integrity of responses to all survivors. Understanding GB men's experiences through an identity reconstruction lens provides insights into how intersecting identities shape vulnerability and recovery, informing more complex approaches that recognise the nuanced realities of contemporary intimate relationships.

3. Researching GB IPV

3.1 Introduction and Overview

This study aims to understand the experiences of GB cisgender men who have lived with IPV from a male or female partner. In doing so, the purpose of this study is to understand how sexual identity, age, and experiences of abuse impact the willingness to seek help. GB cisgender men were chosen as a sample due to the high levels of IPV present in this particular group. Most research on IPV in sexual minoritised groups tends to encompass all groups within LGBTQ+. However, to understand the nuances of IPV, I chose to focus on GB men. In addition to this, little is known about the patterns of abuse or abuse in general experienced by same-sex couples, and this is particularly relevant for GB. Understanding the factors relevant to any phenomenon requires a level of granularity, and therefore, the experiences of individuals within certain groups must be disseminated. The advocacy of research relevant to one group does not imply exclusion or disinterest in another.

To explore the multifaceted nature of IPV among GB men, a qualitative research design was chosen. This design allowed for an in-depth exploration of the experiences, perspectives, and narratives of the participants related to IPV. Focusing solely on qualitative methods, the study aimed to capture the rich and nuanced aspects of this sensitive topic. The methodological approach was grounded in IPA and a phenomenological framework, which prioritises understanding lived experience and meaning-making processes (Smith et al. 2009).

This study was originally conceived as an interview-based investigation using semi-structured interviews enhanced with photo-elicitation techniques. The initial plan involved recruiting participants through domestic violence services in Wales, targeting GB men aged 18-24 years who had experienced IPV. Purposive sampling was to be used, as participants needed to have all experienced the phenomena being explored (Landridge, 2007). Given that IPA is an idiographic methodology that explores phenomena in-depth, the recommendations for sampling participants average between 5-12 (Smith et al. 2009; Willig, 2013). The initial target sample size of fifteen participants was chosen to reflect this, as too few participants could have resulted in insufficient data, whilst too many would risk diminishing the complex, nuanced analysis that is expected with IPA (Willig, 2013).

However, significant recruitment challenges necessitated substantial adaptations to the original methodology. As will be detailed in this chapter, difficulties in accessing the target population through traditional service-based routes led to a series of methodological modifications including: geographical expansion from Wales to England and Wales; age criteria broadening from 18-24 to 18+ years; incorporation of online and social media recruitment strategies; and most significantly, the introduction of an anonymous qualitative survey as both a standalone data collection method and recruitment pathway for follow-up interviews.

The study used a multi-method qualitative design comprising: (1) an anonymous qualitative survey completed by 59 participants; (2) semi-structured interviews with eight participants; and (3) photo-elicitation interviews with two participants. This adaptive approach maintained the phenomenological focus whilst broadening accessibility and enabling participants to engage with the research in ways that felt comfortable and safe for them.

This chapter outlines the methodological journey of this research, providing transparency about both the intended approach and the necessary adaptations that emerged from working with a hard-to-reach, minoritised population. The chapter begins by establishing the philosophical and theoretical foundations that underpin the research, before chronicling the recruitment challenges and methodological evolution that shaped the final approach. It then details the data collection methods, ethical considerations, and analytical framework employed, concluding with reflections on researcher positioning and an overview of the participant sample.

Throughout this methodological account, it was argued by Pietkiewicz and Smith (2014) that there are no '*rules*' when considering participant quantities in IPA research, whilst other researchers, such as Smith et al. (2009) noted that sample sizes need to be considered on a case-by-case basis in IPA. It can be argued that fewer participants can be examined in much greater depth as opposed to a more shallow and descriptive style analysis of a much larger sample size, typical of grounded theory and thematic analysis methods. The focus of qualitative-based research is on the in-depth analysis of a small population and seeks to capture rich sources of data as opposed to larger representative samples that, for instance, a survey may provide (Touroni and Coyle, 2002). Although this may suggest that

findings from this research are not representative, IPA focuses on capturing meaning at the individual level, which this study seeks to reflect in attempting to understand and shed light on the needs of abused GB men.

3.2 Research Design and Philosophical Foundations

This section establishes the philosophical and theoretical foundations that underpin this research, providing the epistemological and ontological positioning that guided methodological decisions throughout the study.

3.2.1 Ontological and Epistemological Position

Braun and Clarke (2006) outlined the importance of the researcher acknowledging their theoretical framework and the corresponding position of the research question. An outline will be provided of the ontological and epistemological assumptions that underpin my research methodology.

It is imperative to define and consider what epistemology and ontology mean to understand their basis within this research. Epistemology refers to theories of knowledge; knowing and understanding the world and concerns *"the principles and rules by which you decide whether and how social phenomena can be known and how knowledge can be demonstrated"* (Mason, 1996: 13; Barbour, 2014: 35).

Ontology can be referred to as someone's view of what constitutes the social world and how to learn and study from it. There are prominent traditions that fall within these theoretical positions, and within the philosophy of epistemology, there are three: Positivism, Interpretivism and Realism (Bottoms, 2008; Bryman, 2016; Barbour, 2014).

Positivism is a tradition focussed on quantifying social phenomena, while Interpretivism can be described as anti-positivism, where individuals are actively involved in shaping their social world (Bottoms, 2008; Bryman, 2016). There is a belief that the social realm cannot be investigated with a scientific method focussed on numbers and statistics, but rather an epistemology that centres on concepts and language - that researchers use to interpret the social world they are attempting to analyse and define (Bottoms, 2008; Bryman, 2016). Realism posits that the social

world exists separately from how it is perceived and interacted with by social entities (Bottoms, 2008; Bryman, 2016). There are also many different philosophical positions within ontology, specifically objectivism and constructionism. Objectivism posits that social phenomena exist separately from the social actors, whilst constructionism is the belief that social phenomena are instead produced and are ever-changing through social action in the social world (Bottoms, 2008; Bryman, 2016).

This research is positioned within an interpretivist epistemology and constructionist ontology. The interpretivist paradigm's assertion that social reality is constructed and interpreted through the lens of individual experience aligns with this study's commitment to understanding how GB men make sense of their experiences of IPV (Creswell and Poth, 2018). From a constructionist ontological perspective, the meanings and understandings of IPV are viewed as socially constructed rather than existing as fixed realities independent of human interpretation.

3.2.2 Phenomenological Approach

The paradigm that underpins this research is Phenomenology. This phenomenological approach creates a philosophy that is concerned with the description of experience. Simply put, *"Phenomenology asks the simple question, what is it like to have a certain experience?"* (Van Manen, 1990:44). It is thought of by Van Manen (1990) as offering *"...us the possibility of plausible insights that bring us in more direct contact with the world"* (1990:9). According to Merriam and Tisdell, (2016) Phenomenology is suited to explore the core essences of people's experiences. It focuses on the internal rather than the external and differs from grounded theory approaches that seek to explain processes or case studies that focus on context. Instead of explaining the world as a whole, phenomenology focuses on an individual's world and how they make sense of it. Given its focus on the internal, it gives voice to individuals and phenomena outside of dominant social narratives, such as IPV in LGBTQ+ relationships and service provision for this population (Bermea et al., 2018).

Through careful methodological consideration, phenomenology, firmly grounded in interpretivist epistemology (Smith et al., 2009), emerges as the most theoretically

robust and methodologically appropriate framework for exploring the lived experiences of GB men who have experienced IPV in England and Wales. Phenomenology is an umbrella term that encompasses both a philosophical movement and a range of research approaches (Kafle, 2011). There are different kinds of phenomenology, each rooted in varying ways of conceiving the what and how of human experience. Two main forms of phenomenology (Transcendental and Hermeneutic) are particularly relevant to this study.

Transcendental Phenomenology has its origins with Edmund Husserl (Husserl, [1900] 1970), who thought of the philosophy of phenomenology as "*Transcendental*" (also sometimes referred to as the descriptive approach) (Kafle, 2011). Husserl sought to identify essential core structures of experience or '*essences*' through the exploration of phenomena as they appear to consciousness. Husserl also argued that for researchers to capture these '*essences*', they must first 'bracket' or '*transcend*' prior beliefs or assumptions. It was asserted that to understand the reality of a phenomenon, you must understand the phenomenon as it is lived by a person. In this conception of phenomenology, any experienced phenomenon could be the object of study, which therefore pushes analysis beyond mere sensory perception (seeing, hearing, touch) to experiences of thought, memory, imagination, or emotion (Neubauer, Witkop and Varpio, 2019).

Hermeneutic phenomenology, also known as interpretive phenomenology, originates from the work of Martin Heidegger. Initially, Heidegger's philosophical inquiry aligned with Husserl's work on Transcendental phenomenology; however, Heidegger began to question and challenge many aspects of Husserl's work. Husserl was interested in knowledge and, as such an epistemological focus, whereas Heidegger preferred an ontological focus and was interested in being and temporality. There is a shift in Heidegger's view to focusing on the human experience and how it is lived, rather than focusing on "*acts of attending, perceiving, recalling and thinking about the world*" (Neubauer et al., 2019). Individuals cannot experience a phenomenon without referring back to their understandings. Specifically, Hermeneutic phenomenology seeks to:

"Understand the deeper layers of human experience that lie obscured beneath surface awareness and the individual's lifeworld, or the world as he or she pre-reflectively experiences it, influences the experience".

(Neubauer et al., 2019)

Put simply, hermeneutic phenomenology studies individuals' stories to understand what those individuals experience in their daily lives, their '*lifeworld*.' It is, however, more than just a descriptive understanding. It is rooted in interpretation - interpreting experiences and phenomena via the individual's lifeworld. The role of the researcher alters when using hermeneutic phenomenology. In transcendental phenomenology, the researcher seeks to '*bracket*' their subjective perspective; however, there is a recognition within hermeneutic phenomenology that the researcher cannot be rid of their lifeworld (similar to the participant). The researcher's past experiences and knowledge are valuable guides to the inquiry.

Hermeneutic phenomenology is thought of by Kafle (2011) as focusing on interpretation because that is all individuals have, but that description is a part of the interpretative process. Concerning the research participants within this study, GB men may have shared similar experiences of abuse initially, but they may interpret these experiences differently. Dean, Smith, and Payne (2006:141) describe this as:

"The experience of the event, the immediate physical context, the social and cultural influences and past experiences of similar events all mean that people may experience a particular event or occurrence in different ways."

Hermeneutic phenomenology, therefore, focuses on the subjective experience in "...an attempt to unveil the world as experienced by the subject through their life-world stories"

(Kafle, 2011: 186).

Table 1. Forms of Phenomenology

Husserl's Descriptive Phenomenology	Heidegger's Interpretive Phenomenology
Centred upon human experience	
Epistemological - theory of knowledge through methods, validity, and scope	Ontological - nature of being
Introduction of the study of "lived experiences"	
Description of the experience of phenomena	Description to interpretation , extracting meaning from being
Bracketing - preconceived ideas put aside to understand the meaning of the lived world.	Fore-understanding enhances interpretation. Being in the world , researchers cannot remove themselves from the world of the participant.
Time and context shape understanding	
Cartesian Duality - mind and body are mutually exclusive. Knowledge derives from conscious awareness and the mind directed to objects "intentionally." Maintain objectivity.	Dasein - What it means to be human. Human existence is not static. It cannot be measured objectively.
General characteristics of a phenomenon	Individual experience of phenomena

As this research seeks to understand and grasp the experiences of GB men who have experienced IPV, the philosophical underpinnings of hermeneutic phenomenology influence the methodological direction of this research. Hermeneutic phenomenology also aligns comfortably with the theories discussed in this thesis (Chapter 2) to explore GB IPV. These theories aim to understand the experience of a specific phenomenon.

3.2.3 Rationale for Phenomenological Approach

Whilst alternative methodological approaches offer insights - such as grounded theory's capacity for theoretical generation or ethnography's rich contextual understanding - they fall short of phenomenology's unique ability to capture the essence of lived experience whilst acknowledging the interpretive nature of how people view their experiences (Charmaz, 2014; Bryman, 2016; Smith and Osborn,

2015). Critical realism, though offering a nuanced perspective on causality and structure, would insufficiently address the deeply personal and interpretative nature of how people make sense of their experiences (Maxwell, 2012). Similarly, whilst social constructionism acknowledges the socially constructed nature of reality and can provide insights into how meanings of abuse are constructed, it may overemphasise societal discourse at the expense of individual lived experiences (Burr, 2015; Langdridge, 2007).

The selection of phenomenology, particularly when enhanced with photo-elicitation methods, offers three advantages: (1) it privileges the voices and lived experiences of a minoritised population whose perspectives have been historically overlooked in IPV research; (2) it acknowledges the complex interplay between individual meaning-making and broader sociocultural contexts that shape experiences of abuse in same-sex relationships (Van Manen, 2014); and (3) it provides methodological flexibility to capture both the essence of the phenomenon whilst remaining sensitive to individual variations in experience (Silver and Farrants, 2016). This methodological choice aligns with the study's epistemological commitment to interpretivism, whilst maintaining the necessary rigour for a doctoral-level investigation into such a complex and sensitive phenomenon, whilst acknowledging that knowledge about IPV experiences is inherently constructed through the interpretive process of both researchers and participants (Finlay, 2011).

3.2.4 Interpretative Phenomenological Analysis (IPA)

These epistemic theories do not guide the researcher practically when conducting research. Therefore, the method of IPA is used to guide the researcher to conduct the study.

IPA is a qualitative method used in experiential and psychological research that draws on phenomenology, hermeneutics, and idiography as its philosophical foundations (Smith et al, 2009). Within interpretive phenomenology, a variety of ideas are present, including "*Dasein*" (Being), "*fore structures*," "*life-world existential themes*," and "*the hermeneutic circle*" (Tuohy et al, 2013). A philosophical method called phenomenology emphasises experiences and the real world (Smith et al, 2009). Phenomenology was created as a philosophical study tradition as an

alternative to the positivist worldview (McConnell-Henry et al, 2009). Analysing meaning through a person's perception to comprehend their lived experiences is known as phenomenology (Starks and Brown-Trinidad, 2007). The objective is to comprehend how people interpret their experiences because knowledge is acquired by interaction - it is viewed as subjective and inductive (Reiners, 2012).

Smith et al (2009) developed interpretive phenomenology into interpretive phenomenological analysis. IPA is concerned with the detailed examination of an individual's lived experience and aligns with Heidegger's view that phenomenological enquiry is an interpretive process. IPA is '*iterative*' as opposed to '*linear*' or a step-by-step process (Smith et al, 2009). IPA is concerned with an individual's experience of phenomena rather than descriptive phenomenology's aim of portraying the general characteristics of a phenomenon (Giorgi, 2008). The "*particular*" is a focus of the IPA's idiographic approach, as is an interest in the specifics of unique cases and deciphering meanings. This is in contrast to the majority of psychology, which tends to concentrate on group or population level and which centres on developing general principles of human behaviour or defining general causal laws (Smith et al, 2009; De Visser and Smith, 2006). The emphasis is on subjectivity: what is distinctive about a person's experience - investigating personal viewpoints with a thorough analysis of each person's story (Smith et al, 2009).

The concept of interpretation is called hermeneutics (Smith et al, 2009). In the study of human experiences, hermeneutics extends beyond the explanation of basic ideas to find meanings in the real world (Lopez and Willis, 2004). The "*dynamic relationship*" between '*the parts*' and '*the whole*' is the emphasis of the hermeneutic circle (Smith et al, 2009). Understanding is accomplished through interpretation, which involves moving back and forth across the hermeneutic circle from '*the whole*' to the '*individual parts*' and from the '*individual parts*' to '*the whole*' (Debesay et al, 2007). According to Smith et al. (2009), to grasp '*the whole*', one should first understand the components in question. The hermeneutic circle is dynamic; individuals who are a part of it constantly learn new things (Debesay et al, 2007).

Our '*fore understanding*,' which is derived from prior experiences and occurrences, is made up of everything that has ever happened to us as individuals. It is what is recognised and understood before the process of interpretation (Tuohy et al., 2013).

To understand the phenomenon and what it means to be a person, we constantly review our prior understanding while listening to the participant. The double hermeneutic circle draws attention to the two-stage IPA interpretation process (Smith and Eatough, 2007). The researcher is attempting to understand how the participant is making sense of their own experience of the phenomenon.

Although the participants' lived experience and the meaning they assign to it are the main concerns of IPA, Smith et al. (2009) point out that the outcome is always what the analyst believes the participant is thinking (double hermeneutics). As a result, IPA analysis's truth claims are always speculative and personal:

'While the primary concern of IPA is the lived experience of the participant and the meaning which the participant makes of that lived experience, the end result is always how the analyst thinks the participant is thinking (double hermeneutics). Thus, the truth claims of an IPA analysis are always tentative and subjective.'

In IPA, the researcher acknowledges that interests and values are a part of the research process and are not cut off from the phenomenon being examined (Holloway and Wheeler, 2010). Husserl's descriptive phenomenology, in contrast, mandates that researchers set aside all personal prejudices and professional knowledge (Lopez and Willis, 2004). The *"taken-for-granted world"* must be bracketed to focus on how the world is perceived (Smith et al, 2009). Husserl wanted to *"bracket"* pre-existing ideas to generate accurate data and characterise the phenomenon in its most basic form (McConnell-Henry et al., 2009; Tuohy et al, 2013).

However, the issue of whether bracketing is practical is still up for debate (Tuohy et al, 2013). Heidegger (1962) believed that specialist knowledge and prior understandings are helpful guides that provide significance to research because it is impossible to empty the mind of a background of understanding (Lopez and Willis, 2004). Heidegger also claimed that knowledge and understanding are necessary for efficient data interpretation (McConnell-Henry et al, 2009). To improve comprehension, we must accept the factors that have shaped our perception of the world (and how we comprehend it); acknowledging these factors and biases is a sort of bracketing or reduction (Finlay, 2008).

This study aligns with the hermeneutic phenomenological tradition in acknowledging that the researcher's fore-understanding and experiences are valuable resources in the interpretive process, whilst maintaining reflexive awareness of how these may shape the research process and findings.

3.2.5 Reflexivity in Phenomenological Research

Due to the subjective nature of qualitative research enquiry, it can be challenging to maintain validity and scientific rigour (Kasket, 2012). With this in mind, there is an imperative need for transparency and ongoing reflection on how the researcher's subjective worldview may impact the research process (Larkin et al., 2006). Doing so creates an "*open*" account of the analytical process, which can be evaluated by the reader in assessing the validity of the construction of the research design and analysis (Constas, 1992). IPA, therefore, requires researchers to be candid about their impact on the research by taking a reflexive position (Willig, 2013; Finaly, 2021). This process involves the researcher '*owning their perspective*' by acknowledging and critically reflecting on their own inherent biases and presuppositions connected with factors such as prior knowledge, values, socio-cultural position, beliefs, investments, and identity (Elliott et al., 1999). This is especially pertinent because the process of IPA involves the researcher's active interpretation of the participant's interpretation of the phenomena in question (Smith et al., 2009).

Reflection is the process of learning and growing by reviewing what we believe happened in any given situation, how we believe others interpreted the situation and us, exposing our practices to outside examination and researching information and texts from a wider range of sources. Reflection is the in-depth analysis of things that are not about you, either by yourself or with a supportive audience. The reflector makes an effort to determine what occurred, what people thought and felt about it, why, who was involved, and when, as well as what these other people may have gone through and experienced. Making events and people more understandable involves looking at entire scenarios from as many sides as possible, including people, relationships, situations, places, timing, chronology, causality, linkages, and so forth (Schön, 1983; Finlay, 2002; Berger, 2013).

Reflexivity, by contrast, involves examining how we, seemingly unknowingly, contribute to the creation of social or professional systems that are in opposition to our own beliefs (destructive of diversity, and institutionalising power imbalance, for example). It involves becoming conscious of our knowledge's limitations and how we act. By paying great attention to one's actions, thoughts, feelings, values, identity, and their impact on other people, situations, and professional and societal systems, reflexivity makes elements of the self unfamiliar. The reflective thinker must take a step back from their belief and value systems, routine behaviours in thinking and interacting with others, frameworks for understanding themselves and their place in the world, and presumptions about how the environment affects them (Schön, 1983; Finlay, 2002; Cunliffe, 2009; Berger, 2013).

As Fook (2002, p. 43) articulates:

"Reflexivity is a stance of being able to locate oneself in the picture, to appreciate how one's own self influences [actions]. Reflexivity is potentially more complex than being reflective, in that the potential for understanding the myriad ways in which one's own presence and perspective influence the knowledge and actions which are created is potentially more problematic than the simple searching for implicit theory."

Four layers of reflection were proposed by Smith et al. (2009): *'pre-reflective reflexivity'*, *'the reflective glancing at' a pre-reflective experience*, *'attentive reflection on the pre-reflective'* and *'deliberate controlled reflection'*. The fourth layer of the model proposed by Smith et al. (2009), *'deliberate controlled reflection,'* is a *'phenomenological reflection'* and follows the events of completing the aforementioned reflexive acts. In using this method, the researcher *deliberately mentally replay the sequence of events and conduct a formal analysis of the content of pre-reflective reflection on those events'* (Smith et al., 2009, p.189).

This reflexive framework guided the approach taken throughout this research, with particular attention paid to how my own positionality as a heterosexual, cisgender researcher studying LGBTQ+ experiences might influence the research process and findings. The practical application of reflexivity throughout this study is detailed in subsequent sections of this methodology chapter.

3.3 Recruitment Challenges and Methodological Evolution

Recruiting participants from the target population of GB men who had experienced IPV presented significant challenges that necessitated substantial adaptations to the original methodology. This section chronicles the recruitment journey through seven distinct phases, each representing a responsive effort to overcome barriers to accessing this often-hidden population.

3.3.1 Initial Recruitment Strategy and Early Challenges

Initially, I engaged with domestic violence services in Wales, recognising their expertise in supporting individuals experiencing IPV. The original target population comprised individuals aged 18-24 years, with recruitment planned through established support services. Of the many services to which I reached out, both locally and nationally (approximately 50+) (Appendix G), those who responded to my calls for support discussed a lack of capacity or limited availability to help.

Several services showed initial promise. Safer Wales's men-only survivors service 'Dyn' was initially helpful and supportive of the project. I organised volunteer work and set up meetings to recruit participants. However, this fell through when their only IDVA left the position, resulting in a halt to the service and my role as a volunteer being withdrawn. I reached out to Calan DVS and had meetings with their IDVAs to establish whether anyone using the service met my eligibility criteria. At first, it was a challenge as there was no one currently seeking support in my population of interest. I kept communications ongoing in the hopes of recruiting, but to no avail.

The responses I received were illustrative of the broader challenges facing support services:

"Thanks for getting in touch with us. Unfortunately, we do not have the capacity to help promote research projects at the moment, but we appreciate you thinking of us. We wish you all the best with the research."

(Mindout)

"Thank you for your email enquiry. Unfortunately, due to a high workload, we have a limited capacity to be able to assist students with their research. However, thank you for your interest in this topic; it is incredibly important!"

(Survivors Network)

“Thank you so much for your email and for your interest in Galop’s work. Galop currently receives a large number of requests for research projects, and we are unfortunately unable to support them all. We are a relatively small charity, and our capacity is focused on meeting the needs of LGBT+ victims/survivors. Unfortunately, we’re unable to support this time; it’s extremely busy and everyone is currently working at capacity.”

(Galop)

These early challenges with traditional recruitment methods, characterised by service capacity constraints and limited availability of eligible participants, necessitated significant adaptations to the original methodology.

3.3.2 Methodological Adaptations and Expansions

The move to online recruitment presented unexpected challenges, including encounters with *‘fraudulent participants’* or *‘imposter participants’* (Ridge et al., 2023). During my recruitment process, I encountered numerous instances of individuals who completed my online consent-to-contact form, claimed to have experienced IPV, and appeared to meet the study eligibility criteria, but provided vague or inconsistent demographic information and nearly identical expressions of interest from different email addresses.

To mitigate these risks, I implemented a screening process using online surveys, where potential participants were provided with comprehensive information about the study and required to complete preliminary screening questions. Potential participants were screened for eligibility using the Respect Toolkit (Appendix D) for male survivors of DV in conjunction with Stonewall Housing's LGBT risk assessment.

As the sample size remained limited, I expanded recruitment efforts to England to increase diversity and representation. An ethics amendment was sought to expand the location of recruitment to England and Wales. This expansion provided the opportunity to compare experiences with services or barriers to service provision in various locations, and adjustments were made to the research questions to reflect this change.

During the course of the study, a decision was made to modify the age range of participants. Originally, the target group comprised individuals aged 18-24. However,

to capture a wider range of experiences, the age criterion was expanded to include people 18 years and older, asking participants to retrospectively reflect on their experiences.

3.3.3 Diversified Recruitment Strategies

Social media platforms such as Facebook, Twitter, Instagram, and LinkedIn were used to advertise the study and recruit participants. Posters were also created and placed throughout Cardiff in local LGBTQ+-friendly venues. LGBTQ+ community groups were contacted and asked to share information about the study with their members. An advertisement was also placed on the Mankind website, as well as LGBTQ+-specific forums on Reddit and Facebook, with demographic parameters set to reach only men aged 18+ in England and Wales.

I adapted the language in my recruitment posters and online posts in the hope that those who do not see themselves as a victim or survivor could come forward if they had experienced their *'partner being rough during sex'*, *'commenting negatively on their clothing'* or *"controlling finances"* and so on (See Appendix B). However, this approach proved unsuccessful.

As traditional recruitment through services and general social media continued to yield insufficient participants, I explored more targeted platforms. An advertisement was placed on the LGBTQ+ dating app *'Grindr'*, based on research conducted by Koc (2016), which demonstrated the potential effectiveness of dating apps for recruiting hard-to-reach LGBTQ+ populations. A profile was created with the profile image illustrating the research poster advertisement (Sorbelli, 2023). Unfortunately, this yielded no responses, though it did highlight additional ethical challenges when researching platforms where inappropriate behaviour is common.

3.3.4 Final Methodological Adaptation

After multiple recruitment strategies yielded only three participants (one identified as fraudulent or an imposter), I implemented a final major methodological adaptation. The decision to introduce an online qualitative survey was based on the expectation of reaching a larger number of participants. It provided an opportunity to interact with

individuals who may find it easier to participate due to the sensitive nature of the topic. Additionally, the online survey acted as a gateway to potential follow-up interviews with those who expressed interest in further involvement.

The survey instrument was carefully designed to capture qualitative responses that would provide nuanced insights into the experiences of GB men about IPV. It included open-ended questions and prompts that allowed participants to share their thoughts, feelings, and experiences in their own words (Braun and Clarke et al., 2020). The survey was distributed through various channels, including online platforms and community organisations.

3.3.5 Understanding the Recruitment Challenges

The recruitment challenges encountered reflected several structural and cultural factors affecting this population:

The pervasive stigma and discrimination faced by LGBTQ+ individuals often create apprehension about disclosing firsthand experiences, especially regarding sensitive topics like IPV. This fear of judgement and negative reactions can significantly affect their willingness to participate in research. The hidden nature of IPV within same-sex relationships further complicates recruitment efforts, as it is often less visible compared to heterosexual relationships. Many potential participants may not be connected to formal support services or readily self-identify as IPV survivors. Services across the UK and various sectors are struggling and have been before the onset of the COVID-19 pandemic, with financial cuts and staff shortages. The ONS reported a 12% increase in the number of domestic abuse cases referred to Victim Support during the pandemic, whilst there was a substantial 65% increase in calls received by the National Domestic Abuse Helpline (ONS, 2021). These statistics highlight the pressures on services during this period. Historical mistreatment and unethical research practices have fuelled deep-seated distrust toward researchers within LGBTQ+ communities.

3.3.6 Final Sample Achievement

The recruitment evolution resulted in the following final sample: 59 participants completed the qualitative survey, 8 participants proceeded to follow-up interviews, and 2 participants engaged in photo-elicitation alongside their interviews. This multi-phase recruitment strategy, while challenging, provided valuable insights into the barriers faced by this population in accessing both research participation and support services. The methodological adaptations maintained the phenomenological focus whilst broadening accessibility and enabling participants to engage with the research in ways that felt comfortable and safe for them.

Having outlined the complex recruitment journey and final sample achievement, the following section details the specific data collection methods used to capture participants' lived experiences.

3.4 Data Collection Methods

This section outlines the three data collection methods used in this study: qualitative survey, semi-structured interviews, and photo-elicitation. Each method is situated within the broader phenomenological framework and justified in terms of its contribution to understanding participants' lived experiences.

3.4.1 Qualitative Survey

As detailed in the recruitment section, the qualitative survey was designed to complement the semi-structured interviews whilst serving as a potential pathway to recruitment for follow-up interviews. This method proved particularly valuable for accessing participants who might have been hesitant to engage in face-to-face or video interviews due to privacy concerns, stigma, or personal preference. The asynchronous nature of the survey allowed participants to reflect on their responses and share their experiences at their own pace, potentially leading to richer, more considered responses.

The survey was structured to maintain the phenomenological focus of the study, with questions designed to elicit detailed descriptions of participants' lived experiences. Whilst surveys are not typically associated with IPA research, the qualitative nature

of the questions and their alignment with the study's theoretical framework made it a suitable complementary method. Additionally, by offering the option for follow-up interviews, the survey created a pathway for participants who felt comfortable sharing more of their experiences after initial engagement through the anonymous format.

The survey instrument was carefully designed to capture qualitative responses that would provide nuanced insights into the experiences of GB men about IPV. It included open-ended questions and prompts that allowed participants to share their thoughts, feelings, and experiences in their own words (Braun and Clarke et al., 2020). The survey focussed on several topics, including experiences of IPV, coping strategies, barriers to support, support needs, service preferences, suggestions for improvement, relationship dynamics, health outcomes, disclosure, intersectionality, resilience, and growth.

The implementation of an anonymous qualitative survey became particularly relevant given my outsider position as a cisgendered heterosexual researcher. The survey format provided a methodological bridge to help overcome some of the potential barriers associated with my outsider status and recruitment hurdles. By offering complete anonymity and the option to participate without direct interaction, the survey created a space where participants could share their experiences without having to navigate the potential discomfort or uncertainty that might arise from discussing sensitive topics with an outsider researcher.

The survey's design also helped mitigate some of the trust-building challenges typically associated with outsider research. Participants could review the research aims, my background as an ally researcher, and the types of questions being asked before deciding their level of engagement. This transparency, combined with the control participants maintained over their level of involvement (whether to remain anonymous or opt for follow-up interviews), helped establish credibility in a way that differed from traditional insider/outsider dynamics.

The online surveys were anonymous, and participants were advised not to mention any names or identifying information in their responses. Identifiable information in open-ended answers was removed. Detailed information on the research project was provided at the beginning of the survey, including details about the researcher, the

study objectives, the data handling procedures, and the anonymous and voluntary nature of participation. Prior to completing the survey, participants were presented with a participant information sheet and required to actively select a button confirming their agreement to take part before proceeding. This active selection constituted informed consent to participation. Completion of the survey was therefore considered evidence of consent, and participants were informed that withdrawal was not possible once they had submitted their responses.

3.4.2 Semi-Structured Interviews

To gain a comprehensive understanding of the participants' experiences, semi-structured interviews were initially chosen as the primary data collection method. However, due to challenges in recruitment, participants were recruited through the online qualitative survey. From the survey respondents, a subset of eight participants opted to participate in follow-up interviews. This adaptive approach allowed for an in-depth exploration of the narratives, perspectives, and emotions related to IPV violence among GB men. The integration of both survey responses and follow-up interviews provided a rich dataset, with the survey offering broader insights across the participant group, whilst the interviews allowed for deeper exploration with those participants who felt comfortable sharing their experiences in a more detailed, interactive format.

The majority of interviews took place remotely via Zoom, with one interview conducted in person. Prior to each interview, a risk assessment was completed by the researcher to ensure it was appropriate and safe for participants to proceed. The risk assessment process is discussed in further detail in Section 3.5.

The interview questions were carefully crafted to generate rich and detailed responses. They covered a range of topics, including participants' IPV experiences, the impact on their well-being, help-seeking behaviours, and the role of social attitudes and support systems. The questions were designed to be open-ended, allowing participants the freedom to express themselves and provide insights into their unique experiences. Each interview was conducted remotely in a private and comfortable setting, allowing participants to feel at ease whilst discussing sensitive topics.

The interviews were audio-recorded with participants' consent to ensure accurate and comprehensive data capture. Field notes were also taken during and after each interview to record non-verbal cues, contextual information, and personal reflections. To ensure consistency and comparability between interviews, an interview guide was developed. This guide served as a flexible framework, providing a structure for the interviews whilst allowing for the spontaneous exploration of developing themes. The interview guide was refined throughout the study to incorporate new insights and adapt to the evolving understanding of the research topic. The aim was to focus on the participants' experiences of abuse. The participant was given a choice and agency relating to the interview format, time, and date. The in-depth interviews enabled participants to discuss at length and in detail their experiences of relationship abuse and express their views, thoughts, and opinions. A central focus of this research is the viewpoint of the '*expert*' where the participants were and are the '*experts*' in their experiences (Coombes et al, 2009). This was central to developing a true understanding of the needs and experiences of GB men who are survivors of relationship abuse.

Semi-structured interviews are considered an appropriate method when using an IPA (Landridge, 2007). Using such a method allows for unexpected themes or topics to arise but also means there can be guidance on broader areas of interest. A semi-structured schedule was created with open-ended questions and prompts that enable freedom of exploration as the interview progresses (Creswell, 2003). The open-ended questions are designed to allow the participant to expand upon their answers and encourage detailed exploration.

3.4.3 Photo-Elicitation

Photo Elicitation (PE) is a method of interviewing through the use of photographs. Interviewing using visual stimuli has been found to change the tone of the interview and can prompt emotional connections to memories, whilst also providing more meaningful accounts (Bates, McCann, Kaye and Taylor, 2017). This research is centred upon participant-driven semi-structured interviews, and the addition of photo-elicitation as a complementary method enhanced the phenomenological approach by

providing visual stimuli to prompt deeper discussions and reflections on participants' experiences.

Participants who opted for photo-elicitation were asked (if willing) to provide 5-10 photographs that represent their experiences of abuse. Participants were briefed on what photographs they could use. The main criteria explained that any photographs must relate to something the participant feels represents their experiences of abuse. However, due to ethical concerns and the principles of consent, they were encouraged not to bring photographs that show other individuals. It was important that from the outset, participants were aware that the content of the photos should not depict anything illegal or be deemed sensitive in nature.

The photographs themselves may not represent abuse directly - they may not show the victim/survivor with physical indicators of violence but should be of something that represents or depicts their experiences. Previous research with female survivors of domestic abuse has found that often people choose items of things in their day-to-day lives, such as images of clothes washing line. This may not directly relate to domestic abuse, but it may elicit a memory of an experience that happened during the day in which this photo was taken. Participants are provided with a series of generic open-ended guided questions to begin the discussion. This occurs once the participants have arrived for their interview and have been briefed. The following is a set of guided questions adapted from Bates et al. (2017) that were used during the interviews: 1) Please could you talk through these photos and explain why you chose them. 2) How do you think these capture your experience of abuse? 3) Why is X (depicting something in the photo) an important aspect of you being a survivor? 4) Is there anything else you want to discuss about your experience which is not depicted here?

The questions themselves do not direct the nature of the discussion; rather, the photos frame the structure of the interview process. The use of the photos determines what particular issues are discussed, and why. This results, to some extent, in the control and power of the interview process being with the participant. This format allows participants to be in control of what photos they choose. The photos were used throughout the interviews in no specific order. This was entirely the choice of the participant, and with the flow or direction of the interview.

In a simple sense, researchers who decide to use PE must make key decisions that will influence or affect the structure of the research and how the method is applied. According to Epstein (2006), this can be synthesised into three questions: 1) Who is going to make or select the images used? 2) What is the content of the images going to be? 3) Where are the images going to be used and how? In this study, participants had complete control over image selection, content was determined by their personal representation of abuse experiences, and images were used within the interview context to facilitate deeper discussion.

Most methodologies focus on verbal-only methods of interviewing and ascertaining an individual's experiences; however, the introduction of visual stimuli (i.e. photographs) may act as a memory cue, which in turn, may provide richer data due to the participant being re-immersed in their past. As participants interpret their photos during the interview, it can provide them with insight into their experiences and also provide the researcher with increased access to the participants' perspectives. Silver and Farrants' (2016) study illustrates the use of IPA with PE, demonstrating how the use of visual data helped to provide further insight into how people with body dysmorphic disorder see themselves.

3.4.4 Integration of Methods

The combination of semi-structured interviews and the qualitative survey, enhanced by photo-elicitation for willing participants, allowed for a comprehensive exploration of GB men's experiences of IPV. These methods provided valuable information on the complex factors that influence IPV within this population, capturing personal narratives, coping mechanisms, and potential avenues of support. Data collected through all methods were complemented by rigorous analysis, contributing to a deeper understanding of the research topic.

This methodological adaptation demonstrates how research tools can be strategically used to help bridge the insider/outsider divide, particularly when investigating sensitive topics within minoritised communities. The survey created a stepping stone between complete non-participation and full engagement, allowing participants to establish trust and comfort at their own pace. The eight participants who chose to proceed to interviews after completing the survey represented a subset

who felt sufficiently comfortable with my researcher position to engage in more direct dialogue about their experiences.

3.5 Ethical Considerations

Ethical consideration is a key component of this study. The topic of GB IPV is acknowledged as having the potential to be emotive for all participants. The area of investigation is '*sensitive research*,' filled with emotion or one that triggers feelings of dread and potentially poses a significant threat to those involved (Lee, 1993; Liamputtong, 2007). Recognising the potential harm to all (researcher and participants) involved, the ethical component of this study required careful planning and consideration.

3.5.1 Ethical Approval and Governance Framework

Ethical approval for semi-structured interviews with GB men was obtained from Cardiff University's Research Ethics Committee (approval reference: 73). As well as following university guidelines on safeguarding and preventing harm to participants/researchers, I also followed the Research Integrity Framework on Domestic Violence and Abuse (Women's Aid, 2020). I adhered to the five pillars set out, which highlight the key aspects of research in researching DVA. These include: (1) Safety and well-being, (2) Transparency and accountability, (3) Equality, human rights, and social justice, (4) Engagement, and (5) Research ethics (Women's Aid, 2020).

3.5.2 Participant Safety and Wellbeing

GB men who have experienced IPV are a potentially vulnerable group, and participating in in-depth interviews could trigger distressing past encounters of abuse. However, all aspects of risk and consent have been greatly considered and made an integral aspect of this project. Prior to each interview taking place, a risk assessment was conducted by the researcher to establish the safety and wellbeing of each participant. This assessment was administered via an online survey and was guided by the Respect Toolkit for Work with Male Victims of Domestic Abuse

(Respect, 2019), which provided a structured framework for evaluating participant safety (Appendix D). The assessment covered current relationship status and relationship history, the nature and type of abuse experienced, the duration of abuse, and whether participants had previously reported abuse to any service or authority. Drawing on the Respect Toolkit's fear assessment approach, participants were asked whether they were currently scared of or in fear of their partner, enabling the researcher to assess recency and ongoing risk. Given the specific context of GB male participants, the risk assessment also incorporated identity-specific questions adapted to reflect the abuse dynamics documented in the literature, including whether their partner had threatened to 'out' them, whether their partner prevented them from accessing medications, and whether their partner had blamed the abuse on their sexual or gender identity. The survey responses were reviewed by the researcher prior to interview and served as a screening mechanism to ensure that participation was appropriate and that interviews proceeded only where it was safe to do so.

Whilst the risk assessment served to screen participants prior to interview, the researcher recognised that distress could nonetheless arise during the interview process itself. The topic of domestic abuse is acknowledged as having the potential to be emotive, and steps were therefore taken to minimise distress throughout. Participants were provided with information about the nature and purpose of the research in advance to ensure they knew what to expect. To further safeguard participant wellbeing, a structured check-in was within the interview schedule, at which point participants were reminded of their right to take breaks, withdraw, or stop at any time.

Several ethical concerns were considered when developing the online survey for GB men who had experienced IPV. These concerns included informed consent, confidentiality and anonymity, sensitive content, and participant support. Mitigation strategies were implemented to address these concerns and ensure the ethical conduct of the research. To address these concerns, the following strategies were used: A) A clear and concise information sheet was developed that provided participants with an understanding of the purpose, objectives, and potential risks and benefits of the survey. B) The responses were kept confidential and anonymous. C) Survey questions were designed using clear and non-judgemental language,

allowing participants to skip questions they found distressing. D) Information about support services, such as helplines and support workers, was provided to participants. E) A secure online platform was used to store participant data according to relevant data protection (GDPR) regulations.

3.5.3 Confidentiality and Data Protection

To protect confidentiality and to safeguard adults who could be perceived as vulnerable, it was ensured that all interviews were not heard by anyone. During any online interviews, headsets were used to ensure confidentiality. Throughout the data collection process, ethical considerations were prioritised. Informed consent was obtained from all participants, ensuring they were fully aware of the purpose, procedures, and potential risks involved in the study. Measures were taken to protect participant confidentiality and anonymity, including the use of pseudonyms in transcriptions and data analysis. Participants were also provided with information about available support services should they require further assistance.

Throughout my research, I maintained a comprehensive reflective diary. This diary served as a crucial tool for documenting and processing my thoughts, feelings, and interpretations at various stages of the study, whilst also serving as an additional ethical safeguard through continuous self-monitoring of the research process and my responses to sensitive content.

3.5.4 Photo-Elicitation Ethical Considerations

The use of PE in interviews does raise specific ethical issues. These issues concern the nature of the questions posed, photo selection and consent. Most often, studies have used this methodology to explore ethically sensitive topics such as grief, domestic abuse, HIV and young people with cancer. The potential for distress is high when asking people to gather photos of and discuss an upsetting and traumatic experience. The potential is heightened further when a method is used that is intended to exploit emotional connections to memories and experiences (Bates et al., 2017). Therefore, caution must be used when choosing PE if the topic is particularly sensitive.

However, research has shown that this approach can also be empowering. A study conducted by Frohmann (2005) on *"battered women"* using PE highlighted how participants were in control of their choice of photographs, with the only requirement that they represent their experiences. The photos that the women chose did not reflect the brutality of the violence they had experienced, but instead reflected their daily lives. This example challenged researchers' assumptions about the subject. From this, it can be argued that although a topic is sensitive and challenging by nature, it should still be explored and understood. There seems to be an implicit assumption that any emotional response evoked through the use of creative methods, such as PE, is negative. However, some studies highlight that this is not always the case; Oliffe and Bottorff (2007) found that when they used PE in interviews with men who discussed issues with health and illness, the male participants felt PE helped them talk more freely, and some even reported it to be *"therapeutic"* (Oliffe, 2007).

Another significant ethical issue relates to consent. It is important to consider how the participants feel about their photos and the task. Empowering the participants by giving them agency over which photos to take to interview and which ones are most important is vital. Additionally, ensuring informed consent is explicit and takes into consideration the power/accessibility issues of the sample being targeted. Close (2007) has recommended that providing a separate consent form for the usage of the data in analysis is key alongside the use of visual imagery in the dissemination of the research (Close, 2007). It is important to be transparent to the participant and provide full disclosure of how their photos will be used, especially when researching a topic that can be considered emotionally provocative.

Participants can find new meanings and understandings of their social world through PE that may challenge what they previously thought or felt about their experience. This can be positive and quite a reflective experience, but there is also the potential for this to be reflected upon negatively. A participant may experience an uncomfortable realisation about their experience(s). Further, the power differentials may lead a participant to feel inferior or wrong for how they behaved or what they experienced. It is, therefore, imperative that care and sensitivity are taken to ensure that participants do not feel judged and consequently distressed (Bates et al., 2017).

A final consideration on consent relates to informing participants that photos with other persons or easily identifiable places would not be included in any publication of the research (Bates et al., 2017). If a participant were to choose to select a photograph with other people featured, they would first need to obtain consent from the relevant people before using it. Further, participants were asked not to select photographs that show information about an organisation, patient, or client.

3.5.5 Researcher Safety and Support

Exposure to perceived emotional and/or distressing situations may impact emotional resilience; de-briefing is a recognised method for managing in the aftermath of such circumstances. The purpose of the debrief is to identify any issues and focus on learning points to ensure safeguarding and improve future practice. Therefore, routine de-brief sessions were held with my supervisory team, which provided a relatively low-cost way of identifying learning opportunities and ensuring my ongoing safety.

3.5.6 Maintaining Ethical Standards Throughout Methodological Adaptations

Even with the numerous amendments made to the recruitment and data collection methods in this study, maintaining ethical standards remained a top priority. Throughout the research process, strict adherence to ethical guidelines was maintained to safeguard the rights and well-being of the participants. This included obtaining informed consent from all participants, ensuring their voluntary participation, and guaranteeing the confidentiality and anonymity of their responses. Despite the challenges faced in recruiting a minoritised population and the need to modify recruitment strategies, every effort was made to prioritise the privacy and safety of the participants. In addition, measures were taken to address the sensitive nature of the research topic, providing support and resources to participants who may have needed assistance during or after their participation. By upholding these ethical standards, the study aimed to establish a foundation of trust, respect and integrity, enabling participants to share their experiences in a secure and supportive environment.

3.6 Data Analysis: Interpretative Phenomenological Analysis

This section outlines the analytical approach used to examine the data collected through the qualitative survey, semi-structured interviews, and photo-elicitation methods. The analysis was guided by IPA, which aims to place the participants' experiences at the core of the investigation by exploring how participants assign meaning to the experiences they are discussing.

3.6.1 Rationale for IPA Analysis

IPA was used in the analysis to conduct and analyse the in-depth interviews. Guidance for this process and indeed the presentation of results was obtained from Smith et al. (2009). This approach of analysis was thought to be the most suitable and appropriate for the research aim, which was to *"understand the experiences and needs of GB men experiencing IPV."* The IPA framework made it easier to stay focussed on the participants and record the particulars of their personal experience during analysis. It contributed to my understanding of the significance of domestic violence as a human experience. It aided in the interpretation of what their experiences meant and gave them a better understanding of their lived world. The analysis involved using hermeneutic, double hermeneutic, and interpretative methods to understand how each participant made sense of their unique experience of the phenomenon.

3.6.2 Six-Step IPA Process

A six-step process for novice IPA researchers was proposed by Smith et al. (2009) to serve as a generic set of adaptable instructions that can be modified following the objectives of the research. This study adhered to the six-step process:

Figure 2. IPA Process

Stage	Activity	Actions
1	Reading and re-reading the interview transcription	Significant responses from the reader, statements, sentences, or quotes are identified in the transcripts (open coding).
2	Identifying themes	Identification of and labelling of major and minor themes.
3	Structuring the analysis	Clusters of themes are labelled in a way that captures their essence.
4	Production of a summary table of the themes	Quotations selected that illustrate themes. Abandoning of themes that are not well-represented.
5	Construction of a cohesive narrative	The narrative is based on the summary table; quotes from participants are included to add depth and richness

The complete six-step procedure followed in this study comprised: reading and re-reading, which involved immersive engagement with each transcript to develop familiarity with the participant's account and gain an overall sense of their narrative; initial noting, through systematic examination of the data using descriptive, linguistic, and conceptual comments to capture initial observations about content, language use, and meanings developed through close reading, developing themes by transforming the detailed notes into concise themes that capture the essential qualities of the participant's experience whilst remaining grounded in their account; searching for connections across generated themes through identifying patterns, relationships, and clustering themes to develop a coherent structure that reflects how themes relate to and illuminate each other; moving to the next case by repeating the previous steps for each participant individually, maintaining focus on their unique experience whilst temporarily setting aside themes from previous cases to avoid premature convergence; and looking for patterns across cases through cross-case analysis to identify convergent and divergent themes across participants, leading to the development of master themes that capture shared experiences whilst honouring individual variations.

It is important to clarify how IPA was operationalised across the three data sources in this study, given that each presented different analytical challenges. For the eight interview transcripts, the six-step IPA process was applied in its fullest idiographic form: each transcript was analysed individually and in depth before cross-case analysis was undertaken, preserving IPA's commitment to understanding the

particular before moving to the general (Smith et al., 2009). The analysis of interview data was primarily inductive, with themes developed from close, iterative engagement with each participant's account rather than imposed from a pre-existing framework.

The survey data presented a different analytical challenge. Whilst surveys are not conventionally associated with IPA, the open-ended, free-text nature of the survey responses meant they could be treated as textual accounts amenable to interpretative analysis (Biggerstaff and Thompson, 2008). For each survey response, an adapted version of the six-step process was applied, focusing particularly on initial noting and theme development at the level of the individual response before moving to cross-response analysis. Whilst the idiographic depth achievable with 59 short-form survey responses necessarily differed from that achievable with interview transcripts, the analytical orientation remained interpretative and inductive throughout, with themes developed from participants' own accounts rather than imposed deductively.

It should be noted that the Respect Toolkit, referenced in the recruitment section of this chapter, was used solely as a screening instrument to assess eligibility and risk during participant recruitment. It did not form part of the analytical framework and did not influence the coding or theme development process. The master and subordinate themes presented in this thesis were developed inductively through IPA engagement with the data across all three sources, with the analytical process documented in Appendix A.

Before integration, each participant's transcript underwent individual analysis. This idiographic approach ensured that each participant's unique experience was thoroughly explored before looking for patterns across cases. The analysis process was iterative rather than linear, allowing for movement between different stages as understanding developed.

The analysis needed to accommodate data from three different sources: qualitative survey responses, interview transcripts, and photo-elicitation materials. Most methodologies focus on verbal-only methods of interviewing and ascertaining an individual's experiences; however, the introduction of visual stimuli (i.e. photographs) may act as a memory cue, which in turn, may provide richer data due to the

participant being re-immersed in their past. As participants interpreted their photos during the interview, it provided them with insight into their experiences and also provided the researcher with increased access to the participants' perspective. For the survey responses, the same analytical principles were applied, treating the written responses as texts requiring interpretative analysis whilst recognising the different nature of this data compared to interview transcripts. The photo-elicitation data required analysis of both the visual elements and the verbal discussions they prompted, adding an additional layer of interpretative complexity.

The analytical process resulted in the development of master themes and superordinate themes. A map and table of topics provide a summary of what was found and show how the themes relate to one another (Appendix E). A substantial chunk of the analysis is made up of excerpts from transcripts, which start with a succinct report or summary and are followed by the researcher's interpretation. A rich narrative supported by a thorough commentary on data extracts is intended to lead the reader through interpretation, theme by theme (Smith et al, 2009, p. 80). Making a case for what the data means involves giving an account of the data, conveying a sense of the data, and presenting interpretations.

The analytical process was guided by the principles of quality in IPA research, ensuring methodological rigour throughout the interpretative journey. Transparency was maintained through detailed documentation of the analytical process, providing an audit trail of how themes were developed and generated from the raw data. Coherence was achieved by ensuring logical development of themes that remained grounded in participant accounts, with each interpretative step building meaningfully upon the previous analysis. The plausibility of interpretations was carefully considered to ensure they made sense of participants' experiences in ways that honoured their lived realities whilst offering deeper insights into the phenomenon under investigation. Throughout this process, reflexivity involved ongoing consideration of my role as researcher in the interpretative process, acknowledging how my own positioning and fore understanding shaped the analytical lens through which participants' experiences were understood (Berger, 2015; Finaly, 2002).

Having outlined the demographic characteristics of the participants and established the methodological approach through which their experiences were analysed, the

research findings are presented in the subsequent empirical chapters. The rigorous IPA process described above has yielded rich, nuanced data that illuminates the lived experiences of GB men who have survived IPV. The following chapters present these findings thematically, beginning with an exploration of how participants made sense of their experiences of IPV. This analytical journey moves from the participants' own understanding of their experiences toward increasingly interpretative engagement with their stories, consistent with IPA's commitment to honouring both phenomenological description and interpretative analysis (Smith et al., 2009; Larkin et al., 2006).⁴

3.7 Reflexivity and Researcher Positioning

This section presents the full account of my reflexive journey as a researcher investigating IPV among GB men, expanding on the positionality statement offered at the outset of this thesis (see Section 1.1). It examines my position as an outsider to the LGBTQ+ community and how this shaped both the research process and findings. This reflexive account follows Smith et al.'s (2009) four layers of reflection and demonstrates how my fore-understanding evolved throughout the research process. By maintaining this reflective diary, I was able to document not just the outcomes of my research but also the journey of discovery and personal growth that accompanied it. This process has been integral to ensuring the rigour and reflexivity of my qualitative research approach. I will complete this reflective journey in the final concluding chapter (8), where I discuss my thoughts and insights at the end of this research process.

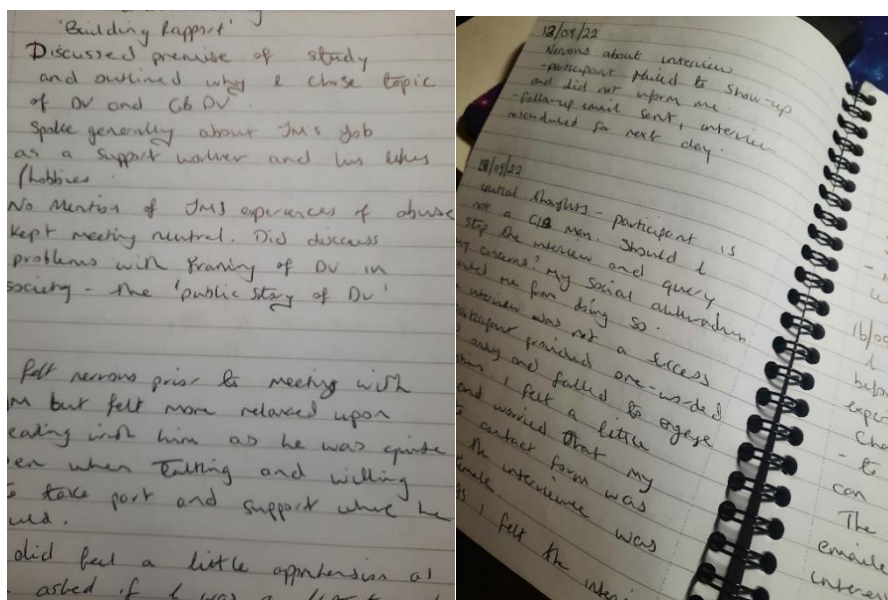
3.7.1 Reflexive Practice and Documentation

Throughout the course of my research, I maintained a comprehensive reflective diary. This diary served as a crucial tool for documenting and processing my thoughts, feelings, and interpretations at various stages of the study. The diary captured several key elements:

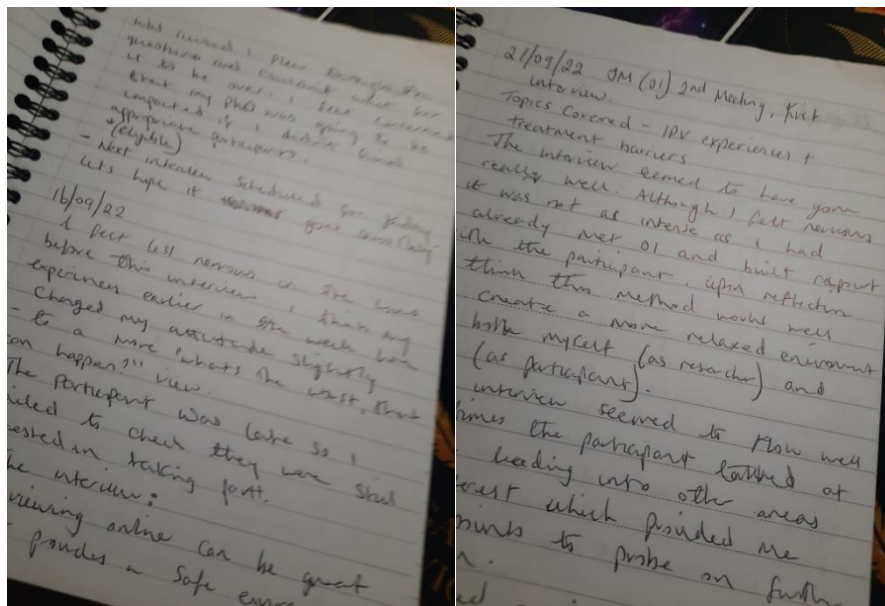
⁴ A worked example of the six-step analytical process, including annotated transcript excerpts, per-participant initial coding tables, and a cross-participant thematic map, is presented in Appendix A.

After each interview with participants, I recorded my immediate thoughts and reactions. These entries capture the intricacies of the conversations and my evolving understanding of the participants' experiences. I documented my emotional journey, including moments of doubt, frustration, and breakthrough. This helped me maintain awareness of my own biases and emotional state throughout the research process. As I began to analyse the data, I used the diary to explore potential interpretations and themes generated from the interviews. I reflected on the challenges and successes of my chosen research methods, including the decision to expand my participant criteria and recruitment area. The diary tracks my development as a researcher, from initial insecurities to growing confidence in handling complex and sensitive topics. Keeping this reflective diary was instrumental in several ways. It provided a space for continuous self-reflection, helping me to recognise and address my own biases and preconceptions. The diary entries offer valuable context for understanding how my interpretations of the data evolved. It serves as a record of the challenges faced during the research process, including difficulties in participant recruitment and navigating sensitive discussions.⁵

Figure 3. Evidence of Diary Entries



⁵ Further examples of reflective diary entries are presented in Appendix A, illustrating the reflexive process across key stages of the research.



3.7.2 Fore-Understanding: Personal Motivations and Early Influences

When considering why my interests lie in IPV as a topic for my thesis, I initially think back to my childhood. I recall when I sat as a child fascinated by crime television shows, movies that centred on homicide and missing persons and tales of police investigations. I still today continue to adore crime-focussed podcasts and Netflix documentaries. Although I have always had a keen interest in the macabre, I realise that my experiences as a young child witnessing IPV within my household were where the real need to understand why began. Trauma is something that permeates deeply in my family, with tales of IPV, completed suicide and substance use at the forefront. Although I cannot say I am a victim or a survivor, I witnessed abuse at the hands of my father towards my mother on many occasions before we eventually left.

Years passed, and although I remained interested in Criminology as a subject matter, I had never considered or been aware of where my interests would lead. Whilst completing my degree and studying Criminology, I had not yet considered continuing my love of the subject to pursue a PhD. It wasn't until I reached my Master's degree that I found a book written by Erin Pizzey, *'This Way to the Revolution'* (2011), where Pizzey discussed experiences of opening the world's first women's shelter for victims of IPV and being at the forefront of the feminist movement in the 1970s. Pizzey's involvement with the movement did not last, nor did her involvement in Refuge, due

to her so-called '*controversial*' views on IPV, simply because many of the female survivors were also perpetrators of abuse towards their partners.

This was fascinating as I began to consider the political nature of IPV, and its implications for women's only funded organisations and understood that the '*public story*' of IPV was and is flawed. Why is it so controversial to believe people other than women can experience abuse, and women can also be violent and perpetrate abuse? I then considered the further issue of homogeneity, and that people have intersecting identities. I wanted to understand the nature of abuse among those within gender and sexual minoritised populations and how their lived and living experience aligns with the narrative of IPV. I decided to focus on GB cis men's experiences and attempt to understand how they experience relationship abuse. Is their service provision to support their needs? Are these services working in their current form?

3.7.3 The Research Journey: Challenges and Evolving Understanding

Throughout my academic journey, I have struggled with feelings of inadequacy, imposter syndrome and a lack of confidence in my ability to produce work that is of good standing. Many times, I have read academic work where I have been intimidated by the language and my inability to understand what the author was saying or at least trying to say. It was not until I came across a quote by Alain de Botton that I realised how problematic academic writing can be, often needlessly complex and obscure and should instead prioritise clarity and simplicity:

"Every difficult work presents us with a choice of whether to judge the author inept for not being clear, or ourselves stupid for not grasping what is going on...Writing with simplicity requires courage, for there is a danger that one will be overlooked, dismissed as simpleminded by those with a tenacious belief that impassable prose is a hallmark of intelligence".

(Botton, 2000, pp. 158-9)

I do not believe I was naive to the difficulties and challenges that occur when beginning the PhD journey. I had imagined the level of competence and dedication needed to produce a solid thesis, yet I was unprepared for the emotional rollercoaster that would ensue. I enrolled in the autumn of 2020, feeling full of excitement and nerves for my new adventure into an academic career and tried to

embrace research and what it means to be a researcher. What began to appear quite early on were the challenges I would have in collecting data with my chosen sample.

My numerous attempts at securing a service provider in Wales to facilitate interviews failed on many occasions, meetings appeared to go well, and I was told, *'We can help you'* *'Yes, we can support you with participants.'* Then it became, *'there is no one in services that meets your criteria.'* I do admit I began to feel flat and unmotivated...How can there be no one using services when solid research states there are high rates of abuse? Is my research pointless?

There were also whispers of services not functioning or dealing with referrals, which further hampered my ability to secure participants. My attempts at reaching out to services that were not strictly for GB men but referred them to other services enlightened me further on the state of service provision in Wales. Services such as Women's Aid agreed to meet, but I was left feeling I had just been bundled into a van, blindfolded and interrogated as questions relating to my choice of participant and my choice of method were asked whilst being told *"This is not an interrogation"*, although it certainly felt like it...I felt completely 'fobbed off' as I never heard anything back.

My frustrations began to ease when I decided to amend my participant eligibility criteria and change my location of recruitment to both England and Wales. This change felt like the answer to all my participant engagement problems. Although I had suffered other hurdles I had not imagined would occur in the early days of my PhD, for instance, not being part of the LGBTQ+ community sparked some issues, as some felt I could not possibly empathise with LGBTQ+ issues when I am not one of the group. Arguments also emerged regarding whether researchers essentialise people who are LGBTQ+ by viewing them as a subject 'to be studied.' Others also noted that my research sample is trans-exclusionary and demanded explanations as to why I chose this. I cannot emphasise the panic I have felt at times during my PhD when speaking with others about my research, my mind constantly churning. This was further exacerbated by the feminist community, who asked, *'Why are you not researching female survivors, as 'men don't experience abuse.'* Indeed, the first time

I ever mentioned studying my topic to a senior academic, I was met with the inane response *'Doesn't most abuse happen to women'...*

Whilst this statement is true, it is certainly not, in my view, a critical response. Such reactions revealed to me early on that there is a deeply ingrained bias in both academic and social discourse. Moreover, the criticism of my research as being *"trans-exclusionary"* reflects a misunderstanding of the importance of focussed research. Whilst the experiences of transgender individuals in abusive relationships are undoubtedly crucial and worthy of study, every research project must have boundaries. My choice to focus on GB cisgender men does not negate the importance of trans experiences; rather, it allows for a deep dive into a specific subset of experiences that have been historically underrepresented in domestic abuse research.

The pushback I have received serves to underscore the very reason this research is so vital. It exposes the gaps in our understanding and the biases that persist even within academic and feminist circles. By challenging these preconceptions and bringing attention to the experiences of GB male victims, my research aims to broaden the conversation around IPV and contribute to a more inclusive and comprehensive approach to support and intervention.

3.7.4 Insider and Outsider Research

According to factors like ethnicity, sexual identity, and gender, an *"insider"* is a researcher who is personally a member of the group to which their participants also belong. An *"outsider"* is not a member of that group (Gai, 2012). It is crucial to consider insider versus outsider researcher positions (LaSala, 2003; Watts, 2006) because the researcher's position concerning his or her participant directly affects the information that is co-created between them; whether a researcher is an insider or an outsider is an epistemological issue (Griffiths, 1998). Additionally, because academics play a significant role in the description and presentation of underrepresented voices, such as those of LGBTQ+ groups, it is crucial to consider the consequences of being an insider or outsider (Tang, 2007).

Since the 1990s, academics have claimed that whilst conducting qualitative research, insiders occupy a privileged research position, especially when they reveal

this to their participants (Perry, Thurston, and Green, 2004). It has been stated that having insider knowledge is helpful when creating research questions, creating interview schedules, gaining access to, and recruiting participants, and gathering, analysing, and disseminating data. Insiders, have a better understanding of the participants' lives than outsiders, placing them in a strong position to conduct ethical research that prioritises and amplifies the voices of the participants, who are frequently marginalised (Bridges, 2001; Corbin-Dwyer and Buckle, 2009; Gair, 2012; Griffith, 1998; Kanuha, 2000; LaSala, 2003; Labaree, 2002; Miller and Glassner, 2004; Platzer and James, 1997).

In addition, convict criminologists argue that those who have been imprisoned have unique perspectives and experiences that can shed light on the criminal justice system, social inequality, and the experiences of marginalised groups. This strategy endeavours to challenge the prevailing discourse on crime and punishment and to develop a more inclusive and equitable understanding of these issues (Earle, 2017; 2018). Insider/outsider criminology is related to convict criminology as both approaches challenge conventional criminological theories and methods by emphasising the significance of incorporating the perspectives of those who have experienced imprisonment or other forms of involvement with the criminal justice system. However, convict criminology refers specifically to a group of academics who have direct personal experience with the criminal justice system as former prisoners, ex-offenders, or family members of imprisoned individuals. The objective of convict criminology is to produce a more nuanced understanding of crime and justice by incorporating the perspectives of those who are frequently excluded from conventional criminology (Tietjen, 2019; Ross, 2024; Ross and Vianello, 2021).

There are many strengths to using this method: 1) provides a unique perspective: The perspective of convicts, or those who have been directly impacted by the criminal justice system, is often overlooked in traditional criminology research. Convict criminology provides a unique perspective that is based on personal experience and insights that cannot be gained through traditional research methods. 2) Gives voice to marginalised populations: Those who have been incarcerated are often marginalised and excluded from society. Convict criminology provides a platform for these individuals to share their experiences and be heard. 3) Offers insights into the flaws of the criminal justice system: As a result of their experiences,

convicts are often keenly aware of the flaws of the criminal justice system. They can provide insights and critiques that can help improve the system. 4) Challenges traditional criminology: Convict criminology challenges the dominant paradigms of traditional criminology and exposes the limitations of traditional approaches to understanding crime and the criminal justice system (Earle, 2018; Tietjen, 2019; Ross, 2024; Ross and Vianello, 2021).

Conversely, the firsthand experiences of convicts may lead to a lack of objectivity in their perspectives and analyses. Prisoners may also be biased in favour of other prisoners or those who have experienced similar situations. This may lead to an overemphasis on the experiences of a specific group of individuals and a lack of attention to other perspectives. Some critics may view convict criminology as unscientific or not rigorous enough to be considered a legitimate approach to studying crime and the criminal justice system (Earle, 2018; Tietjen, 2019; Ross, 2024; Ross and Vianello, 2021).

Several difficulties that the insider researcher could experience have also been noted. Due to their shared positions, participants may have grand expectations of insider researchers; therefore, it is the researcher's duty to manage their data and the information it produces in a particular way (Kanuha, 2000; Kitzinger and Wilkinson, 1997). Additionally, if participants view the researcher as a friend or counsellor and divulge more information than they feel comfortable with, the blurring of the researcher-researched boundaries may present ethical challenges (Birch and Miller, 2000; Watts, 2006). Although assumptions of common understandings can be troublesome when collecting data, data may be richer and deeper due to the shared context of the researcher and the subject of the investigation (Kanuha, 2000). Additionally, if an insider assumes that the material's contents are obvious, there is a chance that they will miss some of the data when analysing it (LaSala, 2003; Perry et al., 2004). Furthermore, even if there is some degree of similarity between participants' lives, there may be more personal, social, and situational differences between them than similarities that outweigh what is shared, making it less likely that an insider will understand participants' perspectives than an outsider (Bridges, 2001).

The role of an outside researcher, according to some authors, may have some benefits. Because of their outsider viewpoint and ability to ask "naive inquiries" to

investigate issues in-depth, outsiders may be able to notice details in the data that insiders could miss. They may also be able to draw conclusions that insiders could not (Hellawell, 2006; LaSala, 2003; Morrow, 2005; Tang, 2007). The most frequently cited objection to outsider research is that it cannot comprehend or faithfully depict the experiences of its participants. However, this objection has also been made. When research is undertaken with people who are marginalised, oppressed, or othered, this is a particularly prominent issue (Bridges, 2001; Pitman, 2002). To guarantee that their study is culturally sensitive, improves participant lives, and advances understanding of communities and the general public, the outsider must ethically address the psychological and social distance between themselves and their subjects (Bridges, 2001; Sixsmith, Boneham and Goldring, 2003).

Insider/outsider are neither simple nor mutually incompatible categories that exist in isolation (Hellawell, 2006; Fish, 2008). A more nuanced assessment of the complicated structure of interactions between the researcher and the informant is therefore required, as I have shown in my own reflections, and to argue for the privileged position of the insider researcher is unduly simplistic (Corbin-Dwyer and Buckle, 2009). Researchers must critically assess their many roles and identities, including their insider status and level of attachment to and distance from the research issue, given the complexities of being both an insider and an outsider.

3.7.5 Insider/Outsider Positioning

I consider myself primarily an outsider because I am not a member of any LGBTQ+ group. I have, however, considered where I may *'fit in'* as a so-called *'insider'* among my participants, separate from sex or gender identity. Am I simply an outsider because I do not share the same sexual proclivities as my participants, or are there other areas, such as views, feelings, experiences, and ideas to which I can relate? Many of my participants may be part of the alternative community, non-religious, enjoy reading, rock music, playing video games, going for hikes, and so on. I would say, as a result, my position is an emic one; in many ways, I can be *'one of them'* and am likely to share similarities with many of my participants.

To illustrate the diversity, plurality, and intersections of identities, it is crucial to highlight these various elements of who we are (Fish, 2008). Because researchers

are rarely either "*insiders*" or "*outsiders*," thinking of "*insiders*" and "*outsiders*" in a binary way oversimplifies the researcher's relationship to their participants (Gair, 2012; Griffiths, 1998). I have been reflecting on my journey as a PhD student and how it has led me to consider my identity and place in the world in new ways. The current social media debates around identity, particularly about gender and womanhood, have been hard to ignore. As a researcher focussed on IPV survivors with different sexual identities, I knew my work would be political, but I did not expect the in-group/out-group dynamics and questions about my own identity that have arisen. I welcome questions and curiosity from others but sometimes feel left out due to my lack of membership in certain groups. For example, it has been challenging (at times) to participate in relevant events to showcase my research. Whilst I understand the premise behind LGBTQ+-only spaces, I worry that they can create more harm than good by fostering separation and a lack of understanding.

When asked by a participant whether I am a member or '*ally*', I identified myself as an '*ally*', though I was not entirely clear on what that meant at the time, but I was intrigued by this question. Nonetheless, I have been open about my own identity and motivations for my research in interviews with participants, in the hope of encouraging their participation and creating a comfortable, safe environment for them to share their experiences. Due to the tendency of Western society to be heteronormative and perceive heterosexuality as "*common*" and "*the norm*," heterosexual researchers (and heterosexual persons in general) are not frequently asked to declare their sexual orientation/identity (Schwartz, 2007). I did, however, decide to be candid after considering the need to have an identity as a researcher and what it means to be an '*ally*' to those within LGBTQ+ groups. Its importance is evident, particularly so when researching hard-to-reach populations.

This complex positioning as both insider and outsider had practical implications for how the research was designed and conducted.

3.7.6 Impact of Positioning on Research Design

First-hand experiences are often related to the reasons researchers have particular interests in topics (Tang, 2007). For myself, much of the reason for researching GB men's experiences of IPV stemmed from my interest; I consider myself to be deeply

immersed in the research through my subjective position. My research focus offered the opportunity to explore beyond the position of heteronormativity.

I agreed with the premise that I needed to have the voices of those with lived and living experiences involved in overseeing my research questions and interview schedule. Although I have insider knowledge of IPV and could use this personal knowledge to inform my questions and interview schedule when creating my questions and interview schedule I asked service providers who have experience working with survivors to review my questions and schedule. Further, after every interview, I asked my participants for feedback on the interview itself, and the questions posed. I engaged with those with lived and living experience in an iterative process, drawing upon previous research, asking for opinions from others and reflecting throughout the entire process.

The implementation of an anonymous qualitative survey became particularly relevant given my outsider position as a heterosexual cisgender researcher. The survey format provided a methodological bridge to help overcome some of the potential barriers associated with my outsider status and recruitment hurdles. By offering complete anonymity and the option to participate without direct interaction, the survey created a space where participants could share their experiences without having to navigate the potential discomfort or uncertainty that might arise from discussing sensitive topics with an outsider researcher. This was evidenced by the higher response rate to the survey compared to initial recruitment attempts through direct contact.

The survey's design also helped mitigate some of the trust-building challenges typically associated with outsider research. Participants could review the research aims, my background as an ally researcher, and the types of questions being asked before deciding their level of engagement. This transparency, combined with the control participants maintained over their level of involvement (whether to remain anonymous or opt for follow-up interviews), helped establish credibility in a way that differed from traditional insider/outsider dynamics.

3.7.7 Reflexive Learning and Growth

The focus of my research is simply to provide a platform for underrepresented voices, and I strive to be honest and reflexive in my approach to the research process. Whilst I find the current climate around identity politics to be challenging at times, I recognise the importance of promoting inclusivity and respecting others' perspectives. In essence, the resistance I have encountered is not just a personal challenge but a reflection of the broader societal attitudes that my research seeks to address. It reinforces the necessity of this work and the potential impact it could have on reshaping our understanding of IPV across all demographics.

The reflexive process has been integral to ensuring the rigour of my qualitative research approach whilst maintaining sensitivity to the complex dynamics of researching as an outsider within minoritised communities. This ongoing reflexivity continues to shape my understanding of both the research process and the phenomena under investigation.

3.7.8 Reflexivity and Feminist Standpoint Theory

The main focus of researcher reflexivity is how relationships between participants develop and how this affects the production of knowledge (Mao and Feldman, 2019). In qualitative interviews, building rapport and promoting open communication are crucial (Charmaz, 2014; Rapley, 2004); however, it is commonly accepted that the researcher does not act impartially during this process. By creating the data collection, selection, and interpretation processes, qualitative researchers actively shape the entire research process (Finlay and Gough, 2008; Finlay, 2008). Reflexivity is probably more important in fields considered to be sensitive to research, as these fields may elicit strong feelings in researchers that may have an impact on their ability to generate information. Thus, there are numerous ways that reflexivity might manifest. Finlay (2008) identifies one of these ways as "*intersubjective reflection*," which captures the emotional commitment that researchers have to their work. This entails acknowledging qualitative interviews as inter-subjective emotional experiences and enabling researchers to make sure that their behaviour is consistent with those values (Rodríguez-Dorans, 2018).

Feminist researchers have long disputed the "*myth*" of value-free research, acknowledging that interpretations are essential to the research process (Roberts, 1981). In a similar vein, feminist research has long emphasised the importance of reflexivity as a strategy that could help us better understand how social encounters in research happen (Ramazanoglu and Holland, 2002). It has also been stated that feminist researchers should openly reflect on the significance of their own identities for their study, showing how this may have influenced their behaviour in the field, rather than merely revealing themselves through reflexive research (Ryan-Flood and Gill, 2010). This also applies to the processing and dissemination of data because the researcher actively interprets what is heard during and after the interview (Johnson and Rowlands, 2012). There will therefore be disagreement and conflict over all interpretations and voices (Denzin, 1997). Research on feminism that encourages an open admission of subjectivity has been extensive (Ramazanoglu and Holland, 2002). Developing a critical understanding of research processes with an emphasis on the interactions between the researcher and the study subject has been a key component of the feminist critique of positivism. The positivist idea of an impartial, objective observer who leaves the scene without affecting the data is thus challenged. It has been said that this is a myth (Miller et al., 2012; Ribbens and Edwards, 1998). Rolls and Relf (2006) offer an intriguing alternative strategy, arguing that by developing their reflexivity, researchers might gain a deeper comprehension of the phenomenon and, as a result, be more objective.

Due to the difficulty of accommodating opposing subjectivities in evidence-based policy and practice, practical social research almost always involves interactions with positivism. It is a particularly risky activity for feminist academics who want to uphold feminist beliefs whilst also trying to have an impact on practice and policy (Gillies and Alldred, 2012). Feminist research and political action have long been intertwined, but the numerous sensitivities involved in achieving this have rarely been acknowledged (Henwood et al., 1998). Whilst feminist research may be more objective than androcentric traditional research because it provides less skewed knowledge, Standpoint Feminism rejects the idea that objectivity is "*value-free*" (Harding, 1987). Standpoint feminism also advances the argument that women possess a different kind of knowledge because their lives and functions in practically all societies are vastly different from men's. According to Harding (1987), knowledge

based on women's experiences of resistance to male dominance can lead to a more thorough understanding of gendered social life than knowledge based solely on men's experiences. Therefore, feminist standpoint theory aims to advance a new feminist understanding of gendered social realities by encouraging women to speak their truth (Hartsock, 1997).

Feminist standpoint theorists who are also involved in applied social research find feminist standpoint theory to be an appealing methodological approach because it does make knowledge claims, although partial and political ones. In the past, feminists have argued that subjectivity over objectivity, emotion over reason, and experience over experimentation should be prioritised and that feminist research may be more objective than androcentric traditional research since it creates less distorted knowledge (Harding, 1987; Stanley and Wise, 1983, 1993). The feminist standpoint theory is still sceptical of positivist claims that research is neutral and objective, whilst continuing to give priority to the notion that research participants are "*knowers*" (Intemann, 2010). But it has grown more grounded. The feminist perspective asserts that research with marginalised groups should start with their experiences (Harding, 2008), but it also increasingly emphasises the impact of social and cultural circumstances (Harding, 2004; Intemann, 2010). Understanding that narratives are socially and historically located, and that qualitative research is enmeshed in complex historical and cultural settings, is thus a closely related concept (Denzin, 2010; Jackson, 2007; Squire, 2008). Finally, feminism realises that politics is deeply entwined with research (Harding, 2004). Indeed, according to Hartsock's (2004) argument, feminists who engage in political engagement have a personal stake in conducting accurate research since incomplete or unreliable studies can lead to political involvement that is unsuccessful (Hoggart, 2021).

Whilst my research focuses on male rather than female victim-survivors, it shares key philosophical alignments with feminist standpoint theory in its commitment to amplifying minoritised voices and challenging incomplete narratives about IPV. Just as feminist standpoint theorists argue that women's experiences offer crucial insights into gendered social realities, I argue that GB men's experiences of IPV provide essential perspectives that have been historically overlooked.

3.7.9 LGBTQ+ Research Context

It is crucial to set the stage by specifically taking into account the subject of my research before I continue to consider my insider/outsider perspectives. To illustrate the shifting emphasis and openly call attention to the power relations that exist between the "*researcher*" and the "*researched*," I will here briefly outline the history of LGBTQ+ research and researchers. The researcher, who was assumed to be heterosexual, was regarded as the "*expert*" on the subject of LGBTQ+ groups in traditional psychology research on "*homosexuality*," which was situated within a clinically focussed and positivistic framework. Lesbian women and gay males who served as the "*subjects*" of several studies were labelled and stigmatised due to the "*causes*" of sexual identity that were the focus of these studies (Kitzinger, 1999; Kitzinger et al., 1998; Kong, Mahoney and Plummer, 2002).

Early same-gender relationship studies frequently included psychiatric patients, who were frequently portrayed as "*diseased*" or "*deviant*", whereas heterosexuality was viewed as the "*norm*" (Kong et al., 2002; Tang, 2007). Consequently, this early research was influenced by a medicalised language that positioned sexual orientation/identity as a sickness or disease and othered lesbian women and gay men for being different. To "*cure*" their sexual orientation/identity and make them heterosexual, lesbian women and gay men were viewed as requiring treatment and rehabilitation (or even imprisonment) (Kitzinger, 1999; Kong et al., 2002).

The emergence of the '*lesbian and gay movement*' in the 1970s led to new perspectives on sexual identity, new fields of study, and the exclusion of homosexuality from the 1973 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association (Kitzinger et al., 1998). The latter was largely based on a defence of tolerance for same-gender relationships in response to empirical data from Hooker (1957) showing that clinicians could not distinguish gay individuals from heterosexual men on a variety of projective tests. Gay and lesbian campaigners asserted that gay people should not be pathologised as having a mental illness in light of this data (Clarke et al., 2010; Kimmel and Garnets, 2003).

Researchers who identified as lesbian, gay, bisexual, or transgender started conducting affirmative same-gender relationships research when same-gender attraction was removed from the DSM, upending the "*old split between subject/researcher and the object/researched*" (Kong et al., 2002, p. 243). In the early 1980s, feminist researchers who had begun to address reflexivity and the necessity to think about the relationship between "*us*" as researchers and "*them*" as participants made this distinction between researcher and research their primary focus (Oakley, 1981). Consequently, stigmatised groups like lesbian women and gay men have shown a special interest in observations on the researcher/researched connection (Kanuha 2000; Kong et al., 2002). This reflexivity has led to the acceptance of the "*native, Indigenous, or insider researcher*" (Kanuha, 2000, p. 440). Recent research is frequently undertaken by academics who are out and open about their sexual identity/orientation and tend to be critical and politically motivated (Clarke et al., 2010; Tang, 2007). With a history of heterosexual individuals conducting pathologising research, the politics of who is entitled to conduct research with LGBTQ+ groups and how to do it are particularly sensitive (Tang, 2007). Researchers play an active role in the description and presentation of marginalised voices (Barker et al., 2012). Although it is by no means the only area of the social sciences where the problem of insider/outsider researchers is significant, the study of sexual identity is one where it is particularly relevant.

There have also been discussions in social psychological sexual identity studies on whether or not having similarities to our participants on one axis of identity inherently indicates that we have more knowledge about their lives. These discussions mirror those in insider/outsider research. Additionally, those who do not hold an insider position might nevertheless be friends with the subjects of their research or might have analogously experienced marginalisation in another facet of their identity (such as their gender). It is important to remember that the line between the researcher and the research subject will always exist and that academic research is always confined by the requirements of the university (or context) in which it is performed (Dwyer and Buckle, 2009).

3.8 Study Limitations and Methodological Considerations

This section acknowledges the methodological limitations encountered during this research and their potential impact on the findings. These limitations emerged from the adaptive nature of the methodology required to successfully engage with a hard-to-reach population whilst maintaining ethical standards and participant safety.

3.8.1 Recruitment and Sampling Limitations

The recruitment strategy, whilst prioritising participant safety through anonymous design, created methodological limitations that affected data linkage and analysis depth. Due to the anonymous nature of survey design, direct linkage between individual interview participants and their specific survey responses was not possible. This approach prioritised participant confidentiality and safety but prevented comprehensive individual case analysis across data sources. The study aimed to use neutral language by recruiting men who had '*experiences*' of dating and relationship abuse, yet limitations in participant identification may still exist. Some men may not recognise their experiences as abusive, potentially excluding survivors from the study. This non-recognition could stem from societal norms, personal beliefs, or a lack of awareness about abuse indicators in same-sex relationships.

By seeking men who identified as gay or bisexual, the study may have inadvertently excluded men who have sex with men but do not identify with these labels, or those who are not '*out*'. This limitation could impact the diversity of experiences captured, particularly for men facing additional disclosure barriers due to undisclosed sexual identity.

3.8.2 Methodological Adaptations

The significant methodological adaptations required during the research process, whilst necessary for successful data collection, introduced limitations that must be acknowledged. The evolution from service-based recruitment to online recruitment significantly changed the nature of participant engagement and may have attracted different types of participants than originally intended.

The expansion of age criteria from 18-24 to 18+ years, whilst increasing accessibility, meant that many participants were reflecting retrospectively on experiences that may have occurred years or decades earlier. This retrospective approach, whilst valuable for capturing long-term perspectives, may be subject to memory limitations and the evolution of participants' understanding of their experiences over time.

3.8.3 Data Collection Limitations

The shift from primarily interview-based data collection to a mixed approach incorporating an anonymous qualitative survey, whilst methodologically sound, created challenges in data integration and analysis. The different levels of depth possible through survey versus interview formats meant that some participants' experiences were captured in greater detail than others.

The limited uptake of photo-elicitation (only 2 participants) meant that this methodological enhancement could not be fully evaluated or integrated into the broader analytical framework. This limitation reduced the potential for visual data to enhance understanding of participants' meaning-making processes.

3.8.4 Sample Characteristics and Representativeness

The final sample, whilst providing rich insights into GB men's experiences of IPV, exhibited certain characteristics that may limit transferability. The significant disparity between gay men (79%) and bisexual men (11%) in the sample means that bisexual men's experiences may be underrepresented in the findings. The predominantly White British sample (81%) also means that experiences of ethnic minority GB men are less well represented.

The self-selection bias inherent in volunteer participation means that those who choose to participate may have particular characteristics (such as willingness to discuss sensitive topics, connection to support networks, or stage of recovery) that differ from the broader population of GB men who have experienced IPV.

Beyond sample characteristics, the research was also constrained by broader contextual factors that shaped both the research environment and participant experiences.

3.8.5 Geographical and Service Context

The study was conducted within specific English and Welsh policy and service contexts that may not reflect experiences in other areas with different legislative frameworks, service provision models, or cultural attitudes toward LGBTQ+ populations. For instance, Wales operates under distinct domestic abuse legislation (Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015), which differs from England's approach under the Domestic Abuse Act 2021. These legislative differences create varying definitions of abuse, different reporting mechanisms, and distinct service provision requirements that may shape survivors' experiences and help-seeking behaviours.

Furthermore, service provision models vary significantly between regions, with some areas having specialist LGBTQ+ domestic abuse services whilst others rely on mainstream providers with limited LGBTQ+ awareness training. Rural versus urban contexts also present different challenges, from service accessibility to community visibility and acceptance of LGBTQ+ identities. The findings should be interpreted within these contextual limitations when considering transferability to other settings, particularly those with different legal frameworks, service landscapes, or cultural attitudes toward both domestic abuse and LGBTQ+ populations.

3.8.6 Researcher Positioning Limitations

As acknowledged in the reflexivity section, my position as an outsider to the LGBTQ+ community may have influenced both recruitment success and the nature of data shared by participants. Whilst efforts were made to mitigate these effects through careful positioning and methodological adaptations, the potential impact of researcher identity on data collection and interpretation must be acknowledged. This positioning potentially affected the research in several specific ways: participants may have self-censored when discussing experiences that they perceived as

requiring insider community knowledge to understand; certain cultural nuances or community-specific references may have been under-explored due to my lack of lived experience; and some potential participants may have chosen not to engage with the research due to concerns about representation by a non-community member. Additionally, my background as a heterosexual, cisgender researcher studying marginalised experiences may have influenced the analytical lens through which data were interpreted, despite reflexive practices. Whilst efforts were made to mitigate these effects through careful positioning, methodological adaptations, and ongoing reflexivity, the potential impact of researcher identity on data collection, participant comfort levels, and interpretative analysis must be acknowledged as a limitation that could affect the depth and authenticity of insights captured.

3.8.7 Temporal Limitations

The data collection period (summer 2023) represents a specific moment in time, influenced by particular social, political, and cultural contexts affecting LGBTQ+ communities in England and Wales. The findings should be understood within this temporal context, particularly given the rapidly evolving nature of LGBTQ+ rights, visibility, and social acceptance. Despite these limitations, the study succeeded in capturing rich, detailed accounts of GB men's experiences of IPV and provides valuable insights into this under-researched area. The methodological adaptations, whilst creating limitations, also demonstrated innovative approaches to engaging hard-to-reach populations in sensitive research topics.

3.9 Participant Characteristics and Chapter Summary

To provide context for the subsequent analysis and findings, I will present an overview of the participant demographics. The demographic characteristics outlined below provide essential context for understanding the backgrounds and experiences of those involved in the study.

Table 2. Demographic Characteristics of Participants

Demographic Characteristics	Total N=59 Frequency N %	
Gender Identity		
Male	59	100%
Sexual Identity*		
Gay man	45	79%
Bisexual	6	11%
Queer	4	7%
Pansexual	3	5%
Other	1	2%
Age		
20-29	10	19%
30-39	19	36%
40-49	13	25%
50-59	8	15%
60-69	2	4%
70+	1	2%
Ethnicity		
White English/Welsh/Scottish/Northern Irish/British	46	81%
White - Gypsy or Irish Traveller	1	2%
White - Other	5	9%
Mixed - Other	2	4%
Mixed - White and Asian	2	4%
Asian - Other	1	2%
Religion		
Yes	15	26%
No	40	70%

Demographic Characteristics	Total N=59 Frequency N %	
Country of Residence		
England	45	79%
Wales	10	18%
Relationship Status (Current)		
Single	25	44%
Co-habiting	18	32%
Married	9	16%
Civil Partnership	2	4%
Types of Abuse Experienced*		
Sexual	20	40%
Physical	30	60%
Emotional	40	80%
Economic/Financial	19	38%
Mental/Psychological	35	70%
Coercive and Controlling Behaviour	33	66%
Harassment and Stalking	13	26%
Online/digital	4	8%
'Outing'	6	12%

*Multi-answer: Percentage of participants who selected each answer option

Some Missing Cases

The total number of participants included was 59, as two were removed from the final data set (n=61) for not meeting the eligibility criteria that required participants to identify as a) cis man and b) gay or bisexual. The online survey data were collected during the summer period of 2023, alongside interviews and photo-elicitation sessions with participants.

All participants in the study identified as male (100%). The majority of participants identified as gay men (79%), with a smaller percentage identifying as bisexual (11%).

The largest age group represented was the 30-39 bracket, accounting for 36% of participants. Most participants were White (81%), with the majority being White English/Welsh/Scottish/Northern Irish/British (81%). In terms of religion, 26% of participants identified as having a religious affiliation, whilst 70% did not. Geographically, most participants were from England (79%), with a smaller proportion from Wales (18%). Regarding current relationship status, 44% of participants were single.

The survey also captured the distinct types of abuse experienced by the participants. Emotional abuse was the most prevalent, reported by 80% of participants, followed by mental/psychological abuse (70%), coercive and controlling behaviour (66%), physical abuse (60%), sexual abuse (40%), economic/financial abuse (38%), harassment and stalking (26%), 'outing' (12%), and online/digital abuse (8%).

The significant disparity in the number of gay men (79%) compared to bisexual men (11%) in the sample is noteworthy, given that this research explores the experiences of both groups. This imbalance could influence the study's findings, as bisexual men's experiences may be underrepresented. However, this disparity appears to align with broader population trends. According to the Office for National Statistics (2020), among the UK's LGB population aged sixteen and over, 1.6% identified as gay or lesbian, whilst 1.1% identified as bisexual. The proportion of gay men (2.1%) was nearly double that of bisexual men (1.1%). These figures suggest that the higher representation of gay men compared to bisexual men in the current study sample may reflect the general demographic composition of the GB community in the UK.

3.9.1 Chapter Summary and Integration

This methods chapter outlines the research design, methodologies, and data collection tools and techniques used to explore IPV among GB men. The study used in-depth semi-structured interviews as well as photo-elicitation as a tool to guide the interviews. An online qualitative survey was used to capture data due to challenges in recruiting the target sample for interviews. The chapter provides an overview of the research process, ensuring transparency and reflection on my own experiences as a researcher embarking on this journey.

The methodological journey chronicled in this chapter demonstrates the adaptive and responsive nature of qualitative research when working with hard-to-reach populations. The evolution from a planned service-based recruitment strategy to a multi-method approach incorporating anonymous online surveys reflects both the challenges and opportunities inherent in researching sensitive topics within minoritised communities. The philosophical foundations grounded in hermeneutic phenomenology and IPA provided the theoretical framework for understanding participants' lived experiences, whilst the reflexive approach ensured ongoing consideration of researcher positioning and its impact on the research process.

3.9.2 Defining the Themes

Central to the analysis was the aim of answering the research question: 'What are the experiences and needs of GB men who have experienced IPV?' The rigorous IPA process described in this chapter has yielded rich, nuanced data that illuminates the lived experiences of GB men who have survived IPV.

The analysis resulted in the development of six master themes: 1) Navigating Complexity: Understanding Multi-Dimensional Abuse, 2) Identity Intersectionality: Unravelling the Impact of Sexual Identity, 3) Silent Suffering: Barriers to Disclosure and Help-Seeking, 4) Evolution Over Time: Shifting Dynamics and Support Services, 5) Power Struggles and Control: Understanding Perpetrator Tactics and 6) Reclaiming Victimhood: Acknowledging and Overcoming Stigma. The use of master themes allowed for greater knowledge and understanding of the experiences and needs of GB men. Each theme (and subtheme) has been collated and condensed into the subsequent empirical chapters and is illustrated with relevant data extracts (See Appendix E).

Having outlined the demographic characteristics of the participants and established the methodological approach through which their experiences were analysed, I now turn to presenting the research findings. The following chapters present these findings thematically, beginning with an exploration of how participants made sense of their experiences of IPV. This analytical journey moves from the participants' own understanding of their experiences toward increasingly interpretative engagement

with their stories, consistent with IPA's commitment to honouring both phenomenological description and interpretative analysis.

4. The Nature and Dynamics of GB IPV: Making Sense of Their Lived Experience

4.1 Gay and Bisexual Men's Abuse Experiences

The lived experiences of IPV among GB men remain largely obscured within dominant narratives of relationship abuse. As established in the literature review, existing research has examined the pervasive nature of IPV across diverse populations. Yet the distinct realities faced by GB men warrant specific examination to understand how IPV manifests within GB male relationships.

Building on the theoretical framework established in Chapter 2, this chapter applies an intersectional lens to examine how GB men describe and make sense of their experiences of IPV. The analysis draws particularly on Messinger's (2017) and Oliffe et al.'s (2014) work, highlighting the distinct pressures faced by men in GB relationships, whilst considering how these experiences intersect with hegemonic masculinity as conceptualised by Connell (1995). This approach recognises that whilst GB men's experiences parallel those of other groups in several ways, such as echoing universal trauma and multifaceted impacts of IPV, they also confront unique challenges and manifestations of abuse inextricably linked to their sexual and gender identity.

This chapter examines the nature and dynamics of IPV through the accounts of GB men themselves, seeking to amplify voices that have been historically marginalised within IPV discourse. The analysis begins by establishing participant profiles and abuse patterns before examining the specific types and characteristics of abuse experienced. Drawing on both survey responses and detailed interview accounts, including photo-elicitation data from two participants, the chapter provides a comprehensive foundation for understanding how IPV manifests in the lives of GB men. Each data source is distinguishable by unique identifiers, enabling integration of quantitative patterns with rich qualitative insights that illuminate the complexities of these lived experiences.

4.2 Participant Abuse Profiles

This section provides an overview of the research participants and examines the types of abuse experienced across the sample. The analysis begins with participant demographics before exploring an overview of the specific forms and impacts of abuse reported.

4.2.1 Research Participants Overview

This study involved 59 GB men who completed an online survey about their experiences of IPV and abuse. All participants identified as male and reported abuse by male perpetrators. Table 3 provides an overview of the abuse experiences of all participants. Of the 59 survey participants, eight men agreed to participate in follow-up interviews to provide more detailed accounts of their experiences. Two of these eight men also participated in photo-elicitation sessions. Table 4 presents the profile of the interviewed participants, who provide the more detailed qualitative data presented throughout this and subsequent chapters.⁶

Due to the anonymous nature of the survey design, it is not possible to directly link individual interview participants to their specific survey responses. Participants who expressed interest in participating in interviews were directed to a separate, anonymous consent form, which maintained confidentiality while preventing direct data linkage (as discussed in Chapter 3). Therefore, when presenting survey data, participants are identified by their survey pseudonyms (e.g., Name SP07), while interview participants are identified by their interview pseudonyms (e.g., Name Interviewee 02). This methodological approach prioritised participant anonymity and safety, particularly important given the sensitive nature of the research topic and potential ongoing safety concerns for some participants. Given the nature of the data collection methods, more detailed information is inevitably available from the eight men who participated in interviews; however, the experiences of all 59 participants inform the analysis presented.

⁶ The final sample comprised 59 participants who met the inclusion criteria of identifying as gay or bisexual cisgender men who had experienced intimate partner violence from male perpetrators. Two participants were excluded from analysis as they did not meet the sexual identity criteria for this study

The majority of participants reported historic experiences of abuse, with most incidents occurring when participants were in their twenties.⁷ However, analysis of survey responses identified that a small number of participants (approximately n=5) appeared to be describing ongoing or recent abuse experiences, based on their use of present tense descriptions and references to '*current partner*' dynamics. For example, one participant described ongoing controlling communication patterns: *"There is a requirement from my current partner that I reply within 1-2 hours, although ideally within 10-20 minutes. Failure to do so often creates an argument"* (Ryan SP19). Another participant referenced current relationship dynamics and described active coping strategies for ongoing abuse. The predominance of historic accounts reflects both the sampling method and the reality that individuals experiencing current abuse may face greater barriers to research participation. This temporal distribution provides valuable insights into the long-term impact of IPV while highlighting the need for additional research focussed specifically on current abuse experiences among GB men.

It should be noted that given the self-selecting nature of the sample, percentage figures presented throughout this chapter are descriptive of this participant group only and should not be interpreted as prevalence estimates for GB men more broadly.

Table 3. Participant Abuse Profile Overview

Types of Abuse Experienced

Sexual abuse	20	40%
Physical abuse	30	60%
Emotional abuse	40	80%
Mental/psychological abuse	35	70%
Economic/Financial abuse	19	38%

⁷ Given that many participants experienced abuse several years or decades prior to data collection, issues of memory and recall represent potential limitations in the accuracy and completeness of reported experiences. However, the consistency of patterns across participants and the detailed nature of many accounts suggest that core experiences and dynamics were well-preserved in participants' memories.

Coercive and controlling behaviour	33	66%
Harassment and stalking	13	26%
'Outing' threats	6	12%
Digital/online abuse	4	8%
Number of Perpetrators		
Single perpetrator	32	54%
Multiple perpetrators	27	46%
Gender of Perpetrators		
Male	59	100%

Total number of participants = 59. Participants could select multiple types of abuse.

Table 4. Interview Participants' Profile

Pseudonym	Age Range	Location	Sexual Identity	Gender Identity	Types of Abuse Experienced	Photo-elicitation
James	20-29	England	Gay	Male	Psychological, emotional, sexual, financial	✓
Michael	30-39	Wales	Gay	Male	Psychological, emotional, financial, physical	✓
David	40-49	England	Gay	Male	Psychological, emotional, financial	X
Daniel	20-29	England	Gay	Male	Psychological, emotional, physical (bidirectional)	X
Andrew	40-49	England	Gay	Male	Psychological, emotional, physical	X
Christopher	50-59	England	Gay	Male	Psychological, emotional, physical	X
Matthew	40-49	Wales	Gay	Male	Physical, sexual, emotional, psychological, financial	X

Pseudonym	Age Range	Location	Sexual Identity	Gender Identity	Types of Abuse Experienced	Photo-elicitation
Joshua	20-29	Wales	Gay/Queer	Male	Financial, sexual, emotional	X

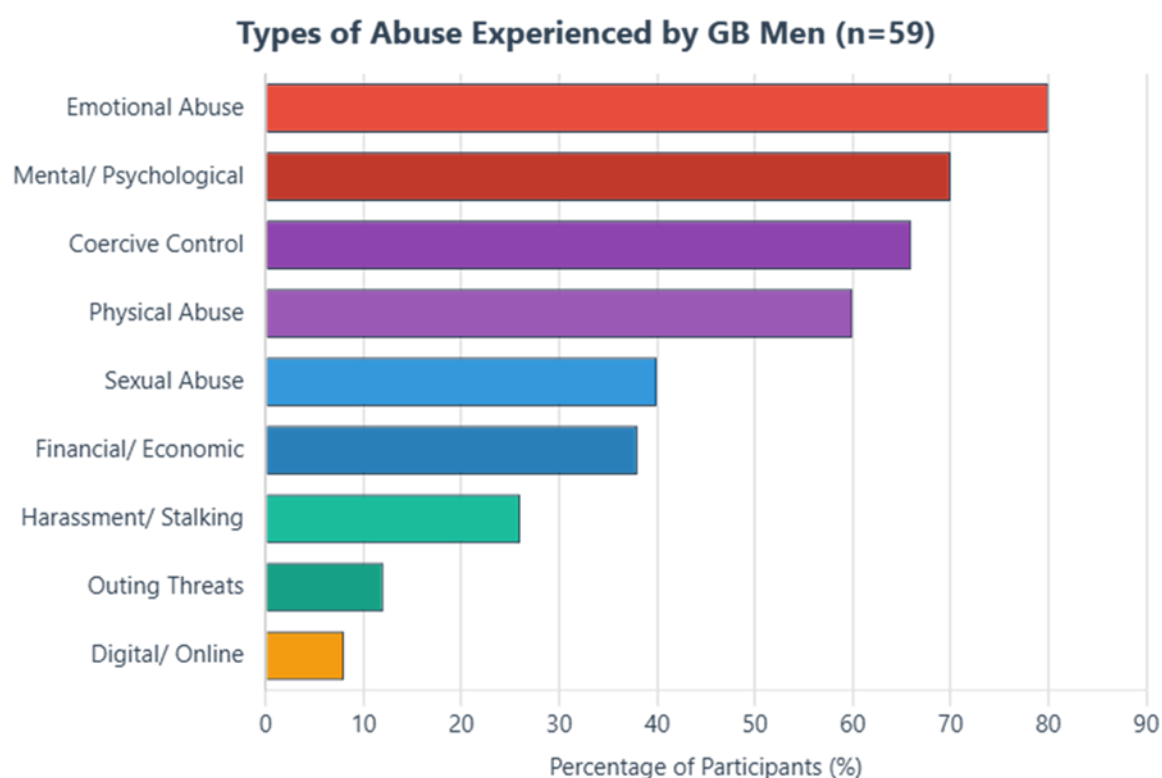
All eight interview participants were also included in the survey sample of 59

4.2.2 Abuse Patterns and Impact

The survey revealed a spectrum of abusive experiences, showcasing the diverse and often serious nature of IPV in LGBTQ+ contexts.⁸ Forms of abuse identified included: *sexual abuse*, such as rape and physical restraints; *emotional and psychological abuse*, encompassing gaslighting, belittling, isolation, and various forms of threats, including “outing,” blackmail, and manipulation over personal information; *financial abuse*, such as debts taken in the partner’s name and control over spending; *physical abuse*, including hitting, beating, and strangling; and *coercive and controlling behaviours*, such as silent treatment, enforcing rules about appearance or behaviour, isolating from support networks, micromanaging daily activities, prevention of medical access, and creating environments of constant surveillance and unpredictable punishment.

⁸ The Insights Intake Form (Safe Lives, 2022) was adapted and used as a coding framework for analysing the online survey data. The types of abuse discussed in this research are also grounded in language and terminology used in the Insights Intake form (Save Lives, 2022).

Figure 4. Types of Abuse



Emotional abuse was the most prevalent form, experienced by 80% of participants, followed by mental/psychological abuse (70%) ⁹and coercive and controlling behaviour (66%). This high prevalence of non-physical forms of abuse underscores how perpetrators frequently employ multifaceted approaches to undermine their partner's autonomy while attacking their sense of self-worth, creating particularly destabilising conditions for victims. Physical abuse was experienced by 60% of participants, while sexual abuse was reported by 40% of the sample. Financial or economic abuse affected 38% of participants, and threats of '*outing*' were experienced by 12% of participants. Notably, participants experienced multiple forms of abuse concurrently, with an average of 59% of participants reporting each type of

⁹ While these categories share significant overlap and are sometimes used interchangeably within the literature, they represent distinct but complementary dimensions of non-physical abuse. As discussed in Chapter 2, psychological abuse primarily encompasses behaviours designed to manipulate, control, or coerce a partner through tactics such as gaslighting, threats, and isolation. In contrast, emotional abuse specifically targets a partner's self-concept and emotional stability through belittling, humiliation, and persistent criticism (O'Hagan, 1995; Jewkes, 2010).

abuse, highlighting the pervasive nature of overlapping abuse tactics within these relationships.

A substantial portion of participants (46%) reported experiencing abuse from multiple perpetrators throughout their lives, indicating patterns of re-victimisation. This finding is supported by detailed accounts from participants who described sequential abusive relationships. One participant (Shaun, SP51) explained:

Didn't realise I was being abused at first and was madly in love with both of them. The first relationship I didn't realise it was abuse for years until I went to therapy...The second relationship I felt I was in love until I realised that actually my partner was fetishising me and using my abuse to control me.

Another participant (Clive SP29) described similar patterns:

The first relationship I felt on edge and very stressed, and like I was absorbed and controlled and watched when I didn't know. The second, I felt pathetic, and on the last occasion, I called the police.

The impact of repeated victimisation was further evidenced by one participant (Justin SP28) who noted:

All of my relationships have been quite abusive, so levels of trust in other people have definitely been impacted.

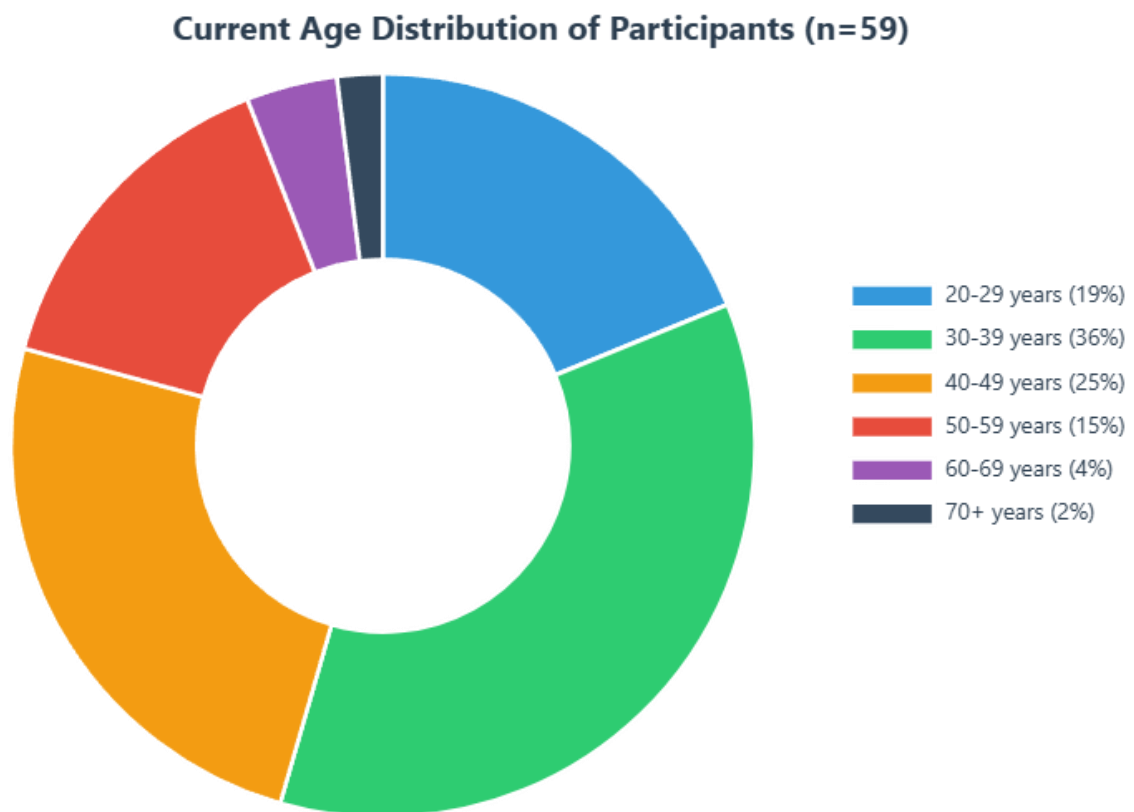
These accounts suggest that some GB men may be particularly vulnerable to entering multiple abusive relationships. All perpetrators described in this study were male, raising important questions about power dynamics and masculinity in gay male relationships. Various vulnerability factors were identified among participants, including alcohol or drug use, mental and physical health concerns, and disability status. All of which may create ongoing susceptibility to victimisation and abuse across different relationships.¹⁰

¹⁰ It is important to recognise that these experiences of abuse are not isolated to GB male relationships. The types of abuse reported by the participants in this study reflect the broader patterns of IPV observed in various demographic groups, including heterosexual/straight relationships. The prevalence of multiple, overlapping forms of abuse is a common feature of

The eight interview participants provided rich, detailed accounts that illuminate the patterns developed in the broader survey data. All interview participants experienced psychological and emotional abuse, reinforcing the frequency of these forms of abuse found across the whole sample. The interview data generated additional complexities, including how significant age and experience gaps between partners contributed to unhealthy power dynamics within relationships. Online platforms such as Plenty of Fish, Grindr, Tinder, and other dating websites were common meeting places for partners. A notable finding was that much of the abuse occurred when participants were in their twenties, often in relationships with older, more experienced partners. This age dynamic created particular vulnerabilities, with older partners leveraging their experience, financial resources, and established positions within LGBTQ+ communities to create dependency and isolation. The temporal aspect is particularly significant, as while most participants experienced abuse in their early-to-mid-twenties, many are now in their 40s or older, highlighting the substantial time gap between their experiences of abuse and their current life stage.

IPV, regardless of the gender or sexual identity of the individuals involved (Walby & Towers, 2018).

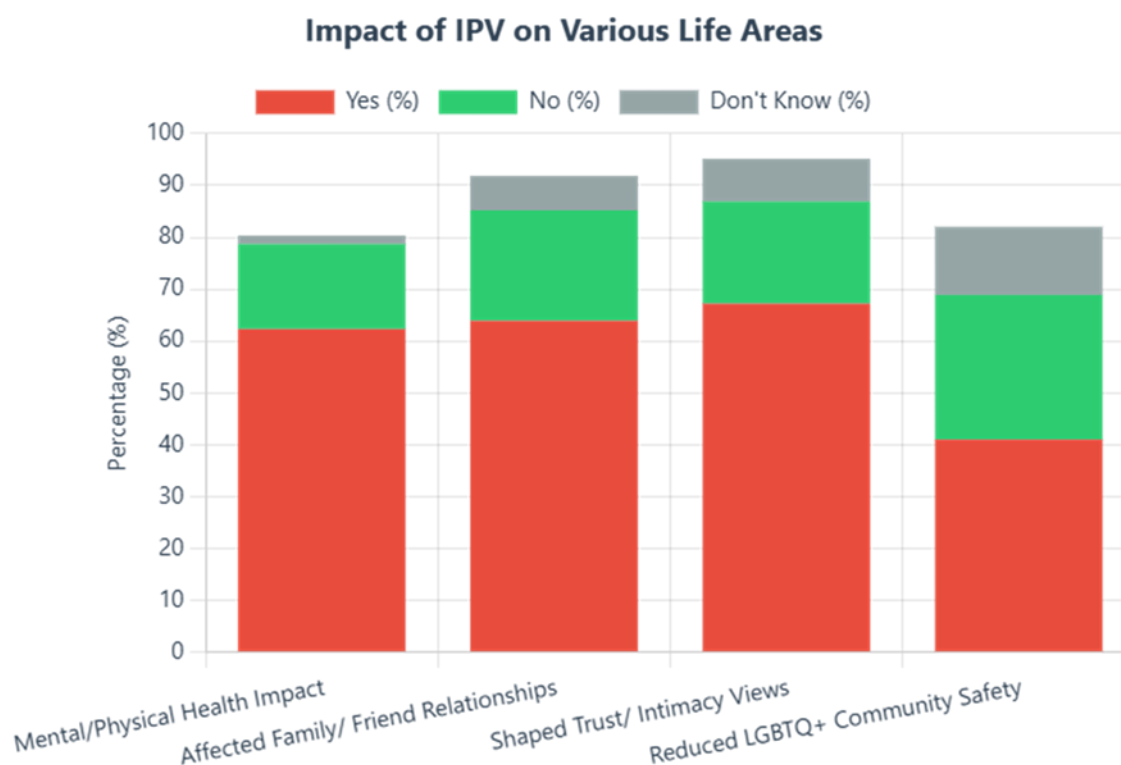
Figure 5. Age Range of Participants



The impact of these experiences has been long-lasting and profound. Several participants faced pressures to conform to gender norms and heteronormativity, which exacerbated their situations. Many reported enduring chronic anxiety, depression, and post-traumatic stress disorder (PTSD), which significantly affected their daily lives. Physically, several experienced long-term health issues resulting from the violence they endured, including chronic pain and injuries.

An overwhelming majority (64%) reported that abuse had adversely affected their mental and physical well-being. For 53% of participants, abusive experiences influenced relationships with family, friends, and support networks. Notably, 46% of participants reported that feelings of safety and security within the LGBTQ+ community were impacted by their experiences. In comparison, perceptions of trust and intimacy were shaped by abusive experiences for 61% of participants.

Figure 6. Impact of IPV¹¹



Recognition of abuse was noted as a common challenge across participants, often stemming from manipulation tactics such as '*love bombing*' or the exploitation of specific vulnerabilities. The back-and-forth nature of these relationships, with participants frequently leaving and returning before finally ending relationships, reflects the complex psychological dynamics that characterise IPV across all demographics.

The following sections examine the specific types and characteristics of abuse experienced by participants, drawing on both survey responses and the detailed interview accounts to provide a comprehensive understanding of how IPV manifests in the lives of GB men.

¹¹ The impact extends beyond individual well-being - nearly half (46%) reported feeling less safe within the LGBTQ+ community, highlighting the broader community impact of IPV.

4.3 Types and Characteristics of Abuse

Participants were asked to describe patterns or cycles of abuse in their relationships through both the online survey and interviews. As shown in Table 3, the 59 participants experienced multiple forms of abuse concurrently, with emotional abuse being most prevalent (80%), followed by psychological abuse (70%) and coercive control (66%). They identified several common abusive tactics employed by their partners to exert control, including cycles of "*love bombing*" and manipulation, followed by criticism or violence, and culminating in apologies and promises, only for the cycle to repeat.

The detailed accounts from those who participated in follow-up interviews (see Table 4) provided deeper insights into these patterns. The findings highlighted a wide range of abuse types, with exploitation of specific vulnerabilities noted, such as non-native English-speaking status or age differences. Participants particularly highlighted how age disparities, with many experiencing abuse in their twenties from older, more experienced partners, created power imbalances that perpetrators systematically exploited. Participants reported instances where partners used these vulnerabilities to undermine their self-esteem or assert control, illustrating how power imbalances were perpetuated.

Substance use was also noted in several cases, with participants linking it to escalations in violent incidents. Additionally, controlling behaviours were frequently characterised by demands for constant communication, with emotional punishment meted out when these expectations were not met. Such behaviours illustrate the duality many participants experienced in their relationships, where partners oscillated between affection and hostility, further complicating the participants' emotional landscapes.

4.3.1 Emotional and Psychological Abuse

Emotional and psychological abuse emerged as the most prevalent forms of abuse experienced by participants, with 80% reporting emotional abuse and 70% reporting psychological abuse. These categories, while overlapping, represent distinct forms of harm: emotional abuse targets victims' sense of self-worth and identity, while psychological abuse undermines their autonomy and decision-making capacity. The

high numbers both underscore how perpetrators frequently use multifaceted approaches to non-physical abuse. This combination creates particularly destabilising conditions for victims, as their capacity for independent decision-making is compromised whilst their internal emotional resources for resistance are simultaneously eroded.

The recurring patterns of emotional abuse were vividly illustrated by participants' accounts. Mike (SP07) offers a concise yet powerful description of the patterns he experienced:

Love bombing, manipulation, then hot and cold, then abusive, then back to promises...

(Mike, SP07)

Mike's account highlights how initial positive reinforcement (love bombing) serves to destabilise the victim, making the subsequent abuse more disorientating and difficult to contest. This pattern reflects the complex psychological dynamics that characterise abusive relationships, where moments of affection are strategically employed to maintain control and prevent victims from leaving (Rollè et al., 2018).

Communication emerged as a significant mechanism of control, with partners imposing unreasonable expectations around availability and response times. Ryan (SP19) describes the pressure to maintain constant communication with his partner:

There is a requirement from my current partner that I reply within 1-2 hours, although ideally within 10-20 minutes. Failure to do so often creates an argument for longer periods of time without answering, often causing my partner to ignore me for prolonged periods of time.

(Ryan, SP19)

Ryan's account illustrates how communication can become a weaponised tool of control, where failure to adhere to imposed standards results in emotional punishment. This creates a pervasive sense of anxiety and hypervigilance in victims, who must constantly monitor their behaviour to avoid triggering their partner's anger.

The psychological impact of emotional abuse was particularly evident in accounts describing the destabilising effect of partners who oscillated between extreme

behaviours. Dan (SP25) powerfully captures this experience by describing his partner's dual nature:

[Sic] Jekyll - The nice days, the days where I thought I imagined the lot, the days that you imagine you were overthinking, that he had sex with me without consent... Hyde - The silence, the being told I was not good enough and that I was hated, even by my family...I was a fat slut apparently worthy of nothing.

(Dan, SP25)

Dan's description reveals the profound psychological impact of this duality. The shift from affection to severe devaluation not only erodes a sense of self-worth but also reinforces control by keeping the victim in a state of emotional instability.

In a photo-elicitation session, Michael (Interviewee 02) was asked to select images that represented his experiences of abuse and provided an image (Figure 7) of a television remote control that represented his experiences of emotional abuse through silent treatment. Michael (Interviewee 02) described how this everyday object came to symbolise the emotional distress he experienced when his partner would withdraw communication completely:

Figure 7. PE Image 1



This account illustrates emotional abuse through silent treatment, highlighting how ordinary domestic objects can become embedded with traumatic associations through lived experience. For Michael (Interviewee 02), the remote control represented not just control over the television but had become a reminder of the emotional withdrawal he regularly experienced (Daw et al., 2023).

In his first semi-structured interview, explored further (Chapter 5), Michael (Interviewee 02) described threatening to “out” his abusive partner to his church as a desperate attempt to escape the relationship. Such examples illustrate the complex strategies individuals may employ when conventional avenues for safety appear closed to them. The full complexity of these power dynamics, including defensive or resistant strategies used by victims, will be explored in later chapters.

Joshua (Interviewee 08) describes entering a relationship that gradually became emotionally abusive. Initially, his partner engaged in “love bombing” (as defined in the glossary, Chapter 1), before shifting to manipulative and exploitative behaviours. Over time, Joshua (Interviewee 08) found himself isolated from his family, financially exploited, and emotionally dependent on his partner. The relationship's dynamics left Joshua (Interviewee 08) vulnerable, ultimately stripping him of autonomy and resources, as evidenced by his reflection:

In the beginning, everything seemed perfect. It was wonderful... Things started going weird all of a sudden. It felt like he was slipping, like a mask was going... looking back, I recognise it now, his love bombing. He was love bombing me... I had ignored my family...

(Joshua, Interviewee 08)

Joshua's experience exemplifies the abuse dynamics identified by Walker (2007), where periods of idealisation and emotional warmth alternate with devaluation and mistreatment. This pattern of intermittent reinforcement creates emotional dependency while gradually escalating to more harmful behaviours.

As described by participants in this research, they often observed their partner's ‘good’ behaviour and believed or hoped for a permanent change in their behaviour. Joshua's (Interviewee 08) account demonstrates how emotional abuse often intertwines with isolation tactics and financial exploitation, creating a multidimensional experience of abuse. The specific control mechanisms employed in such relationships will be analysed in greater depth in Chapter 5 (Walker, 2007).

4.3.2 Physical Abuse

Across the results, physical abuse emerged as a prominent theme, with 80% of participants describing how it played a leading role in their experiences of IPV. Additionally, analysis uncovered patterns regarding substance use and its relationship to abuse escalation. Alcohol emerged as a particularly prominent factor, with approximately 45% of participants identifying it as a trigger for violent physical incidents. Participants, including Christopher (Interviewee 06), Matthew (Interviewee 07), and others, described how their partners' alcohol use led to escalating aggression, contributing to both emotional and physical abuse. This pattern was not

limited to a few isolated cases but was echoed by many, illustrating a broader trend where substance use amplified cycles of violence.

Christopher (Interviewee 06) recounts how, after moving in with his partner, he became increasingly aware of his partner's dependency on alcohol, which fuelled cycles of emotional and physical abuse. Despite his partner's false claims of sobriety, the physical violence intensified, leading to multiple instances where Christopher attempted to leave, only to return. The cycle culminated in an especially violent incident where his partner threw him through a glass window, causing facial injuries:

It was a relationship that kind of very quickly became centred around his alcohol use... the relationship very quickly descended into a lot of emotional abuse...it just ramped up to sort of an intensity and it became a lot more violent...And, you know, I can't remember, but it ended from him basically rearranging my face... You know, I'd left him a few times and always gone back, or he'd come back...But that was the kind of the way our relationship went...this last time, it was him throwing me through a plane glass window. Rearranged my face... There was also a bit of stalking and stuff going on. But yeah, we met a couple of times and eventually we were in a restaurant in central London, and he'd started being really violent and controlling... And I got up and walked out, and he came after me and said, you know, if you carry on walking now, I'm never going to see you again... And I carried on walking, and that was it. That was, that was the end of it...

(Christopher, Interviewee 06)

Christopher's experience illustrates the cyclical nature of abuse, particularly how addiction can exacerbate and fuel violent behaviour. The combination of substance use and isolation tactics served to entrench the abusive dynamics, making it difficult for the victim to break free (Leionard and Quigley, 2017; Gilchrist et al., 2019; Harwin and Barlow, 2022).

Matthew's (Interviewee 07) account similarly reveals the profound impact of alcohol on the escalation of physical abuse in his relationship. He recalls how the initial incidents of violence, triggered by his partner's alcohol consumption, gradually worsened over time. Isolated from family and friends and under his partner's financial control, Matthew endured a decade of abuse, where episodes of violence were interspersed with apologies and false promises of *change*:

I remember when he hit me for the first time. I don't know how it started... And I just remember sitting on the floor in the living room thinking, What the fuck? But then it just got progressively worse from that...Alcohol was a trigger...

The violence got worse and worse over time... Like a couple of punches here and there, and like, he grabbed me around the throat, and then it would be like, you know, 20 minutes, him kicking me on the floor... And then it progressed to the final time where it went on for about three or 4 hours... he'd be so apologetic afterwards... I'm so sorry... I had no family or anything there, no friends, nothing. It went on for about ten or 11 years.

(Matthew, Interviewee 07)

Matthew's narrative emphasises the role of alcohol as both a trigger for violence and a tool for control within the relationship. The escalation from initial incidents to prolonged violent episodes lasting several hours demonstrates the severe and life-threatening nature of the abuse experienced.

Andrew (Interviewee 05) provides a detailed description of his experiences with his partner and how this evolved, leaving him feeling helpless. Like Matthew and Christopher, Andrew's partner was alcohol dependent, which likely caused or facilitated the physical violence against him. The pattern of isolation, damaging other relationships, substance use, and cycles of emotional and physical abuse illustrate some of the ways abusers control their partners (Rollè et al., 2018):

I don't even remember how long before he started hitting me. It wasn't that long. He was an alcoholic, I realised after. I probably realised it at the time, but not straight away... When he hit me... I just used to cry, to be honest. I would never, I never did anything back. I never even tried to hit him back. I just I was just like this helpless... Why do you hate me... I don't understand why the man I love is attacking me.

(Andrew, Interviewee 05)

Andrew's account powerfully captures the emotional devastation that accompanies physical violence, particularly the confusion and helplessness experienced when someone they love becomes violent. His response of crying rather than retaliating reflects the complex emotional dynamics within abusive relationships, where victims may struggle to reconcile their love for their partner with the violence they experience.

Bidirectionality was also a theme that emerged in the interviews, with two interviewees discussing engaging in behaviours that would be considered bidirectional. Daniel's (Interviewee 04) account introduces a more complex aspect of

IPV, which he refers to as "*mutual abuse*." He describes engaging in physical violence within his relationship but notes that his actions were often coerced or provoked by his partner, who then positioned himself as the victim:

There were incidents of physical violence in the relationship, initiated by me after being coerced or provoked by my partner. My partner positioned himself as the victim...It was really, really kind of sophisticated, and the fact that we introduced physical violence into the relationship and kind of like made me feel like it was coming from me and actually coerced and stuff like that.

(Daniel, Interviewee 04)

Daniel's account reflects the nuanced nature of some abusive relationships, where manipulation and psychological abuse create a distorted dynamic in which the roles of victim and perpetrator are not always clear-cut (Hine et al., 2020). Whilst Daniel's account is the only explicit mention of bidirectional abuse in the interviews and survey, this does not necessarily indicate its rarity in the sample. Notably, Daniel himself used the term "*mutual abuse*" to describe his experience - a framing he reported was introduced to him through a perpetrator intervention programme he had attended. This self-labelling represents an important dimension of how survivors make sense of complex relationship dynamics, particularly when institutional responses may reinforce particular interpretative frameworks.¹² The complexity around bidirectional abuse requires careful consideration, as what may appear as mutual violence can sometimes mask patterns where primary aggressors deliberately provoke their partners or manipulate situations to make their victims appear as perpetrators, whilst positioning themselves as victims.

It is also important to acknowledge that participants may not always disclose such experiences due to stigma, shame, or difficulty in recognising their role in violent dynamics. In Daniel's case, his partner employed tactics to provoke emotional reactions, later positioning himself as the victim, illustrating the nuanced nature of these relationships. Other research suggests that bidirectional abuse may be more common than is often reported (Hine et al., 2020; Oliffe et al., 2014; Kirschbaum et al., 2023).

¹² Although chapter 5 discusses bidirectionality in more detail it was important to introduce the concept here as it relates to the physical violence in Daniel's relationship

4.3.3 Sexual Abuse

Sexual abuse was experienced by 40% of survey participants, with three out of eight interview participants reporting sexual violence in their relationships. Notably, some participants like Dan (SP25) used indirect references to describe non-consensual sex (*"that he had sex with me without consent"*) rather than explicit terminology such as *"rape"*, reflecting patterns observed among male survivors, where reluctance to use direct language often stems from societal misconceptions about male victimisation and internalised gender norms (Mhishi, 2022).

Joshua (Interviewee 08) provides a particularly detailed account of a sexual assault that occurred within an abusive relationship. His experience illustrates the vulnerability and disempowerment experienced by victims/survivors, as well as the complex psychological responses to sexual trauma:

One night, we were smoking weed together, you know, sort of fooled around a little bit consensually...at some point, as I tend to do with alcohol and weed, I passed out. At some point, I woke up, and he was going at it. His phone was on my back playing straight porn. I was face down on his bed, I couldn't move...I froze, and I couldn't do anything, I couldn't move, I couldn't speak...I remember thinking and focusing on the duvet pattern, and thinking to myself, 'It's going to be over soon.' It's okay...You know, sort of drifting in and out of consciousness...Then, it came to an end... I got in my car, and I drove myself home...I went through at the time, trying to tell myself, it's what you wanted. It's what you wanted...I hadn't even had sex before then. That was my first time just turned 21...

(Joshua, Interviewee 08)¹³

Joshua's account powerfully illustrates several key aspects of sexual trauma. His description of dissociation during the assault, where he describes freezing and being unable to resist, reflects a typical psychological response to trauma. The detail of focusing on the duvet pattern demonstrates the coping mechanisms that survivors may employ to detach mentally during traumatic experiences. His subsequent struggle to acknowledge the assault, attempting to rationalise it as something he *"wanted,"* highlights the deep-seated denial and internal conflict often faced by survivors of sexual violence (Mhishi, 2022; Thomas and Kopel, 2023;

¹³ These accounts of sexual violence reflect the complexities discussed in Chapter 2

Widanaralalage et al., 2022). The significance of this being Joshua's first sexual experience adds another layer of trauma, as this assault shaped his initial understanding of sexual intimacy.

The accounts of sexual violence and abuse presented in this section reveal parallels between their narratives and experiences of types of abuse and those of female survivors in heterosexual contexts about the core dynamics of power, control, and abuse tactics employed. Regardless of gender or sexual identity, the participants' stories illuminate how IPV stems from imbalances of power that enable a perpetrator to exert coercive control over their partner through multiple forms of abuse (Westmarland and Burrell, 2023).

James (Interviewee 01) provided a visual representation of sexual trauma through photo elicitation, as illustrated in Figure 8. This visual representation captures dimensions of trauma that words alone may not adequately convey, revealing the embodied nature of sexual violence and its psychological impact.

Figure 8. PE Image 2

Case Study (2) James's Image of Restraint

During a photo elicitation session, James, selected an image that symbolised the physical restraint he experienced during repeated sexual assaults by his partner. His account reveals the complex dynamics of sexual violence within intimate relationships, where physical force is often unnecessary due to psychological condition and learned helplessness (Seligman, 1972). James articulated how he would also freeze - similar to Joshua's response (Interviewee 08) - demonstrating a common trauma reaction where victims become immobilised by fear and psychological paralysis (Van der Kolk, 2014).



Now this goes more into the rape side of things because, so I'm just sort of like trying to think it is. He didn't he didn't really physically grab me because by that point I was completely frozen on the bed. So, I turned away. And he just pretty much just helped himself because at that point I tried and tried bargaining because he wanted to put it all in... That's it... um, yeah, it was loving at first...And I'm saying, [at the time] it will hurt massively. And I'm in my head like... I don't even want you inside me doing this... And I can just, you know, go to sleep, get it behind me and it's, it's very weird to sort of process. That's how it sort of felt, even though he would generally sort of like, hold my waist and that was really it... I was used to just lying down because I knew we'd have to have sex. It'd be the first thing he'd want to do. And, and it got to a point where I wasn't bathing properly...He thought I was disgusting which was easier to me than to be accepting of him touching me...

(James, Interviewee 01)

The significance of James's visual and verbal testimony extends beyond documenting individual experiences to illuminate broader patterns of sexual violence in GB relationships. His account reveals that sexual abuse operates through psychological conditioning rather than solely physical force, with victims becoming conditioned to expect and submit to unwanted sexual contact. The progression James describes from initial resistance and bargaining to eventual dissociation and avoidance behaviours demonstrates how repeated sexual trauma alters victims' relationships with their own bodies and sexual identity.

James's deliberate strategy of poor hygiene as a way of protection represents a form of embodied resistance (Kelly, 1988), where victims attempt to reclaim agency

through the only means available. The visual representation James selected captures the sense of physical and psychological entrapment that characterises coercive sexual relationships, where consent becomes meaningless within broader patterns of control and intimidation.

This example contributes important insights into the intersection of sexual violence and IPV in GB men's relationships (Messinger, 2011; 2017; McClennen, 2005). The combination of visual and verbal accounts provides a more complete understanding of how sexual violence functions as both a standalone form of abuse and an integral component of wider coercive control dynamics within intimate relationships.

While the experiences documented reveal patterns of sexual assault that highlight how abuse can manifest similarly across different relationship types, they also follow familiar patterns of control and coercion found in heterosexual IPV (Callan et al., 2020). The dissociation and internalisation of blame observed in these accounts reflect common psychological responses to sexual violence, emphasising the universal nature of such trauma across diverse populations (Mhishi, 2022; Thomas and Kopel, 2023; Widanaralalage et al., 2022). However, alongside these universal patterns, participants' accounts also showed abuse dynamics and vulnerabilities unique to GB men.

4.3.4 Financial and Economic Abuse

Financial abuse was experienced by 38% of participants, with 19 out of 59 participants reporting this form of control. This type of abuse often intersects with other forms of manipulation, creating multiple layers of dependency and control within relationships. Participants described various forms of financial exploitation, including debt manipulation, enforced financial dependency, and economic surveillance. Financial abuse followed predictable patterns, where offers of financial help were later used as tools of control and humiliation.

One participant provided a detailed account of systematic financial manipulation:

He always wanted to eat out and expected me to keep up with his spending when his outgoings were minimal, as he lived at home for £100 bed and board and food a month, whereas I have a rented flat, car bills, everything. I'd borrow money as he actively offered to help, and then would make me feel awful about working in the charity sector, my income, and my inability to pay

back right away. Hmm, how much do you owe me now? It was the main thing. I took out a consolidation loan to get better with finances and pay him back, and he was actively trying to delay me paying him- the joys of coercive control.

(John, SP01)

This account illustrates several key dynamics of financial abuse: the creation of artificial financial pressure, the deliberate fostering of dependency through seemingly generous offers, and the subsequent use of debt as a mechanism of ongoing control and emotional manipulation.

Joshua (Interviewee 08) experienced financial exploitation as part of a broader pattern of abuse, where economic control reinforced other manipulative tactics. The intersection of financial abuse with emotional manipulation demonstrates how economic control serves to entrench other forms of abuse, making it more difficult for victims to leave relationships or maintain independence.

It wasn't a lot of money, but I had a little bit of inheritance...It was only about £1000. But I had a lot of credit card debt and so I could use some of that money for that. But (Name) knew about it, and then there was one month he came to me and said, I haven't got enough money to pay the bills. I said, what do you mean....Well, he said, there's no money. I've not paid the electric bill for three months, I've not paid the water bill...Oh, and I can't afford the rent. I ended up using my inheritance that month to pay literally everything because the council were about to start court proceedings.

(Joshua, Interviewee 08)

This account demonstrates the typical progression of financial abuse (Stark, 2007; Haifley, 2021). What began as an apparent, sincere need for help quickly revealed itself as systematic manipulation. The timing was telling: Joshua's partner had allowed multiple bills to go unpaid for months, yet only approached Joshua for help after becoming aware of his inheritance.

Joshua continues to discuss this, revealing how financial exploitation was reinforced through emotional abuse:

I was an idiot, and I went, It's fine, I've got the money. You can pay me back. I trust you...I paid for everything. I paid my share of the rent, his share. But he was hot and cold. And like I said, love bombing. Him being affectionate and caring and loving, and then next not, and him saying, oh, why haven't you done this? Why don't you wash my uniform for work...? That feeling, wanting to be cared for, and then having absolutely nothing. Giving so much of my

time, my affection. Financially, I didn't care, because I cared for him. I'd have given him anything he wanted...He just took me to the cleaners, so to speak...So crippling deep, I am not having to take formal debt action.

(Joshua, Interviewee 08)

The combination discussed by Joshua of both love bombing and financial exploitation left him not only financially damaged but emotionally destabilised, making it difficult for him to take action against his partner.

Other participants described similar intersections of financial and emotional abuse, experiencing impacts that ranged from direct monetary loss to complete financial control:

Feeling weak due to me being a man and foolish that I let it happen and lost loads of money, confidence and all other stuff.

(Aaron, SP53)

I think I was spending all my money like, just ridiculous. I don't know why it took me so long to realise, but I don't know. I feel like he had total control over me.

(David, Interviewee 03)

He had all my money. My wages were going into his account

(Matthew, Interviewee 07)

The long-term impact of financial abuse extended beyond the relationships themselves, with some participants reporting ongoing financial difficulties years after leaving abusive partners. These forms of financial or economic abuse represent just one dimension of the broader power and control dynamics that characterise abusive relationships involving GB men. Chapter 5 explores these tactics more comprehensively, examining how financial abuse intersects with other forms of coercive control.

4.4 Chapter Summary

This chapter has presented the experiences of 59 GB men who have survived IPV, providing a comprehensive overview of how IPV manifests within GB men's

relationships, drawing on both survey responses and detailed follow-up interview accounts.

The findings establish that GB men experience IPV at significant rates across multiple abuse types, with emotional abuse most prevalent (80%), followed by psychological abuse (70%) and coercive control (66%). Critically, 46% experienced abuse from multiple perpetrators, suggesting a systematic vulnerability within this population that has been largely invisible in IPV literature. The research reveals how certain factors, such as age disparities and communication barriers, create particular vulnerabilities that perpetrators can exploit, while alcohol frequently escalates violence.

These findings have profound implications for understanding and responding to IPV. The research challenges the male-perpetrator-female-victim paradigm and historically dominant IPV discourse by demonstrating that men can be victims of severe abuse, including life-threatening physical violence and sexual assault. The difficulty participants experienced in recognising their experiences of abuse highlights critical gaps in both public awareness and service provision. Furthermore, the finding that 64% reported adverse effects on mental and physical well-being, with 46% experiencing diminished safety within LGBTQ+ communities, reveals how IPV impacts extend beyond individual harm to affect community belonging and identity.

This chapter's overview of GB men's IPV experiences establishes important empirical foundations for understanding abuse within GB relationships. The following chapters will examine the specific ways through which perpetrators establish control in these relationships and explore how sexual identity intersects with other aspects of participants' experiences in shaping vulnerability, recognition, and help-seeking responses.

5. Power and Control - Understanding Abusive Tactics

5.1 Introduction

Power and control are central to all abusive relationships, and perpetrators employ distinct tactics to establish dominance (Dobash and Dobash, 1992; Dobash et al., 2000; Harne and Radford, 2008). This chapter explores how power and control dynamics emerge in abusive relationships involving GB male victims/survivors. The analysis reveals that existing frameworks inadequately capture the unique control mechanisms experienced by GB men. Drawing upon rich data from participants, this chapter presents an adapted Power and Control Wheel specifically developed from my interviews with GB male victim/survivors. This adaptation serves as both an analytical framework for understanding these experiences and represents a conceptual contribution to IPV literature.

The chapter proceeds through an examination of each wheel segment, demonstrating through participant data how power and control operate in GB relationships. This analysis reveals control tactics that exploit identity-specific vulnerabilities, operate beyond traditional physical dominance models, and leverage societal heteronormativity as tools of abuse. The adapted wheel captures psychological and social elements of control specific to GB male relationships whilst maintaining power and control as the central organising framework.

The subsequent chapter will explore more deeply how identity - particularly the intersection of masculinities, victimhood, and IPV - shapes outcomes and experiences for these survivors. This chapter provides the foundation for that identity exploration by first understanding the specific tactical mechanisms through which power and control manifest in GB relationships.

5.2 Evolution of Power and Control Wheels

As discussed in Chapter 2, power and control are central forces that enable perpetrators of abuse to establish dominance and exert influence in abusive relationships (Dobash and Dobash, 1992; Dobash et al., 2000; Harne and Radford, 2008). While the original Duluth Model established this foundational understanding within feminist frameworks focussed on male-female dynamics, the need for adaptations that can capture diverse relationship contexts has become increasingly apparent. The evolution of Power and Control frameworks reflects a growing understanding of how these dynamics operate across different groups. Figure 9 presents the original Duluth Power and Control Wheel (Pence and Payman, 1993). Figure 10 then shows three iterations of the Power and Control Wheel, illustrating the progression from heteronormative models to LGBTQ+ inclusive versions, and finally to the GB-specific adaptation developed through this research.

Figure 9. Original Duluth Power and Control Wheel (Pence and Payman, 1993).

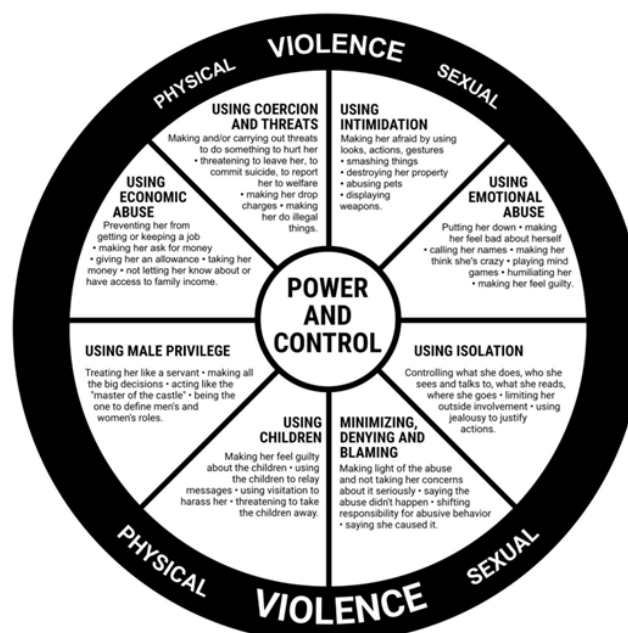
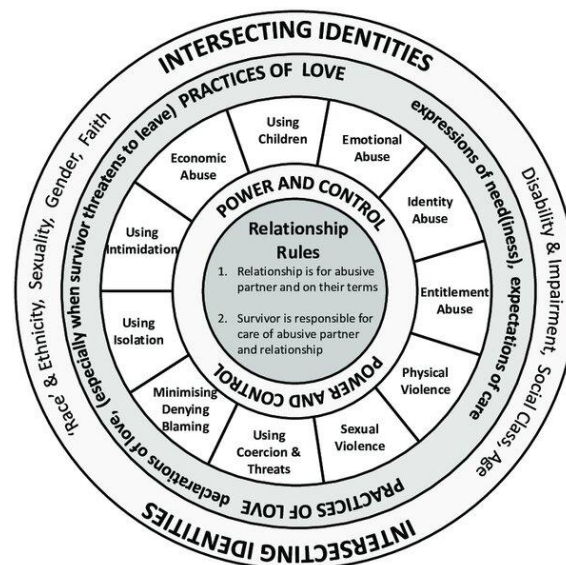
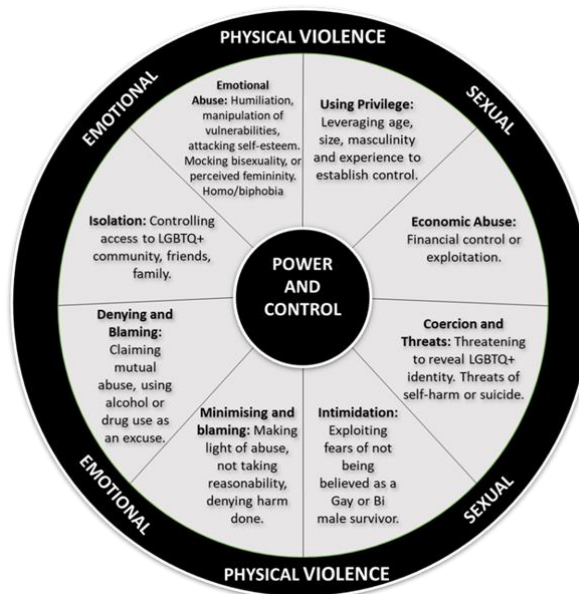
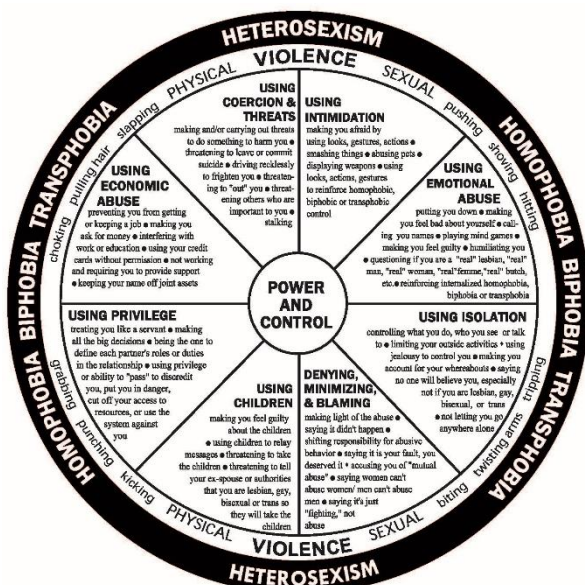


Figure 10. Left: Adapted version developed by Roe and Jagodinsky (2005), Middle: My Power and Control Wheel adapted from this research.

Right: The CoHsar Power and Control Wheel (Donovan and Hester, 2014).



5.2.1 Four Approaches Compared

The four Power and Control Wheels presented in Figures 9 and 10 illustrate the evolution of frameworks for understanding IPV across different populations. Each iteration reflects growing sophistication in recognising how power and control operate beyond traditional heteronormative models, yet each employs a different structural approach.

As discussed in Chapter 2, the original Duluth Model (Pence and Payman, 1993) established the foundational understanding that abuse comprises systematic patterns of coercive behaviours designed to establish dominance, with power and control at the centre of the wheel. The wheel maps how abusers enact power and control through the techniques and actions listed in each segment (e.g., economic abuse, coercion and threats, intimidation, etc.), to instil fear, control, and coercion in their partner, creating the scenarios for abuse (inner ring) to occur. However, its framework centres on gendered power imbalances predicated on male-female relationships, with tactics organised around assumed gender roles and physical dominance patterns typical of heterosexual relationships.

The LGBTQ+ adaptations (Roe and Jagodinsky, 2005) maintain power and control at the centre but adopted an *“outside-in”* causal framework. While power and control remain central, this adaptation positions homophobia, biphobia, transphobia and heterosexism in the outer ring to indicate that these systems of hate and discrimination are the underlying causes that enable and amplify the power and control dynamics. The structure suggests that power and control in LGBTQ+ relationships occur because of external societal discrimination, positioning these broader systems as the foundational drivers of abuse dynamics. The COHSAR wheel (Donovan and Hester, 2014) represents another significant evolution, designed to be inclusive of all intimate partner relationships regardless of the gender or sexual identity of victim/survivors and perpetrators. This framework removes physical and sexual violence from the centre, repositioning them as spokes, while power and control form a concentric inner circle around two core relationship rules that underpin each abusive relationship. By incorporating intersectionality and *“practices of love”* alongside power and control, the COHSAR wheel acknowledges the complex ways that abuse operates through both controlling behaviours and the manipulation of caring relationships. This model recognises that abuse dynamics

extend beyond traditional power and control mechanisms to include the perversion of loving practices within intimate relationships.

The GB-specific adaptation developed solely through the findings of this research uses a different approach to causation. While also positioning power and control at the centre, my version adopts a “*centre out*” framework that treats power and control as the universal, central dynamic present in all IPV, regardless of the victim’s identity. Rather than suggesting that power and control occur because of external factors, this model recognises that abusers strategically exploit available vulnerabilities, whether related to sexual identity, cultural background, age or health, as tools to exercise the power and control dynamics. This represents a significant conceptual contribution to IPV literature, offering the first framework specifically designed to capture power and control dynamics in GB male relationships while maintaining the universal applicability of power and control as the central organising principle.

This structural difference reflects a key conceptual distinction: whilst the LGBTQ+ adaptation emphasises how external societal discrimination enables abuse tactics, the GB-specific adaptation centres the internal power dynamic whilst recognising that specific control mechanisms exploit identity-based vulnerabilities. Beyond serving as a visual representation, this adapted wheel has functioned as both an analytical framework for understanding participant experiences and a conceptual tool for analysing data throughout the finding’s chapters. The wheel's structure has enabled systematic analysis of how power and control manifest across different dimensions of GB male survivors' experiences, providing a coherent theoretical foundation for examining the diverse yet interconnected tactics revealed in participant accounts.

While Roe and Jagodinsky's (2005) adaptation includes LGBTQ+-specific tactics such as outing threats, questioning sexual identity authenticity, and denial tactics (claiming women cannot abuse women or men cannot abuse men), their framework positions external societal discrimination as the foundational driver, moreover, their adaptation,, remains broad across all LGBTQ+ identities rather than capturing the specific intersection of masculinity with victimhood in GB male relationships. This GB-specific adaptation addresses methods of control that even these LGBTQ+-inclusive frameworks do not fully capture: These include: the targeting of masculine

identity expectations - where abusers use societal norms about how men should behave as tools to shame and control their partners (Connell and Messerschmidt, 2005); manufactured power imbalances through age and experience gaps - where older or more experienced partners leverage these advantages in ways specific to GB male relationship dynamics; and the strategic use of language barriers - where native English speakers exploit GB men whose English is a second language as tools of control.

Rather than positioning these tactics as manifestations of external societal discrimination, this model recognises them as deliberate tools that abusers strategically deploy to establish and maintain power and control dynamics within the relationship itself.

It is important to clarify that this centre-out framework does not deny the existence of external structural factors such as homophobia, biphobia, and heterosexism - these are well-established in the literature (as discussed in chapter 2) and their role in shaping the lives of GB men is not in question. This research centred the voices and experiences of victim-survivors rather than seeking to analyse perpetrator motivation or psychology, and the reasons why individuals perpetrate abuse are nuanced and multifaceted. Power and control are positioned at the centre of this framework because that is what the data showed - it is what participants communicated as the fundamental, organising dynamic of their abusive relationships. The identity-specific tactics captured in the wheel reflect how that power and control was enacted through the particular vulnerabilities associated with being a GB man. The model therefore does not claim to explain the totality of why abuse occurs but faithfully represents how it was experienced by the survivors in this study.

5.2.2 Rationale for GB-Specific Adaptation

The decision to develop a new adaptation rather than use existing LGBTQ+ frameworks was driven by empirical evidence from participant accounts that showed distinctive control mechanisms not adequately captured in current models. When exploring relationships between GB men, these dynamics take on additional complexity, as assumptions about equal physical power can mask the intricate ways control is established and maintained.

While several adaptations of the Duluth Model exist for diverse populations, including LGBTQ+ frameworks (Roe and Jagodinsky, 2005) and intersectional approaches such as the COHSAR wheel (Donovan and Hester, 2014), these existing models do not fully capture the specific experiences of GB male survivors. While the COHSAR wheel offers valuable insights through its intersectional approach and recognition of relationship rules, it remains broadly applicable across all relationship types rather than capturing the specific intersection of masculinity with victimhood in GB male relationships. The COHSAR framework, though inclusive, does not address the particular ways that masculine identity expectations are weaponised as control tactics, nor does it capture how power imbalances are manufactured through age, experience gaps, or language barriers in ways specific to GB male relationship dynamics. Moreover, while the COHSAR wheel's emphasis on "*practices of love*" provides an important understanding of how caring behaviours can be corrupted, my GB-specific adaptation focuses more directly on the tactical mechanisms through which control is established and maintained within the relationship itself. This research-driven approach enables systematic analysis of how power and control manifest across different dimensions of GB male survivors' experiences, providing a coherent theoretical foundation grounded in participants lived experiences rather than broad theoretical inclusivity. Although the framework was developed predominantly from the accounts of gay identifying men, its applicability extends to bisexual male survivors. All participants, including those identifying as bisexual, experienced abuse perpetrated by men, and the identity-specific mechanisms captured in the wheel, including masculine policing and the weaponisation of sexual identity, reflect vulnerabilities shared across GB men. The framework therefore retains relevance for bisexual men and indeed other people across LGBTQ+ communities who experience abuse within same-sex or queer relationships.

The GB-specific adaptation, therefore, serves a distinct analytical purpose: rather than attempting universal applicability like the COHSAR model, it provides a focussed framework for understanding the particular control mechanisms that exploit GB men's unique vulnerabilities while maintaining power and control as the central organising principle.

This decision was based on two key considerations: 1) The universal nature of power and control in all IPV experiences, regardless of the victim's sexual or gender

identity; and 2) The specific focus on the experiences of GB male survivors, a group that has unique experiences even within the broader LGBTQ+ community. In developing this adaptation, I acknowledged that identity-related factors play a significant role in abuse dynamics within GB relationships. However, I maintained power and control as the central themes, reflecting their role in all abusive relationships.

Drawing upon the rich data collected from participants, I developed an adapted Power and Control Wheel that serves as both an analytical framework and a practical tool for understanding the lived and living experiences of GB male survivors. This adapted model: a) incorporates identity-specific control tactics unique to GB men, b) recognises nuanced power dynamics that operate beyond physical dominance, c) acknowledges the intersection of masculinity expectations with abuse dynamics, and d) captures psychological and social elements of control specific to GB men. Having established the theoretical evolution and structure of the GB-specific Power and Control Wheel, the following sections examine how each element manifests in participants' lived experiences. These accounts reveal both the universal nature of power and control and the specific tactics that exploit GB men's unique vulnerabilities.

5.3 Lived Realities of Coercive Tactics Against GB Survivors

The following analysis draws heavily on several participants' accounts, with Michael's (Interviewee 02) narrative providing particularly detailed insights into multiple forms of control. While his experiences feature prominently due to their comprehensiveness, they are triangulated with other participants' accounts to ensure a broader representation of GB men's experiences. This prominence itself reflects a methodological finding - some survivors develop particularly articulate frameworks for understanding their abuse through extensive reflection.

A critical pattern that emerged from participants' narratives was their partner's systematic identification and exploitation of personal vulnerabilities. This form of psychological abuse involves the calculated targeting of an individual's insecurities, past traumas, or aspects of their identity that could be used against them. The data

revealed that partners demonstrated an acute ability to recognise and manipulate these vulnerabilities, whether they were related to sexual identity, cultural background, religious beliefs, physical appearance, or past experiences. This tactical exploitation served multiple purposes: to maintain control, undermine self-esteem, and create deep-seated emotional dependence.

As Christopher (Interviewee 06) astutely points out, abusive partners are adept at identifying and exploiting any "*chink in the armour*" - any aspect of a person's identity or beliefs that can be used to manipulate and control them:

I think there's always something, you know, I think perpetrators are really clever by saying they can identify a, a chink in the armour, a little bit of... a little bit of weakness in someone and they can really, you know, push that wound. Um, so I think whatever that is about, you know, whether it's your religion or your identity or whatever it is, I think they're going to find it. They're going to capitalise on it.

(Christopher, Interviewee 06)¹⁴

5.3.1 Identity-Based Control

The adapted wheel's emphasis on identity-based control is evidenced through participant accounts where sexual identity and gender expression become weaponised as tools of abuse. Michael's (Interviewee 02) account reveals how power and control in GB relationships can be specifically targeted at aspects of gender expression and sexual identity:

A few things since the beginning, things like he was quite pushy in opinions and also the main thing, he wasn't out. I was out, but he wasn't. So that created a lot of tension because he didn't want me to tell other people about our relationship. For example, when we went out, he would kind of walk separately from me. Sometimes he will try to correct my posture, which actually sometimes I wonder...I talk about it being mostly psychological, but some things, maybe physical. Because I remember once walking down the

¹⁴ While multiple participants' experiences inform this analysis, Michael's account features prominently throughout due to the depth and range of control tactics he experienced across different wheel segments. His comprehensive narrative provides a particularly rich illustration of how the adapted wheel captures interconnected abuse dynamics, though his experiences are reinforced and contextualised by accounts from David, Matthew, Christopher, Daniel, and William

stairs and he said, 'you are walking like a girl' and he grabbed my shoulders, and he said, 'this is how a man walks'...

(Michael, Interviewee 02)

The criticism of Michael's (Interviewee 02) masculinity ("*you are walking like a girl*") further illustrates how gender norms and internalised homophobia can be used in abusive GB relationships, adding a layer of complexity not typically seen in heterosexual IPV scenarios. By using Michael's (Interviewee 02) sexual identity and gender expression as a point of attack, the abuser not only reinforces his power and control but also undermines Michael's (Interviewee 02) sense of self and connection to the LGBTQ+ community.

Christopher's (Interviewee 06) account illuminates the complex intersection between internalised homophobia, controlling behaviour, and IPV:

...I think looking back on it now, he used alcohol as an escape. I certainly feel now this in hindsight, but it's... I think he had a real issue about being gay... You know, he presented very much as a straight man and the way that he looked and dressed and acted. For me, that was part of the attraction... Also, his controlling behaviour, you know, I wasn't allowed to wear certain colours. I think that was his way of masking it, so we didn't look like we were together. He wasn't out; the only person he was out with was the manager. He wasn't out at all with anybody else.

(Christopher, Interviewee 06)

Christopher's (Interviewee 06) experience demonstrates how the threat of 'outing' operates as both context for and tool of abuse in LGBTQ+ relationships. His partner's carefully managed public persona as '*straight-presenting*' created conditions where controlling behaviour could flourish under the guise of privacy. The restriction on wearing certain colours represents a form of coercive control - one that uses societal homophobia by framing abuse as protection from discrimination.

This dynamic of forced concealment is powerfully illustrated through Michael's (Interviewee 02) chosen image of a closet (Figure 11), which revealed deeper insights about the isolation and control tactics used by his partner:

Figure 11. PE Image 4

Case Study (4) Michael's Image of Control



The use of photo-elicitation, even with a limited sample, proved to be unexpectedly potent in this study. Michael's response to the image of a closet demonstrates how visual stimuli can unlock deeper memories and facilitate more nuanced articulation of complex experiences. This method helped Michael reflect on the isolation and control he experienced, symbolised by the closet image. Michael discussed feeling forced into an isolated, hidden space by his partner's demands over public vs private behaviour. The closet represents the social control, being forced, or trapped into a narrow existence, living a life of secrecy, and being closeted not only mentally but in terms of his sexual identity.

The isolation experienced was a deliberate part of the abuse and control tactics. Being forced into closeted spaces was damaging for Michael, boxing-in and micromanaging a victim/survivors life facilitates control:

I was out and happy, he made me go back into a dark closet because he was in the closet. So, in a way I consider that abuse as well...Because he did ask me not to tell some friends about our relationship and things like that...Like I closed in, in two ways because I was closed as a gay man, but also, because of the relationship itself. I think it's just that idea of him wanting to control everything, so I think in a way if he made my world smaller, I was easier to control. he didn't want me to go out with friends. Almost keeping me inside that dark closet...

(Michael Interviewee 02)

This powerful metaphor of the closet illustrates a unique form of control in GB relationships where one partner's internalised homophobia becomes transformed into a tool of control against the other. For Michael (Interviewee 02), being forced back "into a dark closet" after having established his identity as an 'out' gay man represents a profound loss of autonomy and connection. The abuser strategically created dual isolation, both from Michael's (Interviewee 02) identity community and from his broader social network, effectively making his "world smaller" and therefore "easier to control." This demonstrates how closeting can function as a specific tactic

of coercive control in GB relationships, one that leverages heteronormative social structures against the victim.

This pattern of identity-based control, as illustrated in Jim's account of outing threats above, operates through psychosocial leverage rather than physical intimidation.

Unlike traditional coercive control tactics that rely primarily on interpersonal dynamics, identity-based control methods strategically exploit broader sociocultural vulnerabilities, challenging conventional assumptions about power dynamics between male partners.

5.3.2 Culture and Language

While identity-based control exploits internal struggles with sexual identity, perpetrators also take advantage of external markers of difference. Cultural and language vulnerabilities become particularly potent tools of control for immigrant GB men.

The wheel's incorporation of cultural and language abuse tactics is demonstrated through another significant pattern affecting immigrant GB men, where cultural and language vulnerabilities become tools of control. David's (Interviewee 03) experience as a recent Italian immigrant to London demonstrates how limited English proficiency created vulnerability:

I moved to London from Italy...My English was very bad. He was British. So, there was... It is interesting, I found out later, because basically the abuse the way he was mainly abusing me was through the language and my lack of experience at that point. What I've learned from learning a new language is that when you don't know how to express yourself. You are like an adult, imprisoned in the body of a child. And it's frustrating... It's frustrating because the child knows what you are. Well, what they want. But they cannot express it.

(David, Interviewee 03)

David's (Interviewee 03) poignant analogy of feeling like "*an adult imprisoned in the body of a child*" due to language barriers is particularly revealing. This metaphor not only conveys the frustration of being unable to fully express oneself but also hints at a profound sense of powerlessness and infantilisation within the relationship. It

suggests that language can serve as a powerful tool for control, effectively silencing the victim and limiting their ability to assert themselves or seek help.

The profound impact of language-based control is further illustrated through Michael's (Interviewee 02) chosen image of a cup (Figure 12), which serves as a powerful reminder of the persistent criticism he endured:

Figure 12. PE Image 3

Case Study (3) Michael's Image of Psychological Abuse



This image was noted as a reminder by Michael that fights and arguments would arise due to his English vocabulary skills not being the standard that was expected by his partner. The frequent criticism he stated made him afraid to often speak, *"I'm bound to like make mistakes. And it's natural. It's not my language. I wasn't brought up in English...I was so afraid of making mistakes"*.

The language and communication abuse and constant tension over the participants English errors made it difficult for Michael to cope. From his perspective, the incidents feel "silly" but realises were serious abuse issues:

There was a whole argument about that stupid cup. Because I didn't call it cup. And he said it didn't sound native or natural enough...Regularly these kinds of discussions that would then turn into Heated arguments. I learned to just listen and be quiet.

(Michael Interviewee, 02)

The power dynamics centred around language proficiency in Michael's (Interviewee 02) account echo David's (Interviewee 03) experience, reinforcing the theme of language as a tool of control in relationships with immigrant GB men. This persistent criticism of Michael's (Interviewee 02) English serves multiple abusive functions: 1) It

erodes self-esteem and creates a sense of inadequacy. 2) It establishes the abuser's superiority and authority. 3) It potentially discourages the victim from seeking help or forming connections outside the relationship, ultimately creating a state of dependence on the abuser as a translator and cultural interpreter. This enforced reliance further embeds this power imbalance, as the victim-survivor becomes increasingly isolated and dependent on their partner for navigating daily life in a foreign environment.

Our main thing, and what I noticed at first, was this cutting me off from people. I think it's because through the excuse of saying you can't tell the others about our relationship. The next thing is really a big issue was the power dynamics, because there was the issue with English language. He would give me so much trouble if I mispronounced something. If I didn't say things in the right way. It was, it was always like constantly being a lecture... I was still learning, and I felt ashamed of speaking in English; it was constant, and obviously, that was the thing that he could always have power over me, because no way I could ever speak as well as him. He was this constant, constant, saying things like you're stupid or that's not how you say it. Now I've learned. That is one of the things that he could use to exert power. So that was awful.

(Michael, Interviewee 02)

William (SP09) also details repeated criticism of English language differences to assert power by his partner, echoing the language-based control tactics discussed earlier:

He would use my lower skills of English to criticise me. I felt that he needed to assert his power over me by using the one thing I could never be an equal (he was a native speaker of English). Also, he would enter into very complicated discussions about what was wrong about my behaviour. I wouldn't always understand what I had done wrong. Then, if I didn't agree with the things he said, he would administer the silent treatment for days on end.

(William, SP 09)

These language-based tactics often intersect with age and experience disparities, creating compound vulnerabilities.

5.3.3 Age and Inexperience

The framework's recognition of manufactured power imbalances through age and experience is evidenced by participants who revealed how these factors create vulnerability within abusive relationships. Both David (Interviewee 03) (28 with a 52-year-old partner) and Matthew (Interviewee 07), who was in his early twenties at the time of his relationship, described how the age gap contributed to their vulnerability. Matthew's (Interviewee 07) experience of financial control, coupled with the significant age gap, exemplifies how multiple factors can compound vulnerability to abuse:

...and you know, I was in my early twenties, so, you know, there was that imbalance anyway. And it was, yeah, he just got control of everything and all my money, and I was quite naive. Where I'd grown up, you know, I grew up without neighbours near, for five miles. There were ten people in our primary school, and I didn't know much about the world.

(Matthew, Interviewee 07)

Similarly, Michael (Interviewee 02) reflected on the role of age in creating a power dynamic that facilitated abuse:

It was my first ever relationship...Unfortunately, I do have a prejudice now I don't think I would do it again because apart from the fact that he obviously he was a native speaker of English, it was also the age thing that was an issue, that was something that I suppose he used to say that he knew better with his age and all of that. And I suppose in some certain ways, yeah, objectively, he probably knew. A Few things he had more experience with. But it's not, you know, it's not something you can use all the time, you know, to call someone stupid.

(Michael, Interviewee 02)

These experiences highlight a potential vulnerability in the GB community, where younger or less experienced individuals might be at higher risk of exploitation by older partners who use their age or experience as a tool for manipulation and control.

David's (Interviewee 03) experience provides a clear example of how these intersecting factors can create vulnerabilities that are specific to GB relationships. The significant age gap between David (Interviewee 03) and his partner, combined

with David's (Interviewee 03) status as a recent immigrant with limited English proficiency, created a power differential that his partner was able to exploit. Moreover, David's (Interviewee 03) experience challenges the heteronormative assumptions often present in IPV discourse. It demonstrates that in same-sex relationships, traditional power dynamics based on gender roles may be replaced by other factors such as age, language proficiency, or familiarity with local systems and culture. David's (Interviewee 03) narrative also points to the psychological impact of language and communication abuse. The frustration he describes likely extends beyond mere communication difficulties, potentially affecting his self-esteem, sense of autonomy, and ability to integrate into his new environment - all factors that could increase his dependency on his partner and make it harder to recognise or escape the abusive situation.

Similarly, Matthew's (Interviewee 07) experience of financial control, coupled with the significant age gap, exemplifies how multiple factors can compound vulnerability to abuse. The power imbalance created by the age difference is exacerbated by Matthew's (Interviewee 07) self-described naivety and limited life experience. These experiences challenge assumptions about power dynamics in GB relationships, showing how age and experience can be leveraged for control. It also highlights the importance of considering life stage and background in assessing IPV risk whilst demonstrating how isolation (such as a rural upbringing) can be a pre-existing factor that abusers exploit.

These narratives reveal how abusers exploit social vulnerabilities, particularly targeting men whose age, immigration status, or life experience positions them as vulnerable within both mainstream society and GB communities. (Further analysis of these masculinity dynamics appears in Chapter 7). While age and experience create structural vulnerabilities, perpetrators employ complex psychological tactics that operate independently of such disparities.

5.3.4 Psychological Manipulation

Perhaps most complex are the psychological manipulation tactics that operate beyond traditional physical dominance models. The '*silent treatment*' emerged as a tool of psychological manipulation, distinct from simple communication breakdown or temporary conflict avoidance. Participants described experiences where silence was wielded systematically to punish, control, and psychologically destabilise them:

So, it was things like... it was very psychological in that he would call me stupid. There was also silent treatment, which I actually hated, so sometimes he would say that I did something wrong. For example, if I replied to him, he would then go silent. And for even 3 days, four days. And he would just... Sit next to me.

(Michael, Interviewee 02)

The following account underscores how psychological abuse can be just as damaging as physical violence, a point that is central in understanding and addressing IPV in GB relationships. Michael's (Interviewee 02) poignant description of feeling like "*furniture*" during silent treatments vividly illustrates the dehumanising nature of this form of abuse:

Also, with the hunger strikes, he would go hungry and just be the whole not eating until I have said that I've done something wrong, so he couldn't accept me saying that I didn't do anything wrong. He said something like I'm not going to eat because I'm upset. That's the way he would frame it... I think the first few times it would be really... I just couldn't understand why someone would behave like that. So, I would go very quiet and upset. Then I started trying to make it better, and kind of I started coming to him, and I said, well, did I do that? Because sometimes I honestly didn't know what I had done wrong. But I think the thing that made me most upset was the silent treatment. It still upsets me a little bit thinking about it... as how someone can sit next to you. You talk to them... Nothing... It's... Just being treated like furniture. I think that's how I felt. Then I would just remove myself from the situation. Just go quiet so it would be days and days and days of two people living together, completely silent. It's yeah, it's just... One thing about psychological abuse, the one thing that really harmed me, was that.

(Michael, Interviewee 02)

While silent treatment occurs across all relationship types, its deployment in GB relationships carries specific implications. In heterosexual relationships, this tactic often reinforces gendered power dynamics. However, in GB relationships, silent

treatment intersects with masculine socialisation that already discourages emotional expression and help-seeking. For GB men, being subjected to systematic silence compounds existing barriers to recognising and articulating emotional abuse, as masculine norms frame such concerns as weakness. This creates a double-bind: the abuse tactic itself silences them, while gendered expectations about male stoicism prevent them from seeking support for what might be dismissed as '*just not talking*' (Addis and Mahalik, 2003).

This dehumanisation through stonewalling represents yet another manifestation of exploitation in abusive GB relationships. By reducing someone to an object - "*furniture*," as Michael (Interviewee 02) puts it - abusers strip away the victim-survivor agency. The '*silent treatment*' thus functions as both a punishment and a reminder of the power imbalance, further cementing the abuser's control whilst simultaneously breaking down the victim's sense of self-worth and identity. Additionally, his partner's use of hunger strikes as a manipulation tactic is an extreme form of emotional blackmail. This behaviour: a) places the burden of the abuser's well-being on the victim, b) creates a sense of guilt and responsibility in the victim, and c) demonstrates the lengths to which abusers may go to maintain control.

These manipulation tactics may gain particular potency in GB relationships through their intersection with minority stress. Research suggests that GB men may already carry internalised shame about their relationships, making them potentially more susceptible to guilt-based manipulation (Meyer, 2003). The hunger strike tactic exploits not just general empathy, but specific anxieties about being seen as the '*problematic gay partner*' - a fear rooted in societal stereotypes about unstable same-sex relationships (Frost and Meyer, 2009). The psychological manipulation described by Michael (Interviewee 02) showcases a spectrum of abusive behaviours, each serving to destabilise and control. Michael's (Interviewee 02) account further challenges the common misconception that abuse in GB relationships is primarily driven by physical strength or traditional gender roles. Instead, it highlights how partners can exploit a wide range of vulnerabilities to establish and maintain control over their partners, regardless of their gender or financial status.

Michael's (Interviewee 02) case also presents a reversal of the typical financial abuse scenario in IPV. Here, his partner becomes financially dependent, yet still leverages this dependency for control:

He didn't hold a job, so he didn't have any money. So, he quickly became dependent on my job and my salary and that I will do everything. I will pay for everything so. That's interesting because I know in other abusive relationships it is the person who's abused who depends economically on the other person. In this case, it was the other way around.

(Michael, Interviewee 02)

This subversion of expected power dynamics in abusive relationships challenges conventional understandings of economic abuse in IPV and warrants deeper analysis. Unlike the more commonly documented pattern where financial control stems from the abuser's role as the primary provider, Michael's (Interviewee 02) experience demonstrates how economic dependency can also be exploited in reverse. His partner's financial dependence became a form of emotional leverage, creating guilt, obligation, and responsibility that could be manipulated to maintain control. This reveals how power in abusive relationships operates beyond simple economic or physical dominance, instead functioning through complex psychological and emotional mechanisms.

This counterintuitive dynamic highlights the need for a better understanding of how power can be exercised through various channels, sometimes simultaneously and in seemingly contradictory ways. Michael's (Interviewee 02) experience suggests that economic vulnerability can be both real (his partner's lack of income) and strategically deployed (using this dependency to manipulate Michael), creating a particularly confusing situation for victim-survivors trying to make sense of their experiences.

5.3.5 Health and Disability

Beyond psychological and social vulnerabilities, some perpetrators exploit physical vulnerabilities when they emerge. Health conditions and disabilities become used as tools of control. Matthew's (Interviewee 07) account provides a stark illustration of

the intersection between ill health and IPV in GB relationships. His narrative illuminates how abusive partners can exploit physical vulnerabilities and health conditions to exert control, adding a critical dimension to our understanding of IPV dynamics in this population:

So...I was working as a health care worker, and I got very ill. It was literally overnight, and there's something wrong with my spine, and that left me in and out of a wheelchair and needing crutches and things...And I think a lot of it might have been him because he would aim to hurt my spine... I suppose that didn't help. But he used that as an excuse to get his rage out because he'd take my crutches and take the wheelchair away. He found and took my medication, morphine, away from me...And even when I was in agonising pain, like having periods where I couldn't walk or anything, he would be violent and kick me on the floor. He was punching me once in the house, he saw that the neighbour was outside, so he dragged me towards the window, he went to punch me again, so I stuck my hand up to defend myself, and as the neighbour looked then he shouted out the window to the neighbour. This is what I have to put up with... So, it was a control thing...

(Matthew, Interviewee 07)

The targeting of Matthew's (Interviewee 07) spinal condition by his partner represents a significant form of physical abuse. This demonstrates how a person can exploit a partner's disability or illness. It also demonstrates the increased vulnerability of people with disabilities to IPV. The deprivation of mobility aids (crutches and wheelchairs) and medication (morphine) goes beyond physical abuse, constituting a form of medical neglect or abuse. This tactic intensifies dependence on the abusive partner, isolates the victim-survivor further by limiting their ability to leave or seek help, and it also potentially exacerbates existing health issues, creating a cycle of increased vulnerability.

As a healthcare worker, Matthew (Interviewee 07) might be perceived as having more resources or knowledge to address his situation. However, his experience shows how personal circumstances and the tactics of abusers can overcome professional knowledge or status. Matthew's experience illuminates an important dynamic in GB relationships: while heterosexual IPV often involves inherent physical size or strength differences between partners, GB relationships between able-bodied men may lack these traditional physical power differentials. However, disability or chronic illness can create analogous vulnerabilities. This challenges assumptions about '*mutual combat*' in male same-sex IPV, revealing how physical vulnerabilities

intersect with masculine expectations of strength and self-reliance to create unique control opportunities.

5.3.6 Bidirectional Violence and Abuse

These dynamics create complex patterns of bidirectional violence that challenge traditional frameworks. Daniel's (Interviewee 04) experience provides a poignant example of how bidirectional abuse can manifest in GB relationships. His account suggests that abusive partners may use coercive tactics to initiate violence, blurring the lines between victim and aggressor. This complexity highlights the need for nuanced approaches in IPV interventions for GB men:

He introduced kind of like physical violence into [the] relationship as well. It was in a really coercive way. Like we both went to a student's union social, and we had an argument about something, and he could tell I was angry...He was like, just hit me, hit me, hit me. And he kept saying it, kept saying it. And eventually, I did hit him. That was the first time. Like, I basically hurt him...Oh, it's so fucked up. Yeah. That happened.

(Daniel, Interviewee 04)

Daniel (Interviewee 04) talks about his relationship and its progression over time. Daniel's partner is noted to have introduced violence coercively, urging Daniel to hit him during an argument.

He then told me he had cancer...we then lived together, and we actually did live together for two years, and there were like bouts of physical violence again... I then eventually got counselling.... Like, it really made me realise actually, like I had agency empowered by how I responded to certain things. And I eventually got into that thinking like, oh, I need to like stop being angry at my partner and stop wanting to hurt him and stop. But actually, the breakthrough was actually like, my partner's actually, like, really horrible, and I want to end the relationship. I feel trapped... like the breakthrough for me was actually realising that the guilt and shame I felt was also another controlling kind of tactic to kind of keep me quiet about what was happening in the relationship...

The revelation of his partner's cancer diagnosis, strategically disclosed after Daniel's (Interviewee 04) return from studying abroad, adds another layer of complexity. Living together for approximately 2 years, there are further bouts of physical

violence, prompting Daniel to seek out counselling. He then discusses how he realised from this that the guilt and shame he felt were manipulative tactics inflicted by his partner to prevent him from speaking out.

Daniel (Interviewee 04) continues to reveal a shift in his perspective, acknowledging his initiation of violence, difficulties in de-escalation, and a transformative experience through CBT. He discusses that despite seeking an assessment and learning about bilateral abuse, his partner adamantly positions himself as the victim, refusing support or couple's therapy:

I feel quite horrified, really... He never once hurt me physically, and I think it was always me... And it happened on like... Maybe like six or seven occasions over like the three years. So, it wasn't like a one off type incident. I think. The immediate thing was just kind of like. Yeah, just like. I really hated it. Obviously very difficult for him as well. Like it was really difficult when it got to that situation because I always tried to de-escalate things. But he wouldn't leave the room, or like he would let me leave the room, like he would be shoving me, that kind of stuff... My relationship with anger. It's very, very different... I think the CBT really showed me that like it's a choice, like it's an emotional choice, yeah, anger and violence really aren't like a part of my life anymore. Like I, I feel much more chill and less stressed, and that, that comes from being a lot more in control of my life and empowered. And I recognise that anger kind of came through a lot in the relationship because I felt I wasn't in control, I wasn't really having a say in what I wanted to do... I went to an assessment, and the assessment was basically like, yeah, there's not enough abuse happening for me to work with you. Then that's when I first heard about bilateral abuse... My partner was so adamant that he was the victim and that he was being victimised and was so adamant that he wasn't actually going to go to anything like support or couples therapy.

(Daniel, Interviewee 04)

This account illustrates the complex interplay between physical violence and coercive control within same-sex relationships, challenging traditional frameworks built around hegemonic masculinity. Daniel's (Interviewee 04) narrative reveals how physical aggression (which he initiated) exists alongside subtle coercive tactics employed by his partner, such as restricting his movement ("*he wouldn't leave the room, or like he would let me leave the room*") and physical intimidation ("*he would be shoving me*").

The hegemonic masculine paradigm typically prioritises visible physical violence over forms of control (Connell & Messerschmidt, 2005). My analysis reveals how

Daniel's self-perception as the primary aggressor and the assessment outcome (*"there's not enough abuse happening for me to work with you"*) stem from this framework, despite clear indications of coercive control in his account. The institutional focus on physical violence reflects how service providers may overlook patterns of psychological control that do not conform to heteronormative abuse models - a theme explored more deeply in Chapter 7 (Jewkes et al., 2015).

Daniel's (Interviewee 04) acknowledgement that his anger stemmed from feeling disempowered (*"I felt I wasn't in control, I wasn't really having a say"*) further complicates the narrative and illustrates what Connell and Messerschmidt (2005) identify as the complex interplay between power, subordination, and resistance in masculine identity construction. His physical reactions could be interpreted as resistance against his partner's coercive control, a dynamic that appears invisible within traditional domestic violence paradigms that privilege physical abuse as the defining characteristic of IPV. The partner's self-positioning as the exclusive victim, despite evidence of bidirectionality and refusal to engage with support services, demonstrates how coercive controllers can manipulate narratives of victimhood to maintain dominance and avoid accountability, whilst simultaneously isolating their partners from potential support networks.

Michael's (Interviewee 02) account reveals a complex dynamic of bidirectional abuse, where both partners engage in behaviours that could be considered abusive. In this discussion, Michael (Interviewee 02) admits to engaging in a form of retaliatory abuse by threatening to out his partner to their church community.

If you're not leaving today, I'm going to go to your church... This is not... it's not something I like doing, but I'm going to go to the church, and I'm going to say who you are... and obviously that's the scariest thing for him because he wasn't out in the church or anything like that. It's not something I would have liked to do because I think it's mean if someone is not out. I think you have to respect that, but actually, it was a defence mechanism. And he left ... And I haven't seen him since...

(Michael, Interviewee 02)

This situation highlights the challenges of untangling the dynamics of bidirectional abuse in GB relationships. Whilst Michael's (Interviewee 02) threat to out his partner can be seen as a *"defence mechanism"* in response to the ongoing abuse, it also

perpetuates a cycle of violence and control. The use of '*outing*' as a weapon by both partners underscores the unique vulnerabilities that GB men face in abusive relationships, where sexual identity and social stigma can be exploited for power and control (Ristock, 2011).

By recognising that power imbalances in abusive relationships are not always tied to gender, we can develop a more nuanced and comprehensive understanding of IPV in GB relationships. This, in turn, can inform the creation of targeted resources and support systems that acknowledge and address the specific challenges and vulnerabilities faced by GB male survivors.

5.3.7 Temporal Patterns and Escalation

My data consistently demonstrates patterns of escalation, where abuse often begins subtly and intensifies over time. This progression is exemplified in Michael's (Interviewee 02) account:

The abuse went on for two years. It started with controlling behaviour and escalated to physical violence.

(Michael, Interviewee 02)

This pattern aligns with escalation theories (Walker, 1979) but also highlights how in GB relationships, the early stages of control might be masked by or intertwined with issues specific to LGBTQ+ experiences, such as coming out or navigating societal heteronormativity.

James's (Interviewee 01) experience further illustrates how abuse can emerge later in a long-term relationship:

We were together for five years. Things didn't become abusive until the last two and a half, three years....

(James, Interviewee 01)

Whilst the delayed onset of abuse is not unique to GB relationships, James's (Interviewee 01) account highlights how factors such as age differences, mental

health issues, and a sense of responsibility for one's partner can contribute to the escalation of abuse over time. This gradual emergence of abusive behaviours challenges the notion that abusive tendencies are always immediately apparent and suggests a need for ongoing awareness and assessment of relationship dynamics in both GB and heterosexual partnerships. Moreover, the narratives reveal that abuse can fluctuate in intensity and frequency over time, influenced by factors such as the abuser's mood, external stressors, or attempts to resist (Edwards et al., 2015).

The diverse tactics discussed demonstrate the utility of the adapted wheel in capturing the experiences of GB men. Each spoke represents not merely a category of abuse, but a specific way perpetrators exploit the intersection of male identity, GB relationships, and societal marginalisation.

5.4 Chapter Summary

This chapter has examined power and control dynamics in abusive relationships involving GB men through an analysis of participant accounts. By centring lived experiences of GB male survivors, this research developed an adapted Power and Control Wheel that addresses critical gaps in existing frameworks. The adapted wheel represents a conceptual contribution to IPV literature, employing a "*centre-out*" structural approach that treats power and control as the universal dynamic present in all IPV. Unlike existing LGBTQ+ adaptations that position external societal discrimination as the foundational driver, this model recognises that abusers strategically exploit available vulnerabilities as tools to exercise power and control dynamics.

The interpretive analysis highlighted how perpetrators employ diverse tactics to establish dominance, including identity-based control (outing threats, forced re-closeting), cultural and language exploitation (targeting limited English proficiency), manufactured power imbalances (age and experience gaps), psychological manipulation (silent treatment, emotional blackmail), taking advantage of health conditions, and complex bidirectional violence behaviours.

These findings demonstrate that power dynamics in GB relationships operate beyond traditional physical dominance models, challenging conventional

understandings of IPV. The adapted model provides both theoretical insights and practical implications for service providers working with GB male survivors. The broader implications for policy and practice will be discussed in the concluding chapter.

The following chapter will explore more deeply how identity, particularly the intersection of masculinities and victimhood, shapes outcomes and experiences for GB male survivors.

6. Identity and The Intersection of Masculinity, Victimhood and IPV

6.1 Introduction

This chapter explores how masculinity shaped participants' experiences of IPV. While Chapter 5 examined the specific tactics perpetrators used to establish power and control, exploiting vulnerabilities related to language, age, health, and sexual identity, this chapter reveals how participants' understandings of masculinity influenced their ability to recognise abuse and process their experiences. Notably, the adapted Power and Control Wheel discussed in Chapter 5 identified masculinity as a key tool of control through “*Using Privilege*” (leveraging masculinity to establish power and control) and “*Emotional Abuse*” (mocking perceived feminine behaviours).

Participants consistently described profound conflicts between their experiences of victimisation and their sense of themselves as men. They revealed how societal messages about masculinity created barriers at every level, from recognising their experiences as abuse to imagining themselves deserving of support. Their accounts show how perpetrators exploited these masculine expectations as tools of control, while broader social attitudes rendered their experiences invisible or illegitimate.

The chapter presents these experiences across three levels. First, participants' encounters with societal attitudes that dismissed violence between men as “*just two guys fighting*” or mocked male victims as failing to meet masculine standards. Second, their internal struggles with reconciling victimhood with masculine identity, including how perpetrators policed their gender expression. Third, how masculinity intersected with other aspects of their identity, including age, religion, and coping strategies, to create specific patterns of vulnerability and response.

Together, these levels reveal how masculinity operates not merely as another vulnerability to be exploited, but as an important framework shaping every aspect of participants' experiences from initial recognition through to response and coping.

6.2 "Just Two Guys Fighting"

Whilst legal protections and social attitudes towards LGBTQ+ people have progressed significantly in recent decades (see Chapter 2), the enduring legacy of historical biases continues to shape the experiences of GB men. The pervasive stereotype that GB male relationships involve equal physical power and are merely “*just two guys fighting*” has long trivialised the seriousness of abuse in these relationships.

6.2.1 Dismissive Attitudes Toward GB Male Victims

Participants repeatedly encountered societal attitudes that minimised or dismissed abuse between men. Matthew (Interviewee 07) described how institutional responses reflected these attitudes:

I think it was the attitude at the time. It was just two guys fighting and ignorance. They know the laws are different, and you couldn't get married, and it was still quite restricted, and I just don't think they took it seriously at all.

(Matthew Interviewee 07)

The casual dismissal as recounted above by Matthew (Interviewee 07) reflects how hegemonic masculinity maintains its dominance by denying the legitimacy of alternative masculine experiences. By framing abuse between men as “*just two guys fighting*”, institutions preserve traditional masculine hierarchies that position physical dominance and emotional invulnerability as the ‘*proper*’ form of masculinity, while subordinating experiences that reveal masculine vulnerability.

Bob (SP22) highlighted that LGBTQ+ relationship abuse, especially involving men, is often dismissed and mocked. He noted observing similar attitudes in public responses to the research recruitment itself:

It's just not spoken about. People don't seem to care about the LGBTQ+ community, and it feels like we're getting 'what we deserve' even on the post asking people to take part, you have people laughing at the subject matter. Especially when it's a man that is getting abused. It's usually toxic masculinity, and nobody knows why we 'put up with it.'

Further, Bob's (SP22) testimony about public responses to IPV in LGBTQ+ relationships relates directly to the challenges encountered during participant recruitment. As detailed in Chapter 3, the online recruitment advertisement attracted discriminatory comments that mirrored what participants described. These responses ranged from derisive laughter emojis to explicit statements questioning why men would 'allow' themselves to be abused.

Participants noted how media representations of domestic violence consistently excluded their experiences. Michael (Interviewee 02) observed:

It's very much a masculinity issue, and you know, when you talk to most people about domestic violence or you even see campaigns on the news, it's always a man, a heterosexual man abusing a female. You know it's the way it's always been, and I suppose if that's ingrained in us, then the word survivor or victim isn't going to be in your head, as a cis man. Maybe it's just a mechanism to protect myself, but I think I am; it's just I was a victim, and I survived that relationship. So yeah... yeah, I suppose I was a victim. I'm now a survivor.

Michael (Interviewee 02)

Michael (Interviewee 02) reflects here on how domestic violence media portrayals reveal how societal constructs of masculinity and the “*ideal victim*” (Christie, 1986; Jarvaid, 2016; Walklate, 2011) contribute to the marginalisation of GB male survivors. He observes how IPV campaigns typically depict heterosexual women as survivors, reinforcing the notion that IPV is a “*woman's issue*” and marginalising male victims.

Societal constructs of victimhood can prevent individuals from identifying with the victim or survivor identity, even when they have endured abuse. For GB men, acknowledging their victimisation may feel contradictory to their understanding of masculinity, which often discourages vulnerability and reinforces the expectation to “*endure*” hardship (McAulay, 2023).

Beyond mainstream dismissal, participants described harmful attitudes within LGBTQ+ communities. John (SP01) highlighted specific stereotypes about male victimisation:

Being raped as a man in the bubble of a relationship can be specific to sexual orientation. As the world views male rape as either a prison phenomenon due to lack of access to women or being gay, and it being 'highly sexual', it's what we should expect or even worse, deserve.

(John, SP01)

This statement underscores several critical issues. The societal misconception that male rape is primarily a “*prison phenomenon*” reflects broader gender stereotypes that position men as inherently strong and invulnerable (Brown et al., 2023; Thomas and Kopel, 2023).

The notion that being gay inherently implies high sexual activity demonstrates how stereotypes about gay sexual identity can be used to minimise or indeed justify abuse. This misconception not only trivialises the experiences of GB male survivors but also contributes to victim-blaming attitudes. The participant’s use of the phrase “*or even worse, deserve*” suggests homophobic attitudes in society, where being gay is seen as deserving of punishment may be prevalent, thus influencing the participant’s views or behaviours (Herek, 2015; Balsam, 2013; Meyer, 2003; Ristock, 2002; Ventriglio et al., 2021).

These perceptions highlight how sexual violence against men is not just a matter of individual pathology but is intertwined with cultural constructs of masculinity that reinforce male dominance and power. However, in the context of GB relationships, power dynamics extend beyond reinforcing “*male dominance*.” Instead, masculinity, societal myths about male sexual identity, and stereotypes around gay relationships intersect, creating a distinct context that complicates survivors’ recognition of abuse.

These societal attitudes did not merely exist externally but became internalised by participants themselves, creating profound internal conflicts.

6.3 Internal Conflicts: “I Don’t See Myself as a Victim”

Participants in this study described how societal perceptions of masculinity and attitudes towards LGBTQ+ relationships compounded their abuse experiences. Harmful stereotypes, such as the belief that “*only weak men allow themselves to be raped*,” (John SP01) not only inhibited disclosure but also damaged self-worth.

These perceptions are rooted in hegemonic masculinity (See Chapter 2; Connell, 1995).

6.3.1 The Struggle to Identify as a Victim

Across the data, participants described profound difficulties reconciling their experiences with the concept of victimhood. Michael's (Interviewee 02) detailed reflection captured this internal conflict:

I think it took me a really long time to identify what happened to me as abuse...I consider myself a very strong, independent person, so it was a prejudice of mine. I didn't think I fit the idea of someone who's been abused. I don't see myself as a victim...The reason I don't call myself a victim or survivor is because I do feel I'm now OK.

This internal conflict reflects the incompatibility between masculine ideals of strength and independence, and the vulnerability implied by victimhood.

He continued, revealing the depth of this struggle:

It's a defence mechanism, but I'm trying, just trying to work out why I can get a bit of a trigger reaction if I call myself a victim or survivor... I think it's so ingrained in men, not being abused. Even my partner didn't say the word abuse...

Michael's (Interviewee 02)

His experiences challenge several key attributes of the ideal victim (see Chapter 2), particularly the notion of weakness and blamelessness. Michael's (Interviewee 02) hesitancy to identify as a victim or survivor directly confronts the first attribute of Christie's (1986) ideal victim - weakness and highlights the ingrained prejudices and preconceived notions surrounding these labels, particularly within the realm of masculine identity (McAulay, 2023).

The notion of being a “*strong independent person*” conflicts with the stereotypical portrayal or societal expectation of victims as weak or helpless, leading to an internal dissonance and reluctance to embrace these labels. Michael's (Interviewee 02) assertion of having learned and grown from the experience aligns with the essence of the ‘*survivor*’ identity rather than challenging it - the term ‘*survivor*’ specifically

acknowledges resilience, growth, and moving beyond victimisation. Yet his hesitancy to adopt this label reveals how deeply ingrained masculine norms can interfere with identity reconstruction even when the conceptual fit exists. This resistance to victim/survivor terminology reflects the broader language challenges discussed in the introduction, where the contested nature of these labels creates additional barriers for GB men seeking to understand their experiences (McAulay, 2023).

Michael's observation that it's *"so ingrained in men, not being abused"* highlights the deep-rooted cultural stigma surrounding male victimhood. The fact that even his current partner avoided using the word *"abuse"* underscores how pervasive this reluctance to name such experiences remains. This hesitancy perpetuates the invisibility of male victimisation, a silence captured starkly when one participant could only respond 'NA' when asked about coping (Aaron SP53), an absence of words that testifies to the profound difficulty of reconciling masculine identity with victimhood. This statement illuminates the profound impact of societal conditioning and gender norms on the recognition and validation of abuse within the masculine sphere. The ingrained assumptions about male invulnerability and the perceived incompatibility between masculinity and victimhood create a barrier to open dialogue and acknowledgement. Consequently, survivors of abuse who identify as male may internalise these societal biases, leading to self-doubt, minimisation of their experiences, and a reluctance to seek support or label their experiences as abuse.

The private nature of same-sex relationships and assumptions about equal power dynamics obscure signs of abuse that might be more visible in heterosexual couples. Bob's (SP22) discussion highlighted how toxic masculinity contributes to the dismissal and ridicule of GB male survivors, reinforcing expectations that men should endure hardship without complaint (Connell & Messerschmidt, 2005). These factors combine with the stigma surrounding LGBTQ+ identities to create what one participant described as a *"perfect storm"* that traps many survivors in silence:

When you're not 'out' or unsure of your sexuality it is not just the fear of the abuse but the power and control they have over you to 'out' you in a way that means you cannot control who/when/how you want to share it - I was young and worried about whether friends/family would accept me, it was this they used over you. I also think there are deep-rooted perceptions that same sex abuse is not the same as male/female, as it's 2 guys or 2 gals, which undermines the impact.

This intersection of youth and sexual identity created particular vulnerabilities, as participants reflected. Sam (SP41) noted: *'I was 19 and in my first relationship at the time - I think it probably made me more vulnerable than if I'd been a few years older, as I might have been better able to identify that things were wrong earlier.'* Fred (SP41) captured how these intersecting factors compound: *'Because of the stigma (perceived or actual) around same-sex relationships, and the stigma of men as victims of abuse, it seems like a perfect storm for keeping people trapped and feeling like they can't reach out for help.'*

These quotes illuminate the unique vulnerabilities faced by LGBTQ+ individuals in abusive relationships. The fear of being "outed" represents more than just a personal concern; it reflects the pervasive heteronormativity in society that continues to marginalise LGBTQ+ identities. The abuser's ability to exploit the victim's sexual identity demonstrates how societal stigma can be manipulated within intimate relationships to maintain control. This dynamic is particularly potent for younger individuals, as evidenced by the participant's mention of age, highlighting the intersectionality of age and sexual identity in shaping IPV experiences. Moreover, this quote underscores the additional emotional labour required of LGBTQ+ individuals in navigating both their personal identity journey and an abusive relationship in which their sexual identity is being used as a tool of abuse simultaneously, a burden not typically faced by heterosexual IPV victims (Whitfield et al., 2021).

While the conflicts above show how masculinity created internal barriers to recognising abuse, perpetrators also actively targeted masculine expression as a tool of control.

6.3.2 Gender Expression as a Weapon

Michael (Interviewee 02) described how his partner's policing of his gender expression through criticism of his speaking style became a mechanism for eroding his sense of self:

In terms of masculinity and all of that, it was really the correcting me. Once, he said I sometimes feel like I'm in a cartoon the way you speak. You should speak like a man.

This policing extended to physical movement:

I thought he was a bit over the top with his masculine gait. He was all...Like he was pretending to be very masculine. He would walk in a very masculine way. So, he didn't like the way I walked.

The perpetrator's policing of Michael's gender expression reveals how certain expressions of masculinity are privileged over others, with 'feminine' traits becoming tools for establishing dominance within the relationship.

This experience illustrates how hegemonic masculinity (Connell, 1995) infiltrates intimate relationships between men, creating an internal conflict for Michael (Interviewee 02) between his natural self-expression and the pressure to conform to rigid masculine norms. The correction of his speaking style represents more than simple criticism; it reflects a deeper attempt to reshape his identity according to traditional masculine ideals, forcing him to question and potentially sacrifice authentic aspects of himself to meet these externally imposed standards. This policing of gender expression serves as both a tool of control for the abuser and a source of identity destabilisation for the victim, complicating Michael's (Interviewee 02) ability to recognise and respond to the abuse he was experiencing.

The policing of gender expression exemplifies (and the '*Emotional Abuse*' tactics identified in Chapter 5 - GB adapted Power and Control Wheel), how hegemonic masculinity operates through the subordination of alternative masculine expressions. Michael's partner's criticism positions his own performance of masculinity as dominant while relegating Michael's more fluid masculinity expression to a subordinated position within the masculine hierarchy. This dynamic illustrates Connell's concept of hegemonic masculinity as an ongoing process of establishing and maintaining hierarchical relationships between different forms of masculinity within GB relationships.

This internalisation of hegemonic standards creates a double burden: GB men must navigate both the immediate trauma of abuse and the deeper identity conflicts arising from having their gender expression policed. When victims begin to question

or doubt their masculinity due to such criticism, they may become more vulnerable to continued control as they strive to prove their compliance with masculine ideals. This psychological mechanism aligns with theories on *"toxic masculinity"* (Harrington, 2021) wherein exaggerated masculine norms undermine vulnerability and foster harmful expectations about dominance and control, which in turn justify abusive behaviours (Reidy et al., 2018; Scott-Storey et al., 2022). These experiences stand in stark contrast to Anderson's (2009) theory of inclusive masculinity (as discussed in Chapter 2), which suggests that as homophobia decreases in society, men become less concerned with performing rigid masculine behaviours and more accepting of diverse gender expressions. Anderson's theory posits that in settings where homophobia is reduced, multiple forms of masculinity can coexist without hierarchy, allowing men to express themselves more authentically without fear of being perceived as gay or effeminate. However, Michael's account reveals a critical limitation in Anderson's framework when applied to intimate relationships. Even within GB relationships - where both partners are already outside heteronormative expectations - traditional masculine hierarchies can be deliberately used as a method of control. This suggests that Anderson's optimistic assessment of reduced *"homo-hysteria"* may not translate into safer intimate spaces, where abusive partners can exploit masculine insecurities regardless of broader cultural shifts toward inclusivity. The policing of Michael's speech and movement demonstrates how hegemonic masculine ideals persist as tools of power and control within GB relationships, contradicting Anderson's claims about the decline of rigid masculine hierarchies in contemporary contexts. However, these internal struggles with masculine identity were further complicated when masculinity intersected with other aspects of participants' lives and circumstances.

6.4 When Masculinity Meets Other Vulnerabilities

The masculine barriers described above, both societal dismissal and internal conflicts about victimhood, did not occur in isolation. Rather, participants' accounts reveal how masculinity intersected with other aspects of their identities to create compounded vulnerabilities. Age, religious background, and substance use emerged as particularly significant factors that both intensified masculine expectations and provided additional leverage for perpetrators to abuse. These intersections shaped

not only how participants understood their experiences but also their available coping strategies and paths to recognition.

6.4.1 Age and Inexperience

Participants described how their age intersected with masculine expectations to create specific vulnerabilities. Some were still teenagers or in their early twenties when the abuse began, lacking the maturity and confidence to recognise unhealthy dynamics. Many reflected on the lack of models for healthy masculine expression within GB relationships:

I was young when this happened. I don't think I had the skills or tools to deal with it, so instead I just pretended it never happened. This is probably the first time I've ever thought about it.

(Tom, SP13)

The implications of these experiences are profound, as they suggest that age-related power imbalances in relationships can have long-lasting effects on survivors. Tom's (SP13) admission that he lacked the skills to deal with the abuse and instead '*pretended it never happened*' indicates a deep sense of helplessness and denial, which may hinder recovery and perpetuate the cycle of abuse.

Age was significant; I was at university in my late teens/early 20s and still unsure about my sexuality and future. This made me less confident about what to do when the situation arose.

(Jim, SP08)

The vulnerabilities associated with youth and inexperience in relationships are well-documented (Magic and Kelley, 2019; Scheer and Baams, 2021). Jim's (SP08) uncertainty about his sexual identity and future during his late teens and early twenties further aligns with this research, highlighting how age-related factors can compound the difficulties of navigating abusive relationships.

The pretence of being unaffected, maintaining a masculine facade, prevented many from processing their experiences:

He was nearly 16 years older; I was vulnerable, inexperienced in relationships due to my age, and he would use his age to make me feel less valued.

(Dave, SP02)

The fact that some participants reflect on their naivety and sheltered upbringing as factors that made them 'extremely vulnerable to his manipulation' points to the importance of education and support for younger individuals in recognising and responding to unhealthy relationship dynamics:

The first relationship, age, was huge. I just turned 21; he was 28. He was in control. I was a naive ex-Mormon who led a really sheltered life.

(Graham, SP31)

Andy (SP17) reflects on how his youth and inexperience heightened his vulnerability to abusive relationships, noting that the age difference between him and his partner created an imbalance of power and emotional maturity, which he feels made it easier for his partner to manipulate and control him:

I was a year younger than him, and he was a lot more mentally mature. My age and inexperience made me extremely vulnerable to his manipulation. It would not happen now.

(Andy, SP17)

These age-related dynamics reveal how hegemonic masculinity operates through generational hierarchies, where older partners position themselves as embodying '*mature*' or '*authentic*' masculinity while treating younger partners' developing masculine identities as inferior or incomplete. This represents a struggle for a hegemonic position that exploits life-stage vulnerabilities. Age intersected with masculinity to create a double bind - participants felt pressure to prove their masculine maturity while simultaneously lacking the experience to recognise abuse. These age-related vulnerabilities created what Connell (1995) terms '*marginalised masculinities*' - forms of masculine identity that face additional barriers to power and recognition within the gender hierarchy.

Andy's (SP17) account highlights a key aspect (as explored in Chapter 5) of abusive relationships: the exploitation of power imbalances, particularly when one partner

holds more experience, emotional maturity, or social knowledge than the other. Younger people, especially those still exploring their identity, may not recognise red flags or fully understand healthy relationship dynamics, making them more susceptible to emotional manipulation and coercive control (Donovan & Hester, 2015; Cox et al., 2021).

He chose me because I looked young and was underage, and lost all interest in me by the time I was older.

(George, SP24)

This account of being chosen for looking young and being underage, only to be discarded once older, raises critical questions about the intersection of age and exploitation in abusive relationships. This experience highlights how abusers may specifically target younger individuals due to their perceived malleability and lack of agency. The pattern of pursuing even younger partners, as mentioned by George (SP24), suggests a predatory behaviour that exacerbates the harm inflicted on vulnerable individuals.

Matthew (Interviewee 07) reflected on this vulnerability. Older victims may feel they may not find other partners. Younger people may view their abuser as experienced and wise:

I was in my early twenties, so, you know, there was that imbalance anyway. And it was, yeah, he just got control of everything and all my money, and I was quite naive.

This vulnerability related to age operated differently across the life course. Younger participants like Matthew described how their inexperience made them susceptible to partners who positioned themselves as more knowledgeable or worldly. The financial control Matthew experienced exemplified how practical inexperience could be exploited in conjunction with emotional manipulation. Michael (Interviewee 02) expanded on these age-related dynamics, observing how age created distinct vulnerabilities at both ends of the spectrum:

Yes. Um, I especially think about their age, on both sides of the spectrum, especially if they're older, they may feel they won't find anybody else to settle

down if they're younger, this person is the one or this person is older, knows the ways of the world, and they can teach me...the way in which people are brought up within religions you know, that they are dirty, unloved, unclean, deserve to be stoned to death. Isn't it disturbed to be treated like that...

(Michael Interviewee 02)

Michael's discussion of younger LGBTQ+ individuals viewing their older partners as wise and experienced could be contextualised within the framework of minority stress theory, as discussed in Chapter 2 (Meyer, 2003).

Staying because of guilt and feeling he could and would change because, well, he was younger than I was

(James interviewee 01)

After two months, I met this guy online... at that point, I was 28 and he was 52. So, there was a big gap.

(David Interviewee 03)¹⁵

These intersecting vulnerabilities were further compounded for participants who faced multiple forms of social marginalisation from an early age. Joshua (Interviewee 08) described how being neurodivergent and having non-conforming interests created layers of stigma that preceded and intensified his later experiences as a gay man:

Being gay... I was already bullied for being weird. You know, being autistic, being different, liking Dungeons and Dragons and video games and this and that and the other...Let alone for not being straight.

(Joshua, Interviewee 08)

Joshua's account illustrates how multiple marginalised identities can create accumulated vulnerability, with each aspect of difference becoming a target for social

¹⁵ Age has been a consistent thread throughout these findings' chapters. It was discussed as a vulnerability factor, as many of the men were young when entering into the abusive relationship, often with an older partner. This age disparity was compounded by inexperience, with many participants navigating their first relationship, making them more susceptible to manipulation and control. Additionally, as discussed in Chapter 5, age was used by abusive partners as a tactic to exploit, asserting power and control through age-related hierarchies. Therefore, age is not only an intersecting identity but also a deliberate tool of dominance within these abusive dynamics.

rejection and potentially making individuals more susceptible to accepting mistreatment in later relationships.

6.4.2 Religion

Religious contexts emerged as intensifying masculine expectations and shame around both sexual identity and victimisation. Andrew (Interviewee 05) described his Mormon upbringing:

I was raised as a Mormon from birth...So being gay is probably one of the worst things you can be as a Mormon. My parents didn't accept it.

Andrew (Interviewee 05)

His parents' response to suspected abuse revealed how religious and masculine expectations intersected:

My mum and dad said to me after that we suspected something was going on, but we thought it was important that you learn from your own mistakes...I've kind of realised, well, I believe that they were hoping he would beat the gay out of me, and that didn't work.

Andrew (Interviewee 05)

This intersection of religious and masculine expectations created multiple layers of shame, both about sexual identity and about experiencing victimisation. Religious abuse, particularly in the context of LGBTQ+ relationships, is a well-documented phenomenon where abusive partners use religious beliefs to justify or conceal their abusive behaviours (see Chapter 2; Nason-Clark et al., 2011). Andrew's (Interviewee 05) account of his Mormon upbringing, where being gay was considered '*one of the worst things you can be*,' aligns with research showing how religious environments can stigmatise LGBTQ+ identities, leading to internalised shame and reduced support-seeking (Westwood, 2022; Switchboard, 2019).

Andrew's religious framework not only shaped his understanding of staying in relationships but also his interpretation of physical violence:

I grabbed both of his hands so he couldn't hit me... So, he just had to bite me instead...I went to work with my lip split...Like I never even thought it was an option to leave like... It didn't cross my mind. I just... I just thought that's what love was, that's what you do, you just put up with it. And because I was from a religious family, it's like, you don't give up... You don't leave somebody just because you are in bad times.

(Andrew Interviewee 05)

There was an expectation to stay together regardless of mistreatment, which he notes was a factor in his not leaving the relationship. This demonstrates how certain religious beliefs can exacerbate abuse of LGBTQ+ people by promoting secrecy and normalising suffering within relationships.

You don't leave somebody just because you are in bad times. You talk about it; you work through it, and you get over it. Nobody, you know, nobody in the Mormon Church ever told me that... Like if somebody hit you, you don't put up with that shit. And...and they probably wouldn't have now. To be honest... Well, I mean, 'gay people, they wouldn't give a shit anyway because they're all going to hell.' Not straight people. Like, I don't think, if a husband was beating his wife, they would not tell them to separate. They would not. They would tell them to stay together, like that's what the story is like...

(Andrew Interviewee 05)

This account raises critical concerns about the role of religion in normalising and enabling abuse. This experience illustrates how strict religious doctrines, particularly those emphasising traditional gender roles and sexual identity, can create environments where abuse is not only tolerated but also rationalised (Chowdhury, 2023). Andrew's (Interviewee 05) belief that the Church would not condone physical abuse but would likely disregard the concerns of gay members further highlights the intersection of religious homophobia and IPV, necessitating a re-evaluation of how religious institutions address LGBTQ+ issues (Istratii and Ali, 2023).

Similar tensions emerged when partners held strong religious beliefs that conflicted with their sexual identity. Michael (Interviewee 02) described how religious differences created incompatibilities in his relationship:

He was also very religious, a Catholic. Which again I'm not. I've been baptised, but I don't consider myself Catholic. I don't agree with the Catholic

Church. It's just, they're just not me. So, I think that caused a lot of tension from the beginning, so that was our main thing.

(Michael interviewee 02)

Religious upbringings that instil self-hatred also make LGBTQ+ people vulnerable to mistreatment (Koch et al., 2023). Internalised negative messages can erode self-worth. Michael further observed how misconceptions about LGBTQ+ communities can mask the reality of abuse within them:

The gay community, there is something about... everything is nice, colourful, and fun. It's all, it's almost like prejudices with thinking that we don't have the same problems as other communities. But we do, and you know, it's not like that with people, as like with every group, you've got nice people. Nice, boring people like me. More fun people and horrible abusers as well. So, I think that it's also that myth of thinking that the gay communities doesn't have that once you're out, you're happy and you don't have those problems.

(Michael Interviewee 02)

The statement “once you’re out, you’re happy” reflects a prevalent misconception in LGBTQ+ communities that ‘coming out’ solves all problems (Camp et al., 2020). However, this assumption can be challenged as it may oversimplify the lived experiences of LGBTQ+ people. Despite greater visibility and acceptance, ‘coming out’ does not shield everyone from the complexities of relationship abuse, discrimination, or mental health challenges. This misconception persists, possibly as it aligns with a broader societal narrative that equates visibility with liberation, ignoring the multifaceted realities that continue to affect LGBTQ+ people post-coming out (Meyer, 2003; Camp et al., 2020; Koch et al., 2023).

Michael (Interviewee 02) described how his Catholic partner forced specific intimate practices based on religious doctrine, even though he was not Catholic:

The way we were intimate...He forced me to do things in a certain way [not using protection] because of his Catholic beliefs... I think he also used religion to justify his take on things, or to justify the fact that he wasn't 'out' and that I should be the same.

Michael (Interviewee 02)

Further, Michael (Interviewee 02) notes he had to hide their relationship in public, with his partner walking ahead, due to religious shame:

We couldn't walk together. He had to walk ahead of me. I was aware to the point that I didn't like going out with him. We didn't really go out, we had takeaways, we wouldn't go to restaurants because it was very, very uncomfortable.

Michael (Interviewee 02)

The imposition of religious practices, such as opposing condom use, reflects a broader strategy of using religion to enforce compliance and limit the autonomy of the partner. This behaviour not only violates personal boundaries but also underscores how religion can be misused to justify abusive actions, creating a deeply harmful dynamic where the survivor feels both spiritually and emotionally trapped.

He wants me not to tell anybody I was gay. I now know it was a form of control.

(Liam SP45)

While literature shows religion can provide support for some victims, offering spiritual resources and community support that can facilitate leaving abusive relationships (Chowdhury, 2023), my participants largely discussed religion as a barrier. The exception was David (Interviewee 03), who found Buddhism provided tools for healing and recovery:

Buddhism helps me to, you know, deal with my experiences...Buddhism is about courage, compassion, and wisdom... Buddhism was the key...

(David Interviewee 03)

6.4.3 Substance Use

Participants described substance use as a way to cope while maintaining masculine facades of strength. David (Interviewee 03) observed:

I needed professional help.... It was expensive, but I ended up being able to afford it. Which is why I think in the LGBTQI+ community, many people end up using drugs because it's cheaper. And because instead of coping with it, you just numb yourself.

The observation made by David (Interviewee, 03) highlights a significant issue within the LGBTQ+ community regarding substance use as a coping mechanism. David acknowledges not only the prevalence of substance use within the LGBTQ+ community (Callan et al., 2020; Dimonva et al., 2022; Murray et al., 2023) but also identifies how the financial barriers to accessing appropriate mental health support often led individuals to self-medicate, opting for cheaper, readily available substances rather than addressing the underlying issues.

Andrew (Interviewee 05) reflected on alcohol's role:

I think alcohol is very prevalent in the gay scene, especially back then it was. I think addiction problems are probably very prevalent in the gay scene. I think I still have addiction problems to be honest, but it was very of the age... drinking just seemed like a normal part of life. But with him, it's like, he wakes up in the morning, he has his leftover drink.

Andrew (Interviewee 05)

This economic dimension of substance use as a coping mechanism resonates with broader patterns observed in the study. Andrew (Interviewee 05) similarly reflects on the cultural normalisation of alcohol within gay social spaces, whilst acknowledging his struggles with dependency.

The perception of drinking as a "*normal part of life*" in gay social scenes points to deeply ingrained cultural norms that may facilitate problematic use. The phrase "*especially back then*" suggests a potential shift in attitudes over time, warranting further exploration of how substance use norms in LGBTQ+ communities have evolved.

David (Interviewee 03) elaborated on these patterns, distinguishing between substance use across different LGBTQ+ identities:

I've got lots of lesbian friends and trans friends, but I have to say that the drug phenomenon is very gay male. In my experience, it's very gay male, so I think that the difficulty with the gay males, specifically gay males, is that drugs is

the easy way, the most easily accessible. It's actually money that is the obstacle in the way.

David (Interviewee 03)

David (Interviewee 03) provides insight into the prevalence of drug use among gay men, particularly as a maladaptive strategy to manage trauma. As he observes, the widespread use of drugs within gay male circles serves as an “easy” and often more accessible way to numb stress and trauma. Socioeconomic factors, particularly financial barriers to accessing psychotherapy or other mental health services, further exacerbate the problem. For many in the gay community, drugs become a faster, cheaper alternative to addressing mental health needs due to the excessive cost of private support.

Daniel (Interviewee 04) connected substance use with normalised aggression:

I think like, even like my friendship within the LGBTQ community as well, like. I think it is kind of, I think there's probably a sense of normalisation, but like, oh, like of course, like two men are going to get aggressive...

Daniel (Interviewee 04)

Daniel's (Interviewee 04) observation reveals how certain masculine norms compete for dominance even within LGBTQ+ spaces. The expectation that '*two men are going to get aggressive*' suggests that physically assertive masculinity maintains hegemonic status, subordinating more peaceful or emotionally expressive masculine alternatives and creating hierarchies that can enable abuse (see Chapter 2's discussion on masculinity).

Daniel (Interviewee 04) further connected substance use to compromised boundaries within gay male social spaces, where intoxication intersected with existing masculine norms to create additional vulnerabilities:

I think this is more like I know that for like gay people or queer people, men are like kind of around sexual spaces and stuff, like consent can be a lot greyer.

Daniel (Interviewee 04)

Daniel's (Interviewee 04) description of consent as 'greyer' in these contexts points to the complex intersection of substance use, masculine sexual norms, and community spaces. His choice of the word 'grey' suggests an uncomfortable recognition that boundaries become blurred not only through intoxication but through cultural expectations within certain gay male spaces where sexual availability and masculine sexual prowess intersect. This perceived greyness around consent may make it more difficult for GB men to identify when boundaries have been violated, particularly when substance use is involved.

David (Interviewee 03) linked substance use directly to barriers in accessing support:

I know lots of people who would like to do it [psychotherapy], but they don't have the money... So, money, I think, is the main problem for everyone, but it's specifically for my community. But gay male drug use gets in the way as the cheapest and fastest way to get numb.

David (Interviewee 03)

Substance use, particularly alcohol consumption, appears to be a prevalent aspect of LGBTQ+ social culture (Murray et al., 2023). This prevalence raises important questions about its role and impact within the community, especially in the context of intimate relationships and IPV among GB men.

Given the increased prevalence of substance use in the LGBTQ+ community and the documented link between substance use and IPV, it is unsurprising that it emerged as a key factor in GB men's abuse experiences in this study. For GB men specifically, the intersection of substance use with issues of masculinity and internalised homophobia adds another layer of complexity to this topic. Understanding these connections is imperative for comprehending the dynamics of substance use and its potential relationship to IPV in this population.

The concept of the toxic trio (Brandon et al., 2009) - the interplay between substance use, mental health issues, and IPV - highlights how these factors can exacerbate each other within the GB community. High levels of stigma surrounding mental health in LGBTQ+ spaces can deter individuals from seeking help, leading to increased substance use as a maladaptive coping mechanism (Meyer, 2003). Additionally, mental health struggles may manifest in various ways, including feelings

of worthlessness or depression, which can make GB men more vulnerable to abusive relationships (Balsam et al., 2013; Murray et al., 2023).

Further, David (Interviewee 03) discusses a pattern of encountering gay men battling dependency and mental illness alongside HIV. This suggests layers of trauma within the community:

All the guys, literally 100% of the guys I met, they were all HIV positive, but the problem wasn't the HIV. They were coming with the package, they had some mental issue together with that or a drug addiction[...] But that was part of my journey because I've learned to not to judge, really, and to not to judge myself [...] And I've learned one of the most important things is to set boundaries.

(David Interviewee 03)

The co-occurrence of HIV, mental health issues, and substance use points to complex, interrelated health challenges that are highly prevalent in the GB male community, and that are known to increase risk and vulnerability to IPV. The participant's journey towards non-judgement highlights the additional burden of stigma faced by GB individuals dealing with these intersecting issues (Finneran and Stephenson, 2014; Pantalone et al., 2012).

Notably, while literature suggests HIV status can be taken advantage of in abusive relationships between GB men, this did not emerge as a prominent theme in participants' accounts (Finneran and Stephenson, 2014; Pantalone et al., 2012). This absence may reflect the specific characteristics of this sample, changing social attitudes toward HIV, or participants' reluctance to discuss HIV-related abuse. However, David's reflection on encountering men with HIV alongside mental health and substance use challenges suggests these intersecting vulnerabilities remain present in the community, even if not explicitly linked to abuse dynamics in these accounts.

6.5 Chapter Summary

This chapter has explored how masculinity shaped participants' experiences of IPV, revealing masculinity not merely as another vulnerability to be exploited but as an important framework shaping every aspect of their experiences from initial vulnerability through recognition, response, and coping.

Participants encountered dismissive societal attitudes that framed violence between men as *"just two guys fighting,"* while experiencing profound internal conflicts between victimisation and masculine identity. Perpetrators systematically exploited these conflicts, manipulating masculine norms and policing gender expression as tools of psychological control. When masculinity intersected with age, religion, and substance use, it created compounded vulnerabilities that operated differently across the life course and cultural contexts. These findings have significant implications for supporting GB male survivors. They highlight how masculine identity conflicts prevent recognition of abuse and delay help-seeking, while revealing that perpetrators specifically target masculine insecurities. The intersectional vulnerabilities found require specialised responses rather than one-size-fits-all approaches.

The chapter contributes to IPV literature by demonstrating how gender operates as an important organising principle in abuse experiences, extending beyond simple vulnerability factors to shape the entire trajectory of victimisation and survival. These findings build upon the Power and Control framework developed in Chapter 5 and reveal how hegemonic masculinity operates not through simple dominance but through ongoing struggles between competing masculine forms. Perpetrators establish control by positioning themselves as embodying 'legitimate' masculinity while systematically subordinating their partners' alternative expressions, creating hierarchical relationships that enable sustained abuse.

The following chapter explores how these masculine barriers manifest in help-seeking behaviours, examining participants' attempts to access support within systems shaped by the same gendered assumptions explored here.

7. From Silence to Support: Disclosure Experiences, Service Responses, and Recovery Journeys of GB Male Survivors

7.1 Introduction

This final empirical chapter captures the challenges faced by GB men in acknowledging and disclosing IPV. Building upon the analysis of the sociocultural positioning of GB men presented in Chapter 7, this chapter examines how social isolation, lack of awareness, shame, stigma, and self-blame manifest in actual help-seeking experiences. Whilst some barriers discussed are universal to all victims/survivors of relationship abuse, others are uniquely shaped or compounded by sexual identity, creating distinct obstacles for GB men attempting to access support.

The chapter begins by exploring the various coping and survival strategies employed by participants, revealing both adaptive and maladaptive responses to trauma. These strategies range from emotional avoidance and substance use to more constructive approaches such as self-reflection and engagement with professional support. The profound impact of IPV on participants' subsequent relationships and engagement with the LGBTQ+ community is then examined, highlighting how the trauma damages their capacity for trust and connection. Central to this chapter is an examination of the specific barriers that prevent GB men from seeking help. These include the lack of visibility of support services for male survivors, psychological barriers such as self-doubt and shame, and fears of prejudice or being "*outed*" during disclosure. The chapter then explores participants' actual experiences with police and other support services, revealing inconsistent and often problematic responses that frequently reinforce rather than alleviate their trauma. The chapter further explores how GB men attempt to reclaim their identities after abuse, emphasising the ongoing and complex nature of this journey.

Finally, drawing directly from participants' voices, the chapter presents recommendations for improving support services. These include developing LGBTQ+-specific resources, enhancing the cultural competence of existing services, and implementing community-centric approaches to raising awareness. Throughout

the chapter highlights the critical importance of understanding how sexual identity intersects with experiences of abuse, shaping both the barriers faced and the support needed by GB male survivors.

7.2 Coping Strategies and Trauma Responses

Participants employed a wide range of strategies to cope with the trauma and emotional pain from their experiences of abuse. These responses varied significantly, with some developing specific survival techniques during the abusive relationship, whilst others adopted new coping mechanisms after the relationship ended. The strategies ranged from maladaptive approaches that provided temporary relief but often compounded problems, to more adaptive strategies that facilitated genuine healing and recovery.

7.2.1 Maladaptive Coping Mechanisms

Participants described various methods they used to cope with the trauma and emotional pain from their experiences of abuse. Many discussed specific survival techniques they developed during the abusive relationship, whilst others either continued these practices or developed new ones after the relationship ended.

Anthony (SP12) described staying busy as a deliberate strategy:

I tried to keep myself busy to avoid thinking about it.

(Anthony, SP12)

Justin (SP28) and Joshua (Interviewee 08) described using dissociation to distance themselves from their experiences:

Dissociation.

(Justin, SP28)

Dissociate myself from it. Almost distance myself from it. Almost like it wasn't me that it happened to.

(Joshua, Interviewee 08)

Andy (SP17) shared how he used alcohol and risky sexual behaviour:

Drinking, suppressing the memories, and risky sexual behaviour.

(Andy, SP17)

Matt (SP21) and Nicholas (SP24) also turned to drugs as a way to escape:

Started taking drugs to escape the hurt.

(Matt, SP21)

Drugs and alcohol, partying at first. Later, high doses of multiple psychiatric medications.

(Nicholas, SP24)

Bob (SP22) and Andrew (Interviewee 05) described their use of substances as a way to cope, with Andrew (Interviewee 05) acknowledging the lasting impact of his substance use on his life:

Drugs and sex again. I tried medication to fix me, but that wasn't the issue, and at the time, there weren't drop-in centres or facilities to help men.

(Bob, SP 22)

Andrew (Interviewee 05) acknowledged the lasting impact of his substance use:

A lot of alcohol to cope... Before I met him, I used to take a lot of ecstasy and cocaine. And I used to smoke marijuana. It was alcohol mainly; he didn't do any drugs, so it just became alcohol for me. So, I drank a lot. And I feel like that's continued into later life, too, when I said, like, I think I have addiction problems. If it's not one thing, it's another...

(Andrew, Interviewee 05)

Anthony's (SP12) deliberate busyness, Justin's (SP28) dissociation, and Andy's (SP17) turn to alcohol and risky sexual behaviour illustrate how avoidance and

emotional numbing became survival strategies that, whilst providing temporary relief, often compounded their struggles over time.

James (Interviewee 01) described using poor hygiene and weight fluctuation as ways to make himself less attractive to his partner:

I was constantly talking to my friends about it, and things were getting worse in terms of his demands, so... like he'd guilt-trip me about my weight. My weight fluctuated, which, thinking about it now, was more of a because food has always been my safety blanket ever since I was a child, and my fluctuating weight was very much like... I don't want you to touch me because it got so bad in terms of my mental health that I'd even shower less and not shower properly... I showered less downstairs, just so he would be repulsed by me and not want to touch me.

The long-term impact of these coping mechanisms is evident in James's (Interviewee 01) continued dissociation and minimisation of the trauma, revealing how deeply the abuse conditioned his responses:

Broke, violated, and angry, but all those feelings only came to fruition about a year ago. Yeah, because thinking and still thinking about it, I'm completely dissociated. Yeah. My trauma responses were face and forget, so it would be to dissociate... Okay, freeze. You know, figure I'd finish and, you know, just crack on and then some instances go downstairs, be with his family or bargain with him to not put so much of himself into it that way or all this sort of stuff... the feelings of shame and feeling dirty, feeling used, feeling less than feeling distraught or broken can lead to incredibly dark places, whether that be suicidal ideation, suicide attempts, further use of illicit substances and becoming sex averse or becoming, you know, overly sexual can depend on that person and their trauma responses...

(James, Interviewee 01)

These maladaptive strategies demonstrate the resilience of survivors who, despite trauma, found pathways to healing. However, as the following section explores, the lasting impact of abuse extends far beyond the immediate need for coping mechanisms, altering survivors' ability to form and maintain relationships.

Figure 13. PE Image 5

James's selection of this image during our PE interview powerfully illustrates the complex emotions surrounding shame and self-disgust that emerged from these coping strategies.

Case Study (6) James's Image of Coping



As aforementioned, James shared how he used physical avoidance as a tactic to deter his abuser, specifically by making his body less appealing through poor hygiene. This method, whilst temporarily effective, ultimately reflected a deeper mental struggle - a desire to exert some control over a situation in which he felt powerless. The dissociation James experienced during the assaults was a way to mentally remove himself from his body, attempting to escape the reality of the abuse.

James chose an image that he felt encapsulated his experiences of dissociation and the mental trauma he endured. The image, which he described as a representation of an out-of-body experience, captures the internal conflict of being pulled into a situation against one's will whilst simultaneously trying to mentally detach from it:

It represents... like an out-of-body experience...my hands... Which is really weird in a way. I suppose it shows the mental struggle of being pulled mentally into that kind of situation...Well, in terms of like, my genitals, I'd try and put him off, which worked once, I wouldn't shower for as long as I could... that tactic gets a little bit easier in the end, because it was easier for me to handle that.

(James Interviewee 01)

These deep feelings of shame and disgust can lead to various, and sometimes extreme, unhealthy coping mechanisms. The trauma of intimate betrayal and violation can manifest uniquely in each survivor. Even after finding stability and

security, the impacts of abuse can linger, shaping one's experiences and worldview. As we saw earlier in Christopher's (Interviewee 06) experience with his alcohol-dependent partner (see Chapter 4), the cyclical nature of abuse and the complexity of escaping such relationships can leave lasting psychological impacts. His story continues to evolve, and although he has been in a healthy, stable relationship for over 33 years, his narrative reveals that whilst recovery is possible, it is often an ongoing journey that requires continuous effort and reflection.

7.2.2 Adaptive Coping Strategies

Despite the challenges, some participants were able to adopt healthier coping mechanisms. These strategies included self-reflection, engaging in hobbies, focusing on career development, and grounding techniques to manage anxiety and flashbacks.

Whilst survival looked different for each survivor, these examples demonstrate the value of safe personal and professional outlets to process trauma. John (SP01) emphasised the importance of self-reflection and self-love in his healing process:

Hermit mode, self-reflection, self-love and actively taking time to understand your trauma, its impact on your body and mind and what you can do to heal it...

(John, SP01)

William (SP09) and Ryan (SP19) focussed on personal development and financial stability as a means of rebuilding their lives:

I reminded myself about my achievements, and I kept bettering myself via studying and career progression.

(William, SP09)

Focusing on self-worth and building my own experiences and financial development.

(Ryan, SP19)

For some, developing an awareness of their trauma responses was key to understanding their triggers and working towards recovery. Reflecting the circumstances faced by some heterosexual women in abusive situations, many participants stated they tried surviving one day at a time, doing anything to prevent further abuse (Bates, 2020; ONS, 2024).

Christopher (Interviewee 06) highlights the enduring effects of IPV and the importance of empathy, understanding, and community support. His journey from surviving violent episodes, including being thrown through a glass window, to becoming someone who can now share his story to help others, demonstrates both the long-term impact of abuse and the possibility of recovery. Despite the passage of time and the stability he has found, Christopher (Interviewee 06) acknowledges that the trauma remains an important part of his life. He emphasises the value of sharing his story to foster emotional connections and to convey the realities of abuse in a way that statistics alone cannot:

I've had, you know, the last 33 years of a very stable relationship, the exact opposite of what I was experiencing before... and, you know, I think I'm still healing... Whether that journey will ever end, I don't know... I think it's still an important part of my life and, you know, being able to empathise, understand and appreciate what other people are going through and to be able to... To be able to say, I've been through that... You know, I can, I can state the statistics left, right and centre, and I can read all the reports and disseminate that to people. But I think until people engage on an emotional level with somebody who's been through it, then all the statistics are going to die. It's just going to leave people cold. And I think to be able to say this, this is my story...

(Christopher, Interviewee 06)

Christopher's reflection on his ongoing healing journey, even after 33 years, underscores that recovery from IPV is not a destination but a continuous process. This enduring impact becomes particularly evident when examining how abuse shapes survivors' subsequent relationships and community connections.

7.3 Impact on Future Relationships and Community Engagement

The trauma experienced by participants extended far beyond the immediate effects of abuse, creating lasting impacts on their ability to form and maintain relationships and engage with the LGBTQ+ community. These effects manifested in various ways, from challenges with trust and intimacy to complete avoidance of certain types of relationships. The long-term nature of these impacts highlights the profound and enduring consequences of IPV on survivors' lives and social connections.

7.3.1 Trust and Intimacy Challenges

The abuse experienced by participants had profound effects on their subsequent relationships and community engagement. Many described becoming hesitant to open themselves to intimacy, doubting their judgement of new partners. Simple activities like going to gay venues alone felt threatening, with a lingering fear of former abusers' continued control.

Hypervigilance and protective behaviours like hiding money carried over even into healthy marriages. Some felt their experiences would be met with surprise or disbelief by society due to misconceptions that LGBTQ+ relationships are immune to violence. The abuse also led to general wariness or avoidance of partnerships with men altogether for some participants. What becomes clear is how trauma damages survivors' capacity for safety and connection within the LGBTQ+ community. Their anticipatory fear and distrust reveal the need for greater awareness of IPV in queer relationships. With more open discussion and tailored support, the harmful legacy of abuse can potentially be overcome over time. But in the absence of support, these enduring impacts obstruct participants' pathways to moving on:

I am now more hesitant and apprehensive about talking or even opening any relationships. I even doubt my judgement. I feel like I can't trust myself to be able to see red flags in people.

(Mike, SP07)

Mike's doubt about his judgement and hesitancy toward new relationships reflect a deeper loss of self-confidence caused by abuse. The erosion of self-trust aligns with Herman's (1997) trauma theory, which describes how trauma alters one's relationship with the self and others, often leading to hypervigilance and avoidance (see Chapter 2). The doubt in the ability to 'see *red flags*' indicates how deeply the trauma has affected their capacity to assess and engage in relationships, further isolating them and reinforcing feelings of vulnerability.

Only in that it needs more support and talking about. I feel like if I discussed my abuse, people would be surprised - 'A gay couple where there's abuse? That's not my social understanding of gays! [He's probably lying or being overly dramatic; it can't be proper domestic abuse]'

(Ben, SP43)

On one hand, as highlighted by Ben (SP43), there exists a pervasive myth that LGBTQ+ relationships are inherently non-violent - a romanticised view that everything is positive once someone "*comes out*" (as Michael (Interviewee 02) discusses in Chapter 7). On the other hand, gay men specifically are often stereotyped as risk-takers, hypersexual, or prone to violence - creating a paradoxical narrative that simultaneously denies their victimhood whilst positioning them as potential aggressors. These societal myths not only invalidate the experiences of LGBTQ+ survivors but also have a profound impact on their self-perception and identity. When society perpetuates the belief that LGBTQ+ relationships are immune to violence, survivors may internalise this message and question the validity of their own experiences. This expectation of disbelief and invalidation exemplifies the minority stress processes discussed in Chapter 2, where LGBTQ+ individuals face chronic stress from societal prejudice and discrimination (Meyer, 2003).

7.3.2 Long-term Relationship Patterns

For some GB participants, the trauma bred a wariness or avoidance specifically toward relationships with men, having lacked positive role models and endured only male-perpetrated relationship abuse. Many participants also expressed the long-term impacts of their abusive experiences, with only three out of eight reporting that they

were currently in healthy long-term relationships. The others described a mixed history, with some never having formed significant long-term relationships since, or only having fleeting encounters that never developed into anything serious. This enduring struggle to build healthy relationships is particularly striking given that nearly all of the interviewees experienced abuse in their early-mid-twenties and are now in their forties or older, highlighting the significant gap and lasting impact that the trauma has had on their ability to engage in meaningful relationships over time.

For many participants, past abuse created lasting barriers to trusting new partners. The destruction of self-worth and lingering fear of being hurt again presented huge barriers to dating and intimacy for many.

Several participants described complete avoidance of intimate relationships. As Chris explained:

I've not been able to form any kind of intimate relationship since.

(Chris, SP15)

All of my relationships have been quite abusive, so levels of trust in other people have been impacted.

(Justin, SP28)

Chris's (SP15) complete avoidance of intimacy and Justin's (SP28) pattern of abusive relationships illuminate how the corrosion of trust extends far beyond the original abusive relationship, creating ongoing barriers to connection that cry out for compassionate, LGBTQ+ tailored support.

For bisexual survivors, the trauma often specifically impacts relationships with men. Shaun (SP51), one of six bisexual participants who completed the survey, explained:

Being bisexual, I struggle with relationships with men more now and to trust men because of my previous abuse. When you have had very few good male role models in your life and have then endured abuse mostly from men when in a relationship, it makes it harder to want to be in a relationship with men in general.

(Shaun, SP51)

Shaun's (SP51) reflection highlights the long-term consequences of male-perpetrated abuse for bisexual men, where the trauma not only damages trust but also fuels an avoidance of intimate relationships with men entirely. For Shaun (SP51), the lack of positive male role models, coupled with repeated abuse, left a profound and enduring wariness toward engaging in relationships with men, exacerbating feelings of vulnerability and isolation.

The trauma also manifests in ongoing hypervigilance, as described by Shane and Jacob (SP59 and SP34), who continue to experience emotional and psychological impacts even in safer environments:

I struggle to trust. I'm afraid of being hurt again. I have no self-worth, no confidence. It took a very long time before I was ready to be intimate with my last partner. Since then, I've only met up with people that I know for sex; I've not been able to date at all.

(Shane, SP59)

Hypervigilance persisted even in safe relationships. Jacob (SP34) explained:

Although my husband would never touch me, I still hide my phone, make sure I have cash on me, and make sure I have an 'out' if I need to. I feel very insecure and a failure.

(Jacob, SP34)

Jacob's (SP34) hypervigilance, even in a healthy marriage, illustrates how deeply ingrained the fear of control and abuse remains, showing the long-term effects of IPV in LGBTQ+ relationships. His need to have an "out" and hide personal items reflects how post-traumatic responses to IPV can persist, even when the immediate threat is no longer present.

This pervasive distrust and hypervigilance echo findings among survivors regardless of gender, yet for GB male survivors, these long-term effects are compounded by additional challenges related to masculinity and societal expectations. The stigma surrounding male victimhood, the pressure to appear strong and self-sufficient, and the lack of tailored support services can all contribute to feelings of isolation and reluctance to seek help. Additionally, societal narratives that either downplay abuse

in same-gender relationships or frame men solely as perpetrators further discourage disclosure and reinforce internalised shame.

The impact on LGBTQ+ community engagement was also noted. The anticipation of disbelief and dismissal from others, as illustrated by Ben's (SP43) comment, "*He's probably lying or being overly dramatic,*" further marginalises survivors and undermines their sense of self-worth. This expectation of invalidation can make it even more challenging for survivors to seek help or openly discuss their experiences, as they fear being met with scepticism or judgement. The trauma of abuse, therefore, becomes not only a personal challenge but also a societal one, where survivors must navigate both the psychological aftermath of abuse and the invalidation of their experiences by broader society. This dual burden can have a profound impact on mental health, self-esteem, and the ability to heal from trauma. Furthermore, it is essential to recognise how the intersection of GB identity with the experience of abuse can shape survivors' sense of self and their journey towards recovery.

Andrew (Interviewee 05) described a "*block*" that prevents him from imagining positive relationships:

I just feel like there's a block... but I find it hard, really hard to even imagine being in that kind of relationship again or ever, to be honest. Like, I've never had a good relationship, a good, healthy relationship, I suppose... I just feel I find it hard to trust people and not just in, not just in relationships, but in all kinds of relationships... I would like companionship, but I don't want to give a lot of myself to somebody else again...

(Andrew, Interviewee 05)

His statement not only reflects the impact of past abuse but also highlights how trauma can distort expectations and capacity for intimacy. The long-term implications of these unique challenges are significant, suggesting that without targeted support and intervention, the trauma from past abuse can continue to manifest in destructive ways, impeding the survivor's ability to fully rebuild and engage in healthy relationships - as evidenced here by Andrew (Interviewee 05)

7.4 Barriers to Help-Seeking

Despite the significant prevalence of IPV among GB men documented in earlier chapters, participants faced numerous obstacles when attempting to access support for their experiences of abuse. This disconnect between need and access reflects barriers that appeared simultaneously at multiple levels - psychological shame intersecting with structural invisibility of services, whilst discriminatory responses from providers exacerbate the challenges.

7.4.1 Psychological and Identity-Related Barriers

The psychological impact of abuse creates significant barriers to help-seeking. For GB men, these barriers are compounded by identity-related shame and societal prejudices that create additional layers of difficulty in reaching out for support.

Ken (SP04) described the "*quiet background of shame*" experienced by many LGBTQ+ individuals:

We live with a quiet background of shame daily, just because of who we are. This shame means we are much less likely to seek support. Additionally, people are still closeted in their relationships sometimes.

(Ken, SP04)

Tom (SP13) highlighted how shame intersects with sexual identity:

Shame, embarrassment, and a feeling that this is what they deserve, wholeheartedly untrue, but a genuine feeling young people can have when coming to terms with their sexuality.

(Tom, SP13)

Bill (SP53) described the lifelong burden of judgement:

Embarrassment. Fear of being judged. Being gay isn't easy; it's not something you have to kind of learn to cope with, not like a huge burden, but this thing that you are always judged by your whole life.

(Bill, SP53)

Orson (SP58) captured the sense that GB experiences are somehow less valid:

Embarrassment, especially when abuse suffered by a man is given by another man. Thinking that because you are LGBTQ+, what you have suffered is not relevant or important compared to a heterosexual person.

(Orson, SP58)

For many GB survivors, the fear of prejudice if they "out" themselves during disclosure presents an added barrier. Concerns about discrimination from service providers, law enforcement, or family members can prevent survivors from reaching out for help.

Dave (SP02) described multiple forms of institutional discrimination:

Homophobia in statutory services. Lack of compassion from health services. LGBTQ+ services being delivered through or subcontracted by women or men only. Services like Women's Aid or Mankind don't value the whole LGBTQ+ community.

(Dave, SP02)

Michael (Interviewee 02) expressed discomfort with existing service setups:

I don't think I would have felt comfortable going to support services. For males in general, straight males, I think it's quite different. It would be quite a different setup. So yeah, I can't. I can't judge it because I just didn't seek support.

(Michael, Interviewee 02)

Matthew (Interviewee 07) highlighted the importance of safe, non-judgemental spaces:

Just ease of access. You know, not feel judged for your lifestyle. It's not even a choice to say it's okay, you are born this way, but to feel comfortable like none of that was there, or I wasn't aware of anything that was for gay men or LGBTQ. If I knew there were places I could get help and places I could go to, where I could be safe, I probably would have gone.

(Matthew, Interviewee 07)

The fear of being judged or misunderstood is particularly pronounced for those who are still 'closeted' in their relationships. Survivors may fear that disclosing the abuse will also mean disclosing their sexual identity, leading to further victimisation or ostracisation. The "*quiet background of shame*" (Ken SP04) that many LGBTQ+ individuals live with daily can make the prospect of seeking help seem even more daunting, as it involves confronting not only the abuse but also deeply ingrained societal and internalised prejudices (Meyer, 2003).

Daniel (Interviewee 04) discussed how he was manipulated into believing he was the primary perpetrator of the abuse; a clear example of victim-perpetrator reversal or DARVO (as previously discussed earlier in Chapter 5) in action, where abusers deflect blame and maintain control by manipulating their victims into questioning their role in the abuse (Harsey et al., 2017).

I was manipulated into believing myself to be the primary perpetrator of the abuse... I think that kind of limited me seeking help, and the things I did seek, which I did seek quite a lot, were actually kind of like more perpetrator programme type stuff. Looking back, I didn't access a lot of things because I was very well like, I mean, [Sic] there for like straight angry men...

(Daniel, Interviewee 04)

Such manipulation caused Daniel (Interviewee 04) to seek perpetrator services rather than victim support. Daniel's journey illustrates why services must understand the nuanced dynamics of GB abuse.

7.4.2 Structural and Service-Related Barriers

These psychological barriers are amplified by structural limitations in service provision. Bob (SP22) captured his sense of invisibility and societal dismissal:

Lack of support. Lack of visibility for men who suffer domestic abuse. There are hostels and refuges galore for women... domestic abuse jobs where you have to be a woman due to the people supported, etc. What about the growing number of men? It seems trivial to society that a man, and especially a gay man, is getting beaten up, abused, and manipulated. It feels like it's what we deserve.

(Bob, SP22)

Andy (SP17) highlighted the absence of publicised support options:

Methods of support do not seem to be publicised. Shelters tend to be for women.

(Andy, SP17)

Ken (SP04) described the disconnect between their needs and traditionally women-centric messaging:

Quite rightly, most support services are targeted towards women in their imagery and messaging, as well as in the media. We don't want to be treated like the stereotypical "battered wife"; we are men, and don't want to be seen as weak. It's not a problem for me to be seen as weak, but it will be for other gay men.

(Ken, SP04)

Several participants stated they did not know what support was available. David (Interviewee 03) captured this:

I'm saying this as a gay man, I've never... I've never seen any support services advertised. So, if they have a website, how would I look? Unless you know it exists...

(David, Interviewee 03)

Anthony (SP12) echoed this concern, citing his *'lack of knowledge about the support agencies.'* Graham (SP31) expressed a similar view: *'I didn't seek help because I didn't believe there was any help for men at that time'*.

David's (Interviewee 03) stark observation - *'I've never seen any support services advertised'* - alongside Graham's (SP31) belief that *'there was no help for men'*, reveals how invisibility itself becomes a barrier, leaving GB men unaware that support even exists. Participants consistently reported that shelters, support roles, and resources are overwhelmingly designed for women, leaving male survivors with few options.

7.5 Help-Seeking Experiences

Despite the barriers, many participants did attempt to seek support. When examining the types of support accessed, the data indicate that professional counselling was the most frequently accessed service, with 54% of those seeking help choosing this option. Family or friends were also a critical source of support for 54% of participants. Helplines were used by 42% of those seeking assistance, whilst 31% engaged with support groups and online support services. These findings suggest a varied approach to help-seeking among participants, with a reliance on both formal and informal support networks.

The ability to access relevant, appropriate support for abuse varied greatly among participants. Many were able to access needed support, whether through professional services (42%) or more informal forms of support (46%), but a greater number of reported barriers, with some having no access at all (57%). Obstacles included not knowing where to look, lack of local services, fears of discrimination, and feelings that online support was inadequate. The process of seeking help for IPV is fraught with challenges for many participants. Whilst some in this group had positive experiences, others encountered harmful attitudes and systemic barriers that compounded their trauma. The responses participants received from professionals often reflected a lack of understanding of LGBTQ+ issues, homophobia, and deeply entrenched gender norms, leading to further victimisation and discouraging future help-seeking.

The stark contrast between David's (Interviewee 03) *'very good and powerful'* experience and the dismissive treatment others encountered reveals systemic inconsistencies that extend beyond individual service providers. The lack of understanding and support for male and LGBTQ+ victims of IPV not only hinders their recovery but also perpetuates cycles of silence and shame.

7.5.1 Informal Help-Seeking

Many participants first turned to family and friends for support, with mixed results. Some encountered victim-blaming attitudes and disbelief, particularly when abusers appeared to be "nice" people to others.

Shaun (SP51) described victim-blaming from those closest to him:

Some family and friends refused to believe it happened because the other person always "seemed so nice and a good person." I've received victim-blaming from some family members and friends.

(Shaun, SP51)

Andrew (Interviewee 05) described the pain of receiving indifference from parents after leaving his abusive relationship:

I don't think I even thought about getting formal support. I just didn't feel like there was anything for me. I was so scared even after I left because I left in the middle of the night... I just broke down and cried. I was just like... just everything just hit me... then you hear from your parents like, oh, we let you get on with it... I mean, are you fucking kidding me? Like, what the fuck?

(Andrew, Interviewee 05)

7.5.2 Formal Help-Seeking

Experiences with formal services varied dramatically, from supportive to dismissive or discriminatory. Healthcare professionals, police, and other service providers often reflected inconsistent responses that sometimes compounded participants' trauma.

7.5.2.1 Healthcare and Police

Matthew (Interviewee 07) provided a concerning account of how healthcare professionals failed to recognise obvious signs of abuse:

It was quite late on. It was when the violence got, you know... it was him breaking my arm and things and rapes and, you know, you'd be in the hospital... but I don't know it was it was quite late on... I mean, the nurses did try and like, well, they did the kind of, ask me in a roundabout way but didn't remove him from the room when they were trying to ask it, so there's not a chance I would have said anything... Even when one time, he stabbed me in the eye with his fingernail. He left me overnight in agonising pain. It was excruciating... they never questioned something... then they ask me how it happened and you'd make up all these excuses, you know, say, oh, I walked into a door, I thought that they'd see that is code for 'help me'. I tried to get help, but I was always too frightened to have anything on my phone. I didn't want to look up websites for anything.

(Matthew, Interviewee 07)

Matthew's experience exposes gaps in healthcare training around IPV identification and safe disclosure practices. The events reported here align with research indicating a lack of knowledge, confidence, and training among healthcare staff in dealing with IPV, particularly in GB relationships (Callan et al., 2022). These limitations in healthcare identification are well-documented, with healthcare professionals reporting perceived incompetence in identifying, asking about, and responding to IPV, alongside resistance to taking on DVA intervention roles (Beynon et al., 2012; Taylor et al., 2013). Despite the high prevalence of IPV (as discussed in Chapter 2) and the fact that almost all victim-survivors use health services at some point, the health system response remains variable at best (Pell et al., 2024).

Andrew (Interviewee 05) described encountering judgement from medical professionals:

So as far as help, there was nobody to talk to really and as far as professional help goes, I mean, I remember... I remember going after I left him to a clinic, and they were so judgemental... So I never went back. I'm just like, why bother? Which is dangerous, right? Because I'm getting tested for HIV, you know, I just left my abusive boyfriend, having sex with people, you know, and I stopped going because they're just nasty pieces of shit.

(Andrew, Interviewee 05)

Dave (SP02) noted the disbelief and discrimination he faced:

Disbelief because of my same-sex relationship status. Ignorance around male victims and LGBTQ+ victims. Homophobic attitudes from professionals.

(Dave, SP02)

Jim's (SP08) account provides an insight into their view of police response in the early 2000s.

No, police were very supportive, and this was back in 2000.

(Jim, SP08)

His statement, *"Police were very responsive, though they were unable to proceed,"* highlights a supportive attitude, yet also reveals the legal complexities in prosecuting IPV cases, especially those involving GB men.

Jim (SP08) reported that the police officers commented *"Between you and me, I'm sorry we couldn't proceed but choose your boyfriends more wisely in the future,"* this is particularly telling and suggestive of limitations of the legal system when evidence is not clear-cut but also a potential underlying heteronormative bias in the advice given, as *"choose your boyfriends more wisely"* could be seen as placing some responsibility on the victim. However, Jim's (SP08) positive perception of this interaction (*"which reassured me that they understood the situation"*) indicates that even when legal action is not possible, a supportive and understanding approach can be of value. Further, the fact that Jim (SP08) was not *"out"* at the time and only sought help from the police underscores the unique challenges faced by closeted LGBTQ+ individuals in abusive relationships. Highlighting the crucial role that police can play as a first point of contact for those who may not have access to or feel comfortable accessing LGBTQ+-specific support services.

This experience, dating from the year 2000, also provides a historical perspective on police responses to GB IPV. It suggests that even two decades ago, some officers were capable of responding professionally and supportively to LGBTQ+ victims, contrary to some expectations (Dwyer et al., 2017; Pickles, 2020). However, it also illustrates the ongoing challenges in prosecuting these cases, challenges which may persist today (Butterby and Donovan, 2023; Donovan et al., 2006; Donovan and Hester, 2014).

Harry's (SP26) preference for charitable services over police (*"I would instead seek a charitable service"*) points to the significant role of LGBTQ+-specific support systems in addressing gaps left by mainstream institutions. Whilst these alternative support systems offer valuable, culturally competent assistance, their existence also underscores the ongoing limitations of official channels in meeting the needs of LGBTQ+ IPV survivors. This reliance on community-based support, whilst beneficial, may also indicate a need for better integration and collaboration between charitable services and official institutions to provide comprehensive support for survivors:

Police response inconsistency, as evidenced by Jim's (SP08) positive experience (*"police were very supportive"*) contrasted with Harry's (SP26) negative one (*"I was refused support from the police"*), reflects a lack of a standardised approach to LGBTQ+ IPV cases. This variability may stem from individual officers' biases or inadequate training in LGBTQ+ issues. Such inconsistency can erode trust in law enforcement within the LGBTQ+ community, as exemplified by Harry's (SP26) statement: *"I will not seek the police if I were abused again."* This statement by Harry (SP26) vividly illustrates how negative experiences with institutions can deter future help-seeking. This reluctance to engage with formal support systems can lead to prolonged exposure to abuse and increased isolation within the LGBTQ+ community. The ripple effect of discouraging others from seeking help could potentially perpetuate cycles of unreported abuse, highlighting the long-term community impact of institutional failures.

Another participant shared that when they attempted to report the abuse to the police, they were met with laughter, further highlighting the pervasive homophobia and lack of seriousness with which male same-sex relationship abuse is often treated. This dismissive attitude from the police can have a devastating impact on survivors, reinforcing their feelings of isolation and helplessness. It also serves as a powerful deterrent for others who might consider seeking help, as the fear of not being taken seriously can prevent them from reaching out.

Ethan (SP27) described police indifference to visible injuries:

On a few occasions, I called the police, and when they attended, they saw me bruised, but I don't remember them ever being too concerned.

(Ethan, SP27)

Orson (SP58) provided an example of initial dismissal followed by correction:

On one occasion, when I contacted the police to report an incident, the police dismissed it as a civil matter and were not interested. However, a policeman whom I had previously spoken to about the matter recognised that I had contacted before and called me back a few days later to correct the mistake. However, the initial dismissal was not good. But otherwise, I didn't encounter many barriers.

(Orson, SP58)

Christopher (Interviewee 06) provided historical context about police-LGBTQ+ relations:

No support whatsoever. I couldn't have gone to the police, um, you know, with the way that things were with our community and the police in those days. You know, obviously, it was kind of in the early days of the internet, so there was not very much around, no real support, no places to go. So, it was kind of me deciding what I needed and going for it. I was just very fortunate to have found [NAME]. And, you know, for him to put me back together...

(Christopher, Interviewee 06)

Andrew (Interviewee 05) illustrated how multiple marginalised identities compound distrust of institutions:

No trust in the police at all... This comes from when I was a teenager, I was always kind of... I used to go to a lot of protests, mostly animal rights... And the police, to me, are just government bully boys who don't follow the law. They don't have to follow the law... I don't trust any of them to be quite honest... And instead, the last person I would go to for help is a police officer, to be quite fair. I would not feel comfortable going to a police officer, talking about domestic violence or anything like that...

(Andrew, Interviewee 05)

Andrew's statement concerning distrust in police stemming from experiences as a teenage activist illustrates how multiple aspects of identity and life experience shape perceptions of institutions. This intersectionality of being both LGBTQ+ and an activist compounds the individual's reluctance to seek help from law enforcement.

The experiences of Jim (SP08) in 2000 (*"police were very supportive"*) and Christopher's (Interviewee 06) earlier experience suggest a gradual improvement in police attitudes towards LGBTQ+ individuals over time. This shift likely reflects broader societal changes, including increased LGBTQ+ visibility and rights. However, the lingering distrust expressed by some participants indicates that historical discrimination continues to influence perceptions of policing within the LGBTQ+ community.

Rick (SP40) described concerns about the current political climate affecting institutional responses:

Fear of institutional homophobia when reporting to the police or any official organisation. The fact that the current government is attacking the trans community and lacking any progression on LGBT issues means the community feels that they still do not have equality and will be dismissed if they raise issues.

(Rick, SP40)

Police responses across cases point to deeply problematic inconsistencies in how GB male survivors are treated. The stark contrast between Jim's (SP08) experience of support in 2000 and others' experiences of dismissal or mockery points to the absence of standardised training and protocols. This inconsistency appears to be shaped by individual officers' attitudes rather than systematic institutional competence (Butterby and Donovan, 2023; Donovan et al., 2006; Donovan and Hester, 2014). The temporal dimension suggests that whilst societal progress has been made, it remains uneven and unreliable. From Christopher's inability to approach police in earlier decades to more recent mixed experiences, societal advances remain unreliable and inconsistent across different forces and individual officers.

Harry's (SP26) declaration that he would never seek police help again illustrates how a single negative experience can have lasting consequences, not only for the individual but potentially for their entire social network, who may be discouraged from reporting. This creates a underserved population of GB survivors who remain outside official statistics and support systems.

This inconsistency in responses highlights the need for more standardised training and protocols among service providers to ensure that all survivors receive trauma-informed care. Such training should include understanding the specific challenges faced by LGBTQ+ individuals, including the role of internalised homophobia and the stigma associated with being a male victim of IPV.

7.6 Identity Reclamation and Recovery Journeys

The process of recovering from IPV and reclaiming one's identity emerges as a complex, ongoing journey that varies significantly among survivors. For those who manage to access support and begin the healing process, recovery involves not only addressing the immediate trauma but also rebuilding key aspects of self-worth, identity, and one's sense of place in the world.

7.6.1 Current Recovery States

For those who manage to disclose their experiences and seek support, the journey to reclaiming their identity is complex and ongoing. Participants described their current state of recovery in varied terms, revealing a spectrum of experiences that span decades after the initial abuse. This range of recovery states illustrates both the possibility of progress and the enduring nature of trauma's impact. Mike (SP07) described his experience as *'slowly getting better but still in the process of healing. It is a constant battle of trying to break free from it,'* capturing the ongoing effort required for recovery. Similarly, Theo (SP20) reported being *'a lot better but still suffer greatly with my mental health and also struggle with new relationships,'* highlighting how recovery involves multiple dimensions of wellbeing that progress at different rates.

Such persistence of struggles decades after abuse underscores the inadequacy of current support systems. Bob (SP22) remained *'isolated and scared,'* explicitly linking his state to service gaps: *'There is plenty of support for women experiencing*

domestic abuse, but very little for men.' His continued isolation demonstrates how the lack of appropriate support perpetuates rather than resolves trauma.

Gendered aspects of recovery emerged clearly in participants' accounts. Bill (SP53) described being *'much better and no guilt or shame now. Well, maybe a little, but not major, more feeling weak due to me being a man and foolish that I let it happen.'* His reflection reveals how masculine expectations continue to shape recovery, with participants struggling against internalised beliefs about male strength and self-sufficiency even after addressing primary trauma symptoms. These varied recovery trajectories highlight the long-term consequences identified throughout this chapter. The fact that participants continue to battle shame, isolation, and relationship difficulties years or decades after abuse reveals the profound and enduring impact of both the original trauma and the systemic failures in support provision that followed.

7.6.2 The Complexity of Victim Identity

Daniel (Interviewee 04) discussed, reflecting on his experiences after working as an abuse counsellor, that he had been a victim/survivor in a past relationship. He described how, at the time, he engaged in unhealthy behaviours as a coping mechanism, highlighting the complexity of abuse and how it can distort a sense of reality and self-worth. Daniel (Interviewee 04) acknowledged that he often felt *"trapped"* in the relationship and that his inability to leave was a key difference between him and his abuser. This recognition, though painful, was a major step in his healing process, allowing him to seek appropriate support and begin to reclaim his identity:

I recognise that, having worked as a domestic abuse counsellor last year, I was very much a victim or survivor of abuse in our relationship, which was like another abuse tactic, which is very complicated and very nuanced. So because there are things that I did and said, which I wouldn't do now, I wouldn't say today... I also recognise that reflecting on it now that these things happened because I was trying to... I felt trapped in the relationship... even when I tried to leave the relationship, I wasn't allowed to. And that was a key difference between me and my abuser, my ex, [NAME], was that I'd always tried to leave the relationship. I can't remember a single point where he tried to leave the relationship. So yeah, it's quite grey... And if I felt that I was a victim in that situation, would I try to access different services, probably? I was

just kind of affected. It was like the world; I think it had barriers. Think about being LGBT as well, but the major barrier I would say is not seeing myself as a survivor or as a victim in those situations... I've had a counsellor on and off for like the last five years, and it's helped me immensely. Right now, I'm engaging in things that... It's more related to a rape/ sexual assault experience last year in October. So, I've got like an hour session with like a counsellor. I have had a regular session since November last year... and then I have like a peer support group of men who've experienced sexual abuse and rape, which I go to like every two weeks...

(Daniel, Interviewee 04)

Daniel (Interviewee 04) also shared that ongoing counselling and participation in peer support groups have been instrumental in his recovery. These resources have provided him with the tools to process his trauma and connect with others who have had similar experiences.

However, he also noted that his initial reluctance to seek help, stemming from his difficulty in identifying as a survivor or victim, illustrates how the societal construction of the '*ideal victim*' (see chapter 6) - typically envisioned as female and physically weaker than their abusers - can create significant barriers for GB survivors of IPV in recognising their experiences and accessing needed support services.

7.7 Recommendations for Service Improvement

Participants identified significant gaps in current service provision and offered detailed insights into what would better serve GB male survivors of IPV. Their recommendations reveal not only what is missing from existing support systems, but also what they believe would work and why. These suggestions span multiple areas, from the development of LGBTQ+-specific services to enhanced training for existing providers, community-based outreach strategies, and integration with established LGBTQ+ organisations, reflecting both their lived experiences of current service limitations and their vision for more effective, inclusive support systems.

7.7.1 Need for LGBTQ+-Specific Services

Participants consistently advocated for dedicated LGBTQ+ services informed by community expertise and lived experience. The emphasis on psychological safety emerged as a critical factor.

Justin (SP28) provided examples of educational needs:

Education around healthy relationships and how these look and, perhaps more importantly, what abusive behaviour can look like...

(Justin, SP28)

Rick (SP40) suggested broader representation in messaging:

Perhaps make existing advertising focus more on everyone, not just women, but men and also be representative of minority groups. Currently, it feels aimed at heteronormative people and anyone with a difference is left out. Making services inclusive from the very outset will start to create a shift in cultural attitudes and make people feel they can reach out for help.

(Rick, SP40)

Andrew's preference for anonymous, digital communication options highlights the need for diverse, flexible approaches to service delivery that account for varying comfort levels with disclosure. Andrew (Interviewee 05) articulated his preference for alternative communication methods:

To me, like, a help line... I probably wouldn't use that ever. So maybe, some kind of chat function or something where you can remain anonymous... But to call up a helpline, like even now, the thought of it, I'll just be like, I wouldn't know what to say... It was so long ago. If I call someone, what are they going to be like... this happened 20 years ago, you know what I mean... I don't, I don't think I'd go for a domestic violence helpline... I feel like counselling. I feel like it's not just about domestic abuse... there's a lot... there's a lot of issues from my past I think affected me... I think I would probably look for something gay, to be honest. There's like an LGBT centre, quite close to the gay quarter. That would probably be the first place I would look at... I don't think talking to a straight person about my experiences is going to be helpful because they won't know where I'm coming from...

(Andrew, Interviewee 05)

This account illuminates critical considerations for service design and delivery for GB male survivors. Andrew's reluctance to use traditional telephone helplines, coupled with his preference for anonymous digital communication and LGBTQ+-specific services, highlights barriers often overlooked in service design. His concern about the temporal distance from his abuse (*"this happened 20 years ago"*) represents a significant barrier among GB male survivors - the perception that services may not cater to historical trauma.

Leo (SP03) noted ongoing stigma differences:

Feel still a lot of stigma about male-on-male violence, viewed diff than in a straight relationship.

(Leo, SP03)

Blair (SP49) emphasised the value of individualised support:

Yes, it is important. We all have different experiences, so I think it helps them to tailor more individualised support.

(Blair, SP49)

Dave (SP02) outlined comprehensive service needs:

More LGBTQ+ domestic abuse services for survivors and perpetrator intervention. LGBTQ+ kids' domestic abuse services. By and for approach is not connected to women's organisations or men's organisations... services grounded in research, theory, lived experience, high skill levels, intersectional and trauma-informed. Services that will take a stance - more campaigning and publicising the issue. Recognition of the services where abuse happens in our community and within our community.

(Dave, SP02)

Daniel's (Interviewee 04) interview provides insight into the importance of psychological safety in support environments, highlighting how shared identities or strong allyship can enhance the effectiveness of support services. This points to the need for both LGBTQ+-specific services and comprehensive LGBTQ+ competency training for all service providers:

In terms of spaces... the services themselves, the complicated stuff is underfunded... I think also there is access privilege for certain groups... To kind of create a space for trauma-informed care and cyclical outcomes and stuff, there needs to be a level of psychological safety. So of course, as a queer person to say, I'm going to feel more psychologically safe with another queer person or someone who identifies very strongly as an ally as opposed to some person who's not knowledgeable of LGBTQ people... Like, of course, you're going to feel more psychological safe with like an LGBTQ plus practitioner.

(Daniel, Interviewee 04)

Daniel (Interviewee 04) further articulates his motivation for advocacy whilst acknowledging systemic inequities in how domestic abuse is understood and addressed:

This is also why I feel so strongly about being an advocate as someone who's experienced domestic abuse and sexual abuse... there's an image of this white working-class woman as someone vulnerable... But, you know, domestic abuse can come to anyone. Anyone can be a perpetrator of violence. Anyone can be on the receiving end... men can take decades to disclose any of that kind of stuff, and it can impact their lives massively... I suspect that there's just less support out there for men and boys and non-binary people anyway, like funding - a huge amount of funding goes to violence against women and girls.

Daniel (Interviewee 04)

Daniel's (Interviewee 04) testimony highlights several critical issues in the provision of IPV support services. First, he emphasises that psychological safety is necessary to effective trauma-informed care, particularly for LGBTQ+ individuals who may face additional vulnerabilities tied to their sexual or gender identities. His observations echo findings from The Lancet Psychiatry Commission (Oram and Fisher, et al. 2022), which emphasises that mental health systems must be transformed to address IPV through trauma-informed approaches co-produced with survivors. Second, Daniel (Interviewee 04) articulates the tension between recognising the gendered nature of IPV (predominantly affecting women) and acknowledging that anyone can experience abuse. This complexity presents challenges for service provision, as highlighted by both Daniel's (Interviewee 04) experience and broader research indicating that GB men may wait decades before disclosing abuse (Donovan & Hester, 2014). Finally, his concerns about funding disparities reflect

structural challenges in developing comprehensive support systems that meet the needs of all survivors.

Ken (SP04) highlighted the geographic limitations of current services:

As far as I know, unless you live in London, Manchester or Brighton, it's fairly non-existent.

(Ken, SP04)

Rick (SP40) noted how heteronormative framing excludes male victims:

I don't know of any support programmes specifically to help gay men. I have felt in workplaces that all the training is centred around women and named things like "violence against women" and that men as victims of domestic abuse are overlooked on a grand scale, right from the start. This can stop men from coming forward as they feel additional stigma in the first place.

(Rick, SP40)

Daniel (Interviewee 04) supported peer support approaches:

I'm a fan of peer support... there's a huge amount like that now in the sector, particularly people working in abuse, which is why I like working in a trauma-informed way for organisations. It's helpful to create psychological safety and a sense of belonging... how do you have this conversation safely and stuff?

(Daniel, Interviewee 04)

7.7.2 Training and Awareness for Existing Services

Most participants emphasised the importance of having professionals understand the complexities of LGBTQ+ identity and relationship dynamics. Their sexual identity and gender shaped unique risks, vulnerabilities, and sources of shame that providers should recognise. Participants often felt more comfortable disclosing details like sexual abuse to those who shared similar identities, fearing judgement from heterosexual providers. Whilst the core experiences of abuse may be universal ("*abuse is abuse*"), the context, impact, and help-seeking behaviours can be significantly influenced by LGBTQ+ identities:

John (SP01) highlighted the importance of understanding complexity:

Yes! Understanding the complexities of our experience is important. Even though the abuse can be exhibited in the same way, its effects on the victims can vary greatly.

(John, SP01)

Dave (SP02) emphasised the connection between identity and trust:

Yes, because it brings different experiences, risks, and vulnerabilities. Also, it's who I am as a person, and if they don't get that or respect that, why would I trust them?

(Dave, SP02)

Ken's reference to "*shame being attacked by another man*" highlights how societal expectations of masculinity intersect with experiences of GB IPV, creating additional psychological barriers for victims. This underscores the need for support services that can address not only the trauma of abuse but also the complex identity-related factors that shape victims' experiences and recovery processes:

Ken (SP04) highlighted masculinity-specific challenges:

Yes. There's a lot of shame in being attacked by another man and not knowing how to defend yourself due to societal expectations. Additionally, as a gay man, the danger is worse compared to a straight man or a woman.

(Ken, SP04)

Some participants noted that while the core experiences may be similar, the context matters:

I don't know, really, I mean, in certain situations, I guess it would matter, but abuse is abuse.

(Elias, SP23)

Not really, abuse is abuse, isn't it, no different to a woman abusing her boyfriend or anything.

(Bill, SP53)

Ken (SP04) provided insight into the normalisation of abuse within gay culture:

A much wider understanding of gay culture, hookup culture, and the things that go on through the apps. I hardly know a single gay man my age who has not had an incident of sexual abuse in the past. It's almost normal.

(Ken, SP04)

Tom (SP13) noted gaps in mental health movements:

I think there's a movement for men to talk about their mental health, which feels very healthy. I'm not sure the same movement has occurred for the LGBTQ+ community.

(Tom, SP13)

7.7.3 Community-Based Outreach and Awareness Strategies

Participants provided detailed insights into how awareness about IPV in GB men's relationships can be spread effectively within the community. The emphasis was on authentic, community-led approaches that meet people where they are, rather than expecting them to seek out support.

Dave (SP02) called for authentic community engagement:

Come to our community, go to pride, speak out with us, hold national conferences, consult us, stop having agendas to meet funding criteria, be authentic.

(Dave, SP02)

Rick (SP40) provided comprehensive suggestions for targeted advertising and community engagement:

Advertising in places where people from the community are and spend their time. So, in council buildings, they have stickers on the backs of toilet doors. So, engagement in gay clubs, advertising in gay media such as Attitude magazine, on Gaydio and even in apps like Grindr or Fabguys, etc. A friend who volunteered with THT said that going to gay saunas to hand out condoms, do sexual health tests and offer advice worked well. So, going to where the gay community is, rather than advertising anywhere and hoping

they see it, would be most effective. Stalls at Pride events and ads on hook-up sites would capture those who are out and active on the "scene". Then, more subtle traditional ads in men's toilets in general would capture all men, but would also get to those who are not out or don't engage with the community.

(Rick, SP40)

Greg (SP48) emphasised the importance of community ownership:

Presence in venues, at one time, such projects were run by us and for us; take space in magazines, have special events that are targeted, set up a centre and maybe even local hubs/surgeries.

(Greg, SP48)

Andrew (Interviewee 05) drew powerful parallels with the successful community response to the HIV/AIDS crisis:

I think it's probably about advertising... if I saw something on Grindr, it sounds stupid. If I saw an article on Grindr saying, 'Have you ever been in an abusive relationship',... Or even if I remember back to the nineties, and I know the AIDS epidemic was still a thing in the nineties, there was no cure, it was still a death sentence. But yeah, gay bars were influential in trying to stop it... There were always condoms in the bars, and there was always lube at the bar. Always really educated people... it was a community, right? I'm sure it still is. I don't go to gay bars a lot because I don't go to bars very often... that is a place, like a safer place, you know, you can be yourself... So, I feel like if places like that were more informative, which sounds a bit weird... they could do well. Sexual health clinics and things like that as well.

(Andrew, Interviewee 05)

The historical reference to the AIDS crisis response provides a powerful model for community mobilisation. It suggests that the LGBTQ+ community has the capacity and experience to address significant health and safety issues when properly resourced and motivated (Gerald, 1989; Katz, 2005).

Christopher (Interviewee 06) emphasised the significance of visible LGBTQ+ affirmation:

I think having some kind of basic education, plus awareness at the very least... if we don't see a rainbow somewhere, we assume that we're not welcome and we'll go somewhere else... I think it gives such a clear message

that we are welcome, that we are understood, that somebody will have an idea of the dynamics of LGBT+ relationships, and that abuse can exist within same-sex relationships as well.

(Christopher, Interviewee 06)

These recommendations highlight several key principles for effective community outreach: meeting people in spaces they already use and trust, providing multiple entry points for different levels of "outness," and building on existing successful models of community health education. The emphasis on both visible community spaces (Pride, gay bars, media) and more discrete locations (public toilets, healthcare settings) demonstrates an understanding of the diverse ways GB men engage with both the LGBTQ+ community and broader society.

7.7.4 Integration with Existing Services and Support Models

Participants envisioned collaborative ventures between LGBTQ+ organisations and established entities to facilitate broader access to support. The emphasis on community-led initiatives and integration with existing LGBTQ+ organisations suggests a desire for autonomy and self-determination in addressing IPV.

Rick (SP40) proposed partnerships between organisations:

Easy access to therapy and support, whether it is support groups or an online site for help and advice. Perhaps tied into existing organisations like Victim Support and Terrence Higgins Trust or Stonewall, also Mind, etc. Having some existing organisations work together to produce literature and services that are there afterwards would be a good scheme.

(Rick, SP40)

Dan (SP25) highlighted the need for services that understand complex intersecting issues:

Yes, one that can deal with the complexity of substance abuse, Chem sex, disease, and the psychological effects of living with it...

(Dan, SP25)

Some participants questioned whether separate services might create further division:

I don't think so. I think this might lead to further division.

(Justin, SP28)

Unsure, I think that making existing services more inclusive and less focused solely on female victims may help... Perhaps one universal contact point that can then pass on people to the most appropriate service for them may be better. So, whoever you are, you call a number and then cases are allocated to the most appropriate person/organisation to get support.

(Rick, SP40)

Rick (SP40) highlighted NHS service gaps and funding issues:

Proper therapeutic care and counselling. I have had a partner who suffered abuse in a previous relationship, and he struggled to get any proper care on the NHS to help him negotiate the PTSD. I have been told by the NHS that I need to have regular Psychotherapy; however, there is only one person in my health board who provides this, and they are not taking on patients, so I've effectively been told I need support that doesn't exist. If you are a victim, then money from victim compensation schemes should be made available to provide proper local support so that people can get the therapy they need.

(Rick, SP40)

Dave (SP02) emphasised the importance of authentic community ownership:

Yes absolutely. I don't want to access a service that doesn't recognise my community and me in our own right. They won't understand, value, or give us the same credibility as we deserve. If not, we will only ever be a tack-on to other services. It helps create psychological safety.

(Dave, SP02)

Participants' emphasis on a '*by and for approach*' highlights the importance of services being developed and delivered by members of the LGBTQ+ community, suggesting a need for authenticity and lived experience in service provision rather than services simply being adapted from existing heteronormative models. The participants' vision encompasses both immediate practical steps (app-based advertising, venue partnerships) and longer-term community infrastructure

development (dedicated centres, local hubs). This multi-layered approach recognises that effective awareness-raising requires sustained, authentic engagement rather than one-off campaigns.

7.8 Participants Reflection on Participation

Throughout the research process, I prioritised an iterative approach that valued participants' input and voices. After each interview, I actively sought feedback from the participants, asking them to reflect on how they felt the interview went and whether anything unexpected arose during our discussion. This practice was significant not only for ensuring the ethical conduct of the research but also for gaining insights into the effectiveness of the methods used, particularly the photo-elicitation technique.

The feedback received was illuminating. One participant, James (Interviewee 01), noted that the use of images helped elicit reflections on traumatic experiences that might not have surfaced otherwise. He stated:

It was actually... quite interesting because I can be very visual, and it's like if I remember a song, I think of like a memory tied to that, or I see a photo of something somewhere, I can then sort of picture that, so yeah. It was cool.

This comment highlights the power of visual methods in accessing and articulating complex emotions and memories. Another participant, Michael, found the process unexpectedly revealing, saying,

Well, it was when I looked for or found the pictures that I had no idea. I vocalised some of that before because again, I'm a person who's just always in my head, and as you can tell, the cogs are always turning.

This reflection underscores how the photo-elicitation method can facilitate new insights and connections for participants. The participatory nature of the photo-elicitation was particularly valued. Michael also emphasised the importance of agency in the process:

I also like that I got to select the images I wanted to talk about. I think it's important because I had more ownership in a way... because I was, although you had some questions, I was the one choosing the images, so I could decide the themes.

Participants also noted the therapeutic potential of the interviews. Michael (Interviewee 02) remarked, *"Talking to you acted like therapy. Since we spoke, I feel more apathetic towards it; it's almost become less raw. I feel like I've moved on."*

This feedback suggests that the research process itself can have beneficial effects on participants, helping them process their experiences.

These reflections from participants validate the choice of methodology and highlight the value of incorporating creative methods like photo elicitation when exploring sensitive topics such as IPV among GB men. They also emphasise the importance of giving participants agency in the research process and the potential for research participation to be a meaningful and even therapeutic experience for those involved.

7.9 Chapter Summary

This final empirical chapter has examined GB men's journeys from experiencing IPV through to seeking support and recovery, revealing gaps in current service provision and profound long-term consequences of inadequate support.

Participants used diverse coping strategies ranging from maladaptive approaches such as dissociation, substance use, and deliberate self-harm to avoid unwanted sexual contact to adaptive strategies including self-reflection and professional support. These responses represent survival mechanisms rather than poor choices, highlighting both individual resilience and the absence of appropriate support systems. The long-term impact on participants' capacity for relationships proved particularly striking. Only three of eight interview participants are currently in healthy long-term relationships, despite most experiencing abuse in their early to mid-twenties and now being in their forties or older. Whilst caution is required in generalising from eight interview participants, this pattern raises important questions about whether current support models adequately address the long-term consequences of IPV for GB men, with participants' accounts suggesting that impacts persisted far beyond the period in which formal support was available or accessible.

Multiple intersecting barriers prevented participants from accessing help. Identity-related shame intersected with the invisibility of services for GB men, while fears of inadvertent disclosure during help-seeking created additional obstacles. These marginalisations render many GB male survivors invisible to official statistics and support systems. Service responses revealed troubling inconsistencies and failures. Police responses ranged from supportive to openly dismissive, with some officers laughing at abuse reports. Healthcare professionals consistently missed obvious signs of abuse, including broken bones and deliberate injuries, failing to create safe environments for disclosure. These institutional failures compound trauma whilst creating ripple effects that discourage help-seeking across social networks.

Many participants struggled to recognise themselves as victims due to societal constructions of the '*ideal victim*' as female and physically weaker. Perpetrator manipulation, including DARVO tactics, led some participants to seek perpetrator services rather than victim support, representing a barrier that prolongs exposure to abuse. These findings challenge existing IPV frameworks that inadequately account for how sexual identity intersects with abuse experiences. Current gender-binary service divisions fail to address GB men's unique position as men in female-focussed services, LGBTQ+ individuals in heteronormative systems, and victims in contexts that position them as potential perpetrators. This creates what can be termed 'compounded invisibility', where GB men are simultaneously over-visible as potential threats and invisible as potential victims.

Participants' recommendations emphasised the need for LGBTQ+-specific services with visible affirmation, community-based outreach approaches, enhanced professional training, and authentic community ownership of service development. Their vision points towards a paradigm shift from adapting existing services to developing community-led, identity-affirming approaches that recognise the unique intersection of sexual identity and abuse experiences. The systemic nature of these failures suggests that meaningful change requires reconceptualisation of how we understand and respond to IPV across diverse populations. Without such changes, the failure to address GB male survivors' needs will continue to have consequences extending decades beyond initial abuse, affecting individual recovery, community trust in institutions, and willingness to seek help.

8. Conclusion

8.1 Introduction

This research makes significant original contributions to understanding IPV through an examination of 59 GB men's experiences of abuse in England and Wales.

Building on evidence demonstrating that IPV occurs at comparable or higher rates in same-sex relationships compared to heterosexual contexts (Safe Lives, 2015; Stiles-shields and Carroll, 2015; Messinger, 2011), this study reveals complex abuse dynamics that existing theoretical frameworks have failed to capture adequately, challenging assumptions about IPV and developing new conceptual tools for understanding diverse experiences of relationship violence.

This research presents two significant conceptual contributions to IPV scholarship. First, it creates the first Power and Control Wheel specifically adapted for GB male experiences, representing a significant theoretical advancement in understanding how control operates beyond traditional gender-binary frameworks. Unlike existing LGBTQ+ adaptations that position external societal discrimination as the foundational driver, this model employs a *"centre-out"* approach, recognising how abusers strategically exploit identity-based vulnerabilities as tools to exercise power and control dynamics (Pence and Payman, 1993; Roe and Jagodinsky, 2005). The adapted wheel captures unique control mechanisms, including identity-based manipulation, cultural and language exploitation, and manufactured power imbalances through age and experience gaps. Second, this research reveals identity reconstruction as the central process through which GB men experience and recover from IPV. This moves beyond understanding identity as fixed categories to examining how identities are actively dismantled, contested, and rebuilt through experiences of abuse and recovery. The process encompasses the targeting of identity itself as both weapon and site of abuse, the navigation of impossible double-binds between performing masculinity and accessing support, and the ongoing work of rebuilding coherent identities that integrate victim/survivor experiences with masculine and sexual identity maintenance.

These contributions emerge from empirical findings that challenge existing paradigms. All participants were male and experienced abuse from male

perpetrators. This finding alone exposes how traditional gender-based frameworks obscure rather than illuminate these experiences. Moreover, 46% of participants experienced abuse from multiple perpetrators throughout their lives, revealing systematic vulnerability patterns that existing literature has not adequately addressed. This research demonstrates that current approaches create what can be termed '*compounded invisibility*' for GB men, who are simultaneously over-visible as potential threats and invisible as possible victims. This contributes to a growing body of work exploring the intersections of gender-based violence, revealing how gender operates as a key organising principle in abuse experiences whilst intersecting with sexual identity to create unique patterns of vulnerability and resilience.

The implications extend beyond academic understanding to significant practical concerns. Only three of eight interview participants are currently in healthy long-term relationships despite experiencing abuse decades earlier, revealing how inadequate support systems create lasting consequences that span entire life courses. These failures demand reconceptualisation of how IPV is understood, measured, and addressed across diverse populations.

8.2 Addressing the Research Questions

For this research project, I set out to address three key questions:

1. What are the experiences and needs of gay and bisexual men who experience intimate partner violence in England and Wales?
2. How does IPV manifest during early relationship experiences and young adulthood, and how do these early experiences shape subsequent understanding of abuse?
3. In what ways do sexual identity and experiences of abuse impact the willingness to seek help?

This research successfully addressed these questions through an innovative mixed-methods approach combining an online qualitative survey with 59 participants, eight in-depth interviews, and two photo-elicitation sessions. The findings reveal both universal patterns of abuse and unique dynamics specific to GB male experiences.

8.2.1 Experiences and Needs of GB Male IPV Survivors

This study found that GB men experience IPV at substantial rates across multiple abuse types, with emotional abuse most prevalent (80%), followed by psychological abuse (70%) and coercive control (66%). Physical abuse affected 60% of participants, whilst sexual abuse was reported by 40%. These findings challenge misconceptions that IPV affects only heterosexual women or impacts them more severely. At the same time, it is essential to acknowledge that, in cases of domestic homicide, women remain at significantly greater risk. Although men account for approximately 30% of domestic homicide victims, most male victims are killed by male family members, not intimate partners, in contrast to female victims, who are predominantly killed by male partners or ex-partners (ONS, 2025). Significantly, the absence of sexual identity data within male domestic homicide statistics further obscures the full extent of IPV fatalities among GB men. Without this information, it remains impossible to accurately assess and respond to the unique risks faced by this population (ONS, 2021).

Notably, a growing body of evidence highlights that completed suicide (related to IPV experiences) has overtaken homicide as the most common IPV-related fatal outcome for men, with male IPV-related suicides comprising 81% of such deaths. Among GB men, the risk is even higher. National population-level data show that LGBTQ+ men face 2.2 times higher suicide risk than heterosexual men, with suicide rates of 50% per 100,000 for LGBTQ+ individuals compared to 23% per 100,000 for heterosexual counterparts (ONS, 2021). Bisexual men face particularly elevated risks, with 2.8 times higher self-harm rates and higher rates of mental distress across multiple studies (Galop, 2021; Mental Health Foundation, 2021). In this context, while women are statistically more likely to be killed by a partner, men, particularly GB men, are more likely to die by completed suicide linked to IPV experiences. In many of these cases, while the abusive partner may be directly responsible for the harm, broader failures in support systems, stigma around male victimhood, and minority stress also contribute significantly to fatal outcomes (Bates, 2020; Hine et al., 2022).

The experiences documented challenge assumptions about equal power dynamics in GB male relationships. Despite both partners being male, control tactics were often exercised through identity-based manipulation, exploitation of internalised homophobia, and targeting of masculine vulnerabilities. These are mechanisms that mirror and at times surpass the coercive control found in heterosexual relationships. Notably, 46% of participants reported abuse from multiple perpetrators, indicating structural vulnerability rather than isolated experiences. Participants consistently emphasised the need for identity-affirming, LGBTQ+-specific services capable of addressing the intersection between sexual identity and masculine expectations. Survivors described a lack of visible validation and understanding within mainstream services, which often applied heteronormative frameworks ill-suited to their lived experiences. What they required were providers equipped to respond to the unique dynamics of GB male relationships, not merely adaptations of services designed for heterosexual women.

The adapted Power and Control Wheel, developed from participants' accounts, reveals how abuse operates through complex identity-based control mechanisms. Perpetrators systematically exploited vulnerabilities related to sexual identity (forced re-closeting, outing threats), masculine expression (policing gender performance), cultural background (language barriers), age and experience gaps (exploiting limited relationship experience and absence of LGBTQ+ role models to define what constitutes 'normal' or healthy relationship dynamics), and health conditions (withholding medication, exploiting mental health issues, leveraging disability-related dependencies). These tactics operate beyond traditional physical dominance models, challenging assumptions that GB male relationships involve equal physical power (Bates, 2019). This research reveals how psychological manipulation, silent treatment, and identity-based attacks created profound control dynamics regardless of physical attributes. The emergence of bidirectional violence in some accounts reveals complex dynamics that challenge traditional victim-perpetrator categories whilst highlighting manipulation tactics that exploit masculine expectations about aggression.

Sexual identity profoundly shaped every aspect of help-seeking behaviour among participants, creating layered barriers that distinguished GB men's experiences from those of other victim populations. Participants described a shame stemming from

minority status that made seeking support particularly difficult. The fear of inadvertent disclosure during help-seeking created additional obstacles, with many participants preferring to remain silent rather than risk being "*outed*" to unsupportive networks. This research reveals how societal dismissal of violence between men as "*just two guys fighting*" intersected with masculine expectations to create internal conflicts about victim identity. Service responses varied dramatically, from supportive to openly discriminatory, with some participants encountering laughter from police officers and dismissive attitudes from healthcare providers. The absence of visible LGBTQ+-specific services left many unaware that support existed, whilst heteronormative messaging in existing services reinforced their sense of exclusion. These findings demonstrate that sexual identity operates not merely as another vulnerability factor but as a central framework shaping recognition, disclosure, and recovery processes. The intersection of masculine expectations with sexual minority status creates unique patterns requiring a comprehensive understanding and response that current service models have not adequately developed.

The findings comprehensively address the three research questions, revealing implications that extend far beyond the initial scope of inquiry. The documentation of complex abuse dynamics, systematic barriers to help-seeking, and the centrality of identity in both victimisation and recovery processes generates insights that challenge traditional assumptions about IPV. These empirical findings form the foundation for several original contributions to knowledge that advance both theoretical understanding and practical responses to diverse experiences of relationship abuse.

8.3 Original Contributions to Knowledge

This research makes several significant contributions to the corpus of research on IPV, challenging existing theoretical frameworks whilst developing new conceptual tools for understanding diverse experiences of relationship abuse. These contributions operate across theoretical, methodological, and empirical dimensions, advancing both academic understanding and practical approaches to supporting survivors.

8.3.1 Conceptual Innovation

The development of a Power and Control Wheel specifically adapted for GB male experiences represents a significant conceptual contribution to IPV literature (See Figure 10 in Chapter 5). This framework addresses critical limitations in existing models that either ignore same-sex dynamics entirely or homogenise diverse LGBTQ+ experiences without recognising the specific intersection of masculinity with sexual minority status.

The adapted wheel employs a different structural approach to understanding causation in IPV. While existing LGBTQ+ adaptations position external societal discrimination as the foundational driver of abuse (Roe and Jagodinsky, 2005), this model adopts a *"centre-out"* framework that treats power and control as the central dynamic present in all IPV, regardless of victim identity. Rather than suggesting that power and control occur because of external factors, this approach recognises that abusers strategically exploit available vulnerabilities - whether related to sexual identity, cultural background, age, or health - as tools to exercise power and control dynamics.

The wheel captures unique control mechanisms generated through participants' accounts: identity-based manipulation, including forced re-closeting and gender expression policing; cultural and language exploitation targeting immigrant status and English language proficiency; manufactured power imbalances through age and experience gaps; and complex psychological manipulation tactics, including the strategic use of silent treatment and emotional blackmail. These mechanisms operate beyond traditional physical dominance models, revealing how control functions through identity targeting rather than simple physical superiority. This conceptual advancement provides the first framework specifically designed to capture power and control dynamics in GB male relationships, while maintaining the universal applicability of power and control as the central organising principle. The wheel functions as both an analytical tool for understanding participant experiences and a practical framework for service providers working with GB male survivors.

Beyond its theoretical contribution, the adapted GB Power and Control Wheel has direct practical utility across several of the recommendations discussed in this

chapter. In professional training contexts, the wheel provides a concrete, accessible visual tool for helping practitioners understand how control operates in GB male relationships through identity-based mechanisms absent from mainstream frameworks, including outing threats, policing of masculine expression, exploitation of age and experience gaps, and weaponisation of health conditions. Its visual format makes it particularly suitable for use in GP training programmes, policing, healthcare, and DVA services, where complex dynamics need to be communicated accessibly and efficiently. The wheel also has potential as a psychoeducational resource within therapeutic and support contexts, helping GB male survivors name and make sense of the control tactics they experienced. A clear priority for future research is the empirical validation of the wheel, both as a practitioner training tool and as a clinical assessment framework to ensure its effectiveness is evidence-based and that any necessary adaptations for specific populations or service contexts are identified.

8.3.2 Theoretical Contribution

This research reveals identity reconstruction as the central process through which GB men experience and recover from IPV, representing a significant theoretical advancement beyond existing approaches that treat identity as static categories.

Identity reconstruction encompasses several interconnected elements that characterise GB men's experiences. IPV among participants frequently involved deliberate attacks on identity itself, with abusers exploiting vulnerabilities related to masculine expectations, sexual identity, and minority status as tools of control. The abuse deeply challenged existing identity coherence, creating what Butler's performativity theory (Butler, 1990) helps understand as crises in gender performance. This is where traditional masculine scripts become impossible to maintain when occupying victim positions. This creates impossible double-binds where GB men must simultaneously perform masculinity to maintain social acceptance whilst presenting as victims to access support - two performances that significantly contradict each other within dominant cultural narratives. Recovery, therefore, involves navigating multiple, intersecting identity challenges

simultaneously, requiring reconstruction of relationships to masculinity, victimhood, LGBTQ+ communities, and intimate relationships more broadly.

Drawing on social constructionist insights, identity reconstruction is seen as an active, ongoing process rather than a return to previous states. GB men do not simply "*recover*" pre-abuse identities but construct new identity coherence that integrates victim/survivor experiences with ongoing masculine and sexual identity maintenance. This process occurs within social contexts that may be supportive or constraining, involving renegotiation of relationships across multiple spheres. This theoretical contribution addresses critical gaps by illuminating why GB men remain largely unseen or unheard within IPV systems. It explains the unique abuse tactics that exploit identity vulnerabilities and captures active agency in rebuilding coherent identities rather than positioning survivors as passive victims.

8.3.3 Methodological Innovation

This research demonstrates the value of innovative methodological approaches for studying sensitive topics among underserved populations. The combination of anonymous online qualitative surveys, in-depth interviews, and photo-elicitation sessions provided complementary insights that single methods could not achieve. The online qualitative survey component proved particularly valuable and represents a significant methodological innovation. Whilst qualitative surveys are not conventionally associated with IPA, an approach traditionally applied to small-sample, in-depth interview data (Smith et al., 2009), a growing body of methodological work demonstrates IPA's flexibility across diverse data sources. Biggerstaff and Thompson (2008) explicitly identify questionnaire responses as appropriate IPA data sources, noting that useful data includes '*returns from questionnaires where a blank space has been left inviting responses.*' Researchers have also successfully applied IPA to diary data (Boserman, 2009; Cudjoe, 2022), demonstrating that the method's interpretative and idiographic commitments can be maintained beyond the traditional interview context. This study builds on this precedent by applying IPA principles to open-ended qualitative survey responses, treating each as a textual account amenable to interpretative phenomenological analysis and approaching responses idiographically before cross-case patterns were

examined. This adaptation reflects Smith et al.'s (2009) recognition that IPA methodology must be responsive to the demands of the research context, whilst Braun and Clarke et al.'s (2021) work on qualitative surveys provided practical methodological guidance for maximising the richness of this data source.

The survey consisted of open-ended questions that allowed participants to respond in their own words, producing rich and complex accounts of their subjective experiences whilst maintaining the anonymity required for such sensitive research. The qualitative survey approach offered several critical advantages for this population. The anonymity of online surveys facilitated intimate disclosures about experiences that participants might not have shared in face-to-face encounters. As noted by Braun and Clarke et al. (2021), this is particularly valuable for sensitive research topics. The method provided a *"wide-angle lens"* on GB male IPV experiences, capturing the diversity of perspectives that would have been difficult to achieve through smaller-scale interview studies alone. For this underserved population, many of whom had never disclosed their abuse experiences before, the online format removed barriers related to geographical dispersion, scheduling constraints, and concerns about researcher scrutiny. The photo-elicitation component also proved particularly valuable, with participants selecting images that captured dimensions of trauma that words alone could not adequately convey. This revealed the embodied nature of sexual violence and psychological impact. In addition, the methodological approaches in the study enabled participation from geographically dispersed populations whilst maintaining anonymity and safety, critical considerations for survivors who may face ongoing risks. The challenges encountered during recruitment, including discriminatory responses to advertisements, provided insights into societal attitudes that shed light on survivors' experiences.

8.3.4 Empirical Contributions

This research provides one of the few comprehensive examinations of IPV among GB men in the UK context, revealing empirical patterns that challenge existing assumptions. The finding that all participants in this study reported male perpetrators, including those who identified as bisexual (n = 6) invites critical

exploration of how masculine socialisation may contribute to violence dynamics in GB relationships, though the self-selecting nature of the sample and its focus on same-sex relationships means this finding cannot be generalised to IPV among GB men more broadly. The documentation of systematic re-victimisation, with 46% of participants experiencing abuse from multiple perpetrators, reveals vulnerability patterns requiring urgent attention. Particularly significant was the identification of educational gaps that contributed to victimisation. Many participants described entering their first LGBTQ+ relationship at a young age, and with older partners. They described lacking educational foundations about healthy relationship dynamics or abuse recognition. The absence of positive relationship models led some to rely on pornography as templates for understanding same-sex relationships, highlighting critical gaps in relationship education that contributed to what participants termed community 'naivety' about abuse dynamics. Growing up without visible LGBTQ+ role models meant participants had no baseline for understanding what constituted healthy or unhealthy behaviour in relationships.

Separately, when reflecting on their long-term relationships, participants described ongoing challenges in forming and maintaining healthy intimate relationships. At the time of interviews, most of which conducted decades after the initial abuse experiences, only three of eight participants reported being in relationships they characterised as healthy. While the reasons for this are undoubtedly complex and multifaceted - ranging from individual trauma responses, stigma, ongoing mental health impacts to broader structural barriers facing LGBTQ+ individuals - these findings raise important questions about whether current support models adequately address the long-term impacts abuse has on forming and maintaining relationships.

8.3.5 Contribution to Gender-Based Violence Literature

Lewis and Anitha (2023) define gender-based violence (GBV) as '*violence that is directed against a person based on gender or sex and that reflects and reinforces inequalities between men and women and compromises the health, dignity, security and autonomy of its victims,*' provides an essential framework for understanding GB male experiences. This definition encompasses not only violence against women but also recognises how gender operates as a key organising principle in experiences of

violence across diverse relationship contexts. This includes same-sex relationships where traditional gender binaries operate differently. This research contributes to a growing body of work exploring intersections of gender-based violence, demonstrating how gender remains central to understanding GB men's experiences whilst operating differently than in heterosexual contexts. The findings reveal how masculinity functions as both a vulnerability to be exploited and a barrier to recognition and support. This advances the understanding of how gender-based violence operates across diverse relationship contexts.

This research positions GB male experiences within broader gender-based violence frameworks whilst maintaining recognition of their unique characteristics, contributing to a more nuanced understanding of how gender, sexual identity, and violence meet to create specific patterns of risk and recovery.

8.4 Policy and Practice Implications

The findings from this research have profound implications for how IPV is understood, measured, and addressed across policy and practice domains. The evidence demands recalibration of approaches that have historically marginalised GB male experiences whilst revealing specific areas where targeted interventions could significantly improve outcomes for this population. This section examines five key areas where immediate policy and professional practice changes could improve outcomes for GB male survivors: healthcare settings, policing, service provision, perpetrator interventions, and professional training.

It is important to acknowledge that many participant accounts of service responses - including experiences of police dismissal, healthcare failures, and lack of appropriate support - may reflect historic encounters, in some cases occurring decades prior to this research. Although the landscape of service provision and professional training has evolved over this period, contemporary prevalence data indicating that the majority of GB men do not report their experiences or access support suggests that the barriers documented here remain relevant today (see chapter 2). The sustained underreporting and low service engagement evident in current statistics (Welsh Government, 2020; ManKind Initiative, 2025; ONS, 2024) indicate that, whatever improvements may have occurred, significant gaps in recognition and response

persist. The policy and practice recommendations arising from this research should therefore be understood as grounded in survivors' lived experiences while remaining consistent with the contemporary evidence base on GB male help-seeking and service access.

The recommendations arising from this research vary considerably in their scope, resource requirements, and implementation timescales. Some (such as the display of LGBTQ+ visibility signifiers in service settings and the introduction of sexual identity fields in data collection systems) require minimal investment and could be actioned immediately, representing tangible first steps toward inclusion that cost nothing yet signal significant change to survivors. Others, including the development of dedicated 'by and for' LGBTQ+ services and parallel policy frameworks, require systemic and organisational change that will take considerable time, resource, and cross-sector buy-in to achieve. This section discusses each recommendation area in depth, indicating where immediate action is possible and where longer-term strategic investment is required. A structured summary of all recommendations, organised by implementation tier, is presented in Appendix H for ease of reference.

8.4.1 Frontline Services

Healthcare settings represent perhaps the most critical intervention opportunities for GB male survivors, yet participant accounts and existing literature suggest significant and consistent gaps in how this population is currently identified and supported (Beynon et al., 2012; Pell et al., 2024). Participants' accounts revealed healthcare staff failing to recognise obvious signs of abuse, including broken bones and deliberate injuries, without questioning their causes or creating safe environments for disclosure. This finding aligns with evidence indicating widespread lack of knowledge, confidence, and training among healthcare staff in dealing with IPV generally and particularly in GB relationships (Callan et al., 2022). Current risk assessment tools and protocols, developed primarily around female victimisation patterns, inadequately capture the specific presentations and needs of GB male survivors who may be reluctant to disclose both abuse experiences and sexual identity within healthcare settings operating on heteronormative assumptions (Callan et al., 2022).

Recent research in London hospitals reveals that GB men represent 10.2% of high-risk MARAC referrals, despite comprising much smaller proportions in national statistics (Smith et al., 2022). This demonstrates both the potential for healthcare identification and the current gaps in routinely collected data. The high rates of intersecting vulnerabilities identified among GB male survivors in this research - including HIV status (24.2%), mental health comorbidities (27.3%), and substance use (45.5%) - highlight the need for integrated approaches that address multiple health concerns simultaneously.

However, the demonstrated efficacy of programmes like IRIS (Identification and Referral to Improve Safety) shows the potential for transformation among other populations. This programme has successfully trained GPs to recognise signs of domestic abuse and make appropriate referrals, leading to up to six times more women receiving needed support (Feder et al., 2017). The research findings suggest that similar programmes specifically adapted for GB men's presentations could improve identification and support rates. Healthcare risk assessments should be adapted to recognise the specific vulnerabilities affecting GB men, including age disparities in relationships, language barriers for immigrant survivors, isolation from LGBTQ+ communities (whether due to being closeted, having non-out partners, religious constraints, or other barriers to community integration), and the targeting of health conditions as abuse tactics.

Current risk assessment tools illustrate both the limitations of mainstream approaches and the potential for improvement. The widely used DASH risk assessment tool, while claiming applicability to *"all intimate partner relationships, including LGBT+ relationships,"* was developed within heterosexual frameworks that may miss the identity-based control mechanisms discovered in this research (Durham Safeguarding Children Partnership, 2022). In contrast, the IPV-GBM Scale, developed specifically with GB men, has been found to identify significantly higher abuse prevalence than mainstream tools by incorporating domains such as HIV-related violence and identity-based manipulation absent from traditional assessments (Stephenson & Finneran, 2013). The proven success of the IRIS programme, which increased women's access to support sixfold through targeted GP training, demonstrates how specialised tools combined with appropriate training can transform healthcare responses (Feder et al., 2017). Adapting such approaches for

GB men UK-wide could dramatically improve both identification rates and appropriate referral pathways, though rigorous evaluation would be essential to ensure effectiveness and identify necessary modifications for this population. Professionals working with male IPV victims should be acutely aware of the adverse consequences of abuse (Barber, 2008; Campbell, 2002) and be prepared to provide or refer to appropriate mental health support. Supporting earlier findings (Randle & Graham, 2011), the men in this study reported experiencing depression, suicidal ideation, and PTSD as consequences of their victimisation. Training programmes for GPs should address both technical knowledge about GB relationship dynamics and attitudinal factors that may prevent appropriate responses to disclosures.

The complex nature of violence in some GB relationships presents unique challenges for healthcare risk assessments. The HERMES intervention study emphasised how practitioners often struggle to distinguish between victims and perpetrators due to bidirectional violence in some GB male relationships (Buller et al., 2025). This complexity was evident in participants' accounts, where some acknowledged initiating physical violence in response to feeling controlled and disempowered. Rather than expecting healthcare providers to definitively categorise patients as either victims or perpetrators - a particularly challenging task when bidirectional behaviours are present - the HERMES study focussed on building effective referral pathways with specialist LGBT support organisations to ensure appropriate follow-up care for these complex cases (Buller et al., 2025). This approach connects patients with specialists who have more expertise in GB relationship dynamics and can provide more nuanced support.

While healthcare settings offer intervention opportunities, the police represent survivors' most direct contact with formal support systems. However, police responses to participants in this study revealed troubling inconsistencies that ranged from supportive to openly discriminatory. Some officers laughed at abuse reports, whilst others provided professional assistance. This variability reflects the absence of standardised training and protocols rather than systematic institutional competence, creating postcode lotteries in service quality that undermine community trust. The temporal dimension of police responses suggests uneven progress, with some participants reporting more supportive recent encounters while others described dismissive treatment, indicating inconsistent rather than linear improvement over

time. This inconsistency appears shaped by individual officers' attitudes. This research reveals how negative police experiences create ripple effects that extend beyond individual cases. Participants who experienced dismissive treatment reported they would never seek police help again and would actively discourage friends and partners from reporting, illustrating how a single negative experience can create cascading effects that discourage broader social networks from engaging with police, creating underserved populations of GB survivors who remain outside official statistics and support systems (Allen-Collinson, 2009b; Barber, 2008; Drijber et al., 2013; Migliaccio, 2002).

Policy recommendations include mandatory LGBTQ+ competency training for all frontline officers, the development of specific protocols for IPV cases, and establishment of specialist liaison roles with LGBTQ+ communities. The creation of feedback mechanisms that enable communities to report discriminatory responses whilst protecting survivor confidentiality could help identify and address problematic practices.

Immediate steps toward these recommendations are achievable within existing structures. LGBTQ+ visibility signifiers (i.e., rainbow flags, inclusion statements, and diverse imagery) cost nothing to implement and could be introduced across healthcare and police settings immediately, directly addressing the barrier identified by participants such as Christopher (Interviewee 06), who noted that without visible signals of welcome, GB men assume services are not for them. In the shorter term, existing domestic abuse training programmes could incorporate the adapted GB Power and Control Wheel as an educational tool, requiring minimal additional resource whilst beginning to shift practitioner knowledge of identity-based control dynamics. The IRIS programme provides an existing infrastructure through which GB-specific adaptations could be piloted with NHS trusts in partnership with local LGBTQ+ organisations, before seeking broader rollout (Feder et al., 2017).

8.4.2 Service Provision Access

Both healthcare and police responses ultimately depend on effective referral pathways to specialised services. Yet this research exposes structural inequities in IPV provision that create multiple barriers for GB male survivors. Current service

landscapes reflect policy priorities that have not adequately addressed diverse victim populations, with male-specific services representing less than 1% of total refuge provision nationally, failing to account for the distinct support needs of male survivors identified in this and other research (Brooks, 2023).

Reflecting existing research on male victimisation (e.g., Drijber et al., 2013; Hines & Douglas, 2010a), participants frequently did not seek professional support. This reluctance was often based on the belief that professional support services could not or would not be of help to them. In some instances, these fears were not unfounded, as some men reported negative experiences with support services. These findings highlight the critical need to both increase understanding among male victims about how services can offer support and expand provision of appropriate services tailored to their specific needs. Evidence suggests that levels of education are a consistent predictor of help-seeking behaviour in women (Hutchison & Hirschel, 1998; Kaukinen et al., 2013), with enhanced knowledge of support services significantly associated with support engagement. Whether these patterns hold for male survivors requires further investigation, though participants in this study identified lack of awareness as a significant barrier to help-seeking.

The finding that 83% of LGBTQ+ people do not know where to seek help for domestic abuse (Welsh Government, 2020) reveals how invisibility itself becomes a barrier, leaving GB men unaware that support even exists. Participants consistently reported that shelters, support roles, and resources are overwhelmingly designed for women, with heteronormative messaging reinforcing their exclusion. However, participants' recommendations reveal clear pathways for improvement. Their emphasis on LGBTQ+-specific services, visible affirmation through rainbow symbols, and community-based outreach approaches provides concrete directions for inclusive service development. Community-based approaches that involve LGBTQ+ organisations in service design and delivery show promise for improving engagement and trust among GB male survivors. Calan DVS's Myriad Programme demonstrates the value of co-design approaches, having been developed in partnership with LGBTQ+ survivors and academic institutions to create culturally specific interventions that address heteronormative impacts and use peer support models (Calan DVS, 2024).

Service development should prioritise authentic community ownership through 'by and for' approaches rather than adapting existing heteronormative models. Integration with established LGBTQ+ organisations could facilitate broader access while maintaining community expertise. The emphasis on safe spaces beyond traditional bar and club scenes reflects an understanding of community diversity and the need for accessible entry points.

A practical immediate step would be for statutory domestic abuse commissioners to map existing LGBTQ+-competent provision within their areas, identifying specific gaps and using this evidence to make the case for dedicated funding streams. This requires no new resource beyond officer time and could directly inform local commissioning decisions. Calan DVS's Myriad Programme provides a replicable co-design model that services in both Wales and England could adapt with appropriate community partnership, offering a concrete template for 'by and for' service development that does not require starting from scratch (Calan DVS, 2024).

8.4.3 Professional Development Needs

This research reveals significant gaps in perpetrator intervention programmes that fail to address the unique dynamics of abuse in GB male relationships. The 2023 Home Office standards introduced structured approaches to perpetrator interventions, emphasising accountability, risk assessment, and multi-agency coordination. However, traditional perpetrator interventions focus primarily on addressing misogynistic attitudes and behaviours, which may not directly apply to GB relationships (Home Office, 2023). Whilst the new standards acknowledge the need for interventions to be delivered equitably with consideration of intersecting identities, they do not specifically account for the unique dynamics of IPV in GB male relationships. The research findings suggest a need for specialised approaches addressing coercive control, internalised homophobia, and the role of 'outness' in abusive relationships. Some GB men in this study reported experiencing mockery and ridicule from their partners for perceived failures to meet dominant notions of masculine identity. This finding echoes experiences documented in heterosexual male IPV victims (Allen-Collinson, 2009b; Allen-Collinson, 2011), suggesting that masculinity and gender role expectations play a significant role in IPV across

different relationship dynamics. This parallel highlights how societal expectations of masculinity can be used in abusive relationships, regardless of the gender of the perpetrator.

Perpetrator programmes could focus on unpacking how certain masculine norms within gay culture might contribute to the normalisation of abusive behaviours. For example, they could challenge internalised notions of masculinity that enable abuse, and address how community-specific norms in hookup culture or app-based interactions might inadvertently support continuums of abusive behaviours. This research reveals urgent needs for enhanced professional development across all sectors that may encounter GB male survivors, including healthcare (GPs, mental health services), criminal justice (police, court services), social services, and specialist IPV organisations. The stages of change model (Prochaska & DiClemente, 1983) provides a valuable framework for understanding that GB men may not recognise abuse or see themselves as survivors, requiring different engagement approaches than direct questioning about abuse experiences. This model, initially developed for addiction recovery, offers essential insights for professional responses to GB male survivors who often remain in pre-contemplative stages regarding their victim status. Consistent with Merrill and Wolfe's (2000) findings, many participants struggled to recognise their experiences as abuse, partly due to a lack of awareness campaigns targeting male victims. This recognition difficulty is directly linked to the educational gaps identified earlier, where participants described lacking foundational knowledge about healthy relationship dynamics due to absent LGBTQ+ relationship education and positive role models.

The difficulty noted in identification often prolongs participants stay in abusive relationships, hoping for change (Hendy et al., 2003; McClennen et al., 2002). The findings reveal how GB men navigate distinct stages in recognising and responding to abuse that differ from traditional victim-survivor groups. Many GB men do not initially recognise their experiences as abuse due to the intersection of masculine expectations with limited cultural scripts for male victimhood in GB relationships (Hendy et al., 2003; McClennen et al., 2002). Traditional masculine ideals of strength and self-reliance conflict with victim identity, creating cognitive barriers to abuse recognition (Hendy et al., 2003; McClennen et al., 2002). When GB men begin questioning their experiences, societal dismissal of violence between men as mutual

fighting complicates their ability to identify clear victim-perpetrator dynamics. The absence of visible LGBTQ+-specific support messaging means many remain unaware that culturally competent help exists. Even when ready to seek help, GB men face additional barriers, including fear of inadvertent disclosure of sexual identity and concerns about service provider competency with GB relationship dynamics - concerns that participants reported were often validated through negative encounters with services.

Professional training should emphasise that GB men may require extended time in contemplation stages due to multiple barriers related to masculinity expectations and sexual minority status. Rather than expecting immediate disclosure or victim identification, professionals can plant seeds of recognition through inclusive messaging, visible LGBTQ+ affirmation, and patient, non-judgmental responses that acknowledge the complexity of their identity negotiations. The stages of change model emphasises that readiness for change varies, requiring flexible approaches that meet individuals where they are rather than where professionals expect them to be. Healthcare professionals, police officers, social workers, and other frontline staff require training that addresses both technical knowledge about GB relationship dynamics and examination of personal attitudes that may prevent appropriate responses. Training should emphasise how to create psychologically safe environments for disclosure whilst recognising the complex identity negotiations involved in help-seeking for this population. The development of LGBTQ+ competency standards for domestic abuse services, similar to those established in healthcare settings, could ensure consistent quality while providing clear frameworks for professional development and service evaluation.

In the shorter term, existing DA training programmes across healthcare, policing, and social services could incorporate GB-specific case studies and the adapted Power and Control Wheel as low-cost additions to continuing professional development. Professional bodies with responsibility for GP and police continuing professional development could be approached to embed GB-specific content within existing CPD frameworks, representing a scalable route to culture change that does not require entirely new training infrastructure. The stages of change model provides an immediately applicable framework for shifting practitioner expectations away from

requiring immediate disclosure, toward patient and identity-affirming responses that meet survivors where they are (Prochaska & DiClemente, 1983).

8.4.4 Policy Frameworks and Implementation

Current policy frameworks create contradictions between inclusive legislation and gendered implementation that marginalise GB male experiences. Despite gender-neutral language in domestic abuse legislation, implementation continues within Violence Against Women and Girls strategies that positions domestic abuse as primarily affecting women, with the majority of perpetrators being male. This framing, while reflecting broader victimisation patterns, creates particular barriers for GB male survivors who fall outside these gendered assumptions. The research findings suggest a need for parallel policy frameworks that can address male victimisation without undermining women's safety, whilst recognising unique dynamics affecting different populations. Welsh policy contexts, with their emphasis on services being available to "everyone" experiencing domestic abuse, provide promising foundations for more inclusive implementation (Welsh Government, 2012). Specific policy recommendations include the development of LGBTQ+-inclusive domestic abuse strategies that operate alongside, rather than within VAWG frameworks, mandatory LGBTQ+ impact assessments for all domestic abuse policies, and the establishment of dedicated funding streams for LGBTQ+-specific services that are not dependent on women's organisations for delivery.

The devolved nature of domestic abuse policy creates both opportunities and challenges for GB male survivors. While England implements the Domestic Abuse Act 2021 within the Violence Against Women and Girls framework, Wales operates under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, which emphasises a more integrated whole-system approach across public services. Wales's adoption of a public health approach to domestic abuse (Welsh Government, 2022), exemplified by initiatives such as the Health Inclusion Programme (Public Health Wales, 2024) and the Violence Prevention Unit (VPU 2019), demonstrates promising directions for more comprehensive responses.

Participants' experiences powerfully demonstrated the critical importance of comprehensive relationship education in preventing IPV. Many described entering

their first LGBTQ+ relationship at a young age with significantly older partners, lacking any educational foundation about healthy relationship dynamics, power imbalances, or warning signs of abuse. Several participants reported relying on pornography as their primary template for understanding same-sex relationships and sexual practices, highlighting the dangerous absence of positive, realistic relationship models in their education. This educational void contributed to what participants described as widespread '*naivety*' within LGBTQ+ communities about abuse dynamics, with many struggling to recognise controlling behaviours due to inexperience and the complete absence of GB-specific relationship education during school. Participants explicitly noted wishing they had received better education about healthy relationships, consent, and abuse recognition that reflected their lived realities.

The mandatory LGBTQ+-inclusive Relationships and Sex Education (RSE) curriculum introduced in Wales represents perhaps the most significant long-term policy development for improving recognition of abuse dynamics in GB relationships (Renold and Young et al., 2022). Developed by Renold and McGeeney (2017), this curriculum provides all students aged 3-16 with age-appropriate education about diverse relationship types, directly addressing the knowledge gaps that have historically complicated abuse recognition for GB men. However, despite Wales's more progressive policy language, implementation challenges persist. The continued framing of domestic abuse primarily within gendered violence frameworks creates structural barriers for GB men in both jurisdictions, with male-specific refuge spaces representing less than 3% of total emergency accommodation across England and Wales (ManKind Initiative, 2025; ONS, 2022)

This research reveals urgent needs for service innovation that move beyond the adaptation of existing heteronormative models toward the development of authentic, community-led approaches. Implementation should prioritise evaluating the effectiveness of different service models while investigating optimal approaches for training existing providers in LGBTQ+ competency. A comparative evaluation examining service provision across different geographical and policy contexts could identify best practices while revealing how local factors influence access and effectiveness. The promising developments in Welsh policy contexts, with their

emphasis on inclusive service provision, provide natural experiments for examining implementation challenges and successes.

Current policy frameworks require systematic evaluation to examine how gender-neutral domestic abuse legislation translates into practice across different jurisdictions. Longitudinal policy analysis should track changes in service provision, funding allocation, and outcome measures following legislative and policy changes. Policy development should also examine the effectiveness of different funding models for LGBTQ+-specific services, investigating whether integration with mainstream providers or separate specialist provision produces better outcomes for diverse survivor populations.

These policy and practice recommendations provide concrete directions for immediate implementation whilst addressing systemic barriers that have historically marginalised GB male experiences. However, the implications of this research extend beyond immediate policy concerns to illuminate broader questions about how IPV is conceptualised and addressed across diverse populations, pointing toward critical directions for future inquiry. The absence of sexual identity data in domestic homicide statistics, highlighted in this research, represents a critical gap requiring urgent policy attention. Data collection systems should systematically capture sexual and gender identity across all domestic abuse datasets, whilst developing measurement approaches that can capture the specific dynamics revealed in this research, such as threats of outing, forced re-closeting, exploitation of age/experience gaps in relationships, prevention of access to LGBTQ+ communities, and the weaponisation of health conditions or immigration status. The development of validated screening tools designed explicitly for GB populations, building on innovations such as the IPV-GBM Scale, represents a much-needed priority for both policy implementation and service effectiveness monitoring.

Perhaps the most immediately actionable policy step is the routine collection of sexual identity data across all domestic abuse datasets, a single administrative change requiring no new legislation that would have significant downstream benefits for evidence-based policy, service planning, and future research (ONS, 2021;2022). At the same time, domestic abuse commissioners and VAWG leads in both England and Wales could be invited to review whether current strategies explicitly address

GB male experiences, identifying gaps in existing frameworks as a precursor to the longer-term development of parallel LGBTQ+-inclusive policy structures.

8.5 Study Limitations

While this research provides valuable insights into GB men's experiences of IPV, several limitations must be acknowledged that affect the transferability and scope of the findings. Methodological limitations relating to recruitment strategy, research design, and geographical context are discussed in more detail in Chapter 3.

The demographic composition of participants demonstrates important limitations in the claims that can be made about findings and their potential transferability to other GB male IPV survivors. Most participants (81%) identified as White English/Welsh/Scottish/Northern Irish/British, significantly limiting ethnic diversity within the sample. The underrepresentation of bisexual men, comprising only 11% of the sample, may not fully capture the range of experiences within this group. However, this aligns with broader research on bisexual invisibility within both LGBTQ+ and heterosexual communities (Corey et al. 2022; Outlaw et al. 2023; Gutekunst and Liang, 2023; Maxwell et al. 2025).

The men in this study self-identified as IPV victims/survivors, which means the sample was likely limited to men already comfortable with that label. Given documented reluctance among male survivors to adopt victim identities due to masculinity concerns, men who experience abuse but reject victim terminology may have been systematically excluded. Additionally, by seeking men who identified as gay or bisexual, the study may have inadvertently excluded men who have sex with men but do not identify with these labels, or those who are not 'out'.

The predominance of historic rather than current abuse experiences, whilst providing valuable insights into long-term impacts, may limit understanding of contemporary dynamics and current service needs. However, this temporal distribution also reflects the reality that individuals experiencing current abuse face greater barriers to research participation.

While this research provides a comprehensive examination of IPV experiences, help-seeking behaviours, and service responses, certain areas received limited attention,

and future research should address these gaps. The underexplored dynamics of sexual violence, perpetrator perspectives, and long-term recovery trajectories represent important limitations that constrain the comprehensiveness of the understanding developed.

Despite these limitations, this research provides significant insights into previously understudied experiences whilst establishing foundations for future inquiry that can address these gaps through more diverse sampling strategies, expanded geographical scope, and longitudinal approaches that capture both current experiences and long-term outcomes.

8.6 Broader Implications and Future Research Directions

The findings from this research extend beyond immediate concerns about GB male IPV to raise important questions about how IPV is conceptualised, measured, and addressed across diverse populations. The implications challenge existing paradigms whilst revealing critical directions for future inquiry and intervention development.

8.6.1 Challenging Traditional IPV Narratives

This research contributes to expanding IPV narratives beyond traditional arguments that have historically focussed on heterosexual relationships and made gendered assumptions about who perpetrates and who experiences abuse. The findings that power and control take place through exploiting victims' identities, rather than relying solely on physical dominance, reveal how power functions across different relationship contexts in ways that existing theories have wholly failed to capture.

High-profile cases involving male victims, such as Johnny Depp's legal proceedings against Amber Heard (Rosenblatt, 2022), Terry Crews' disclosure of sexual assault experiences (UK Says No More, 2018), and Brendan Fraser's revelations about industry abuse (Harker, 2025), illustrate the societal resistance that emerges when traditional victimisation narratives are challenged. Media treatment of these cases demonstrates how public discourse minimises or dismisses male victimisation, with Crews facing scepticism and ridicule despite using the #MeToo platform that Tarana

Burke had intended for all survivors (Maier, 2023). Fraser's disclosure led to apparent industry ostracisation, highlighting career and social repercussions that men fear when reporting abuse.

The case of Kelly Brook, as discussed in a 2014 Guardian article (Poole, 2014), illustrates how male victims can be trivialised in the media and public discourse. Brook's admission of violence against her male partners, met with minimal public backlash and characterised by victim-blaming attitudes, reflects broader cultural tendencies to downplay female-perpetrated violence whilst reinforcing stereotypes about male invulnerability. The media's handling of Brook's disclosure, including her characterisation of violence as humorous, demonstrates how societal norms frame men as perpetrators and women as victims. Brook's refusal to take responsibility for her actions, coupled with her framing of the violence as a joke, reflects a broader cultural tendency to downplay the severity of female-perpetrated violence. This trivialisation contributes to a societal atmosphere where male victims are less likely to recognise their experiences as abuse, further inhibiting their willingness to report and seek help. The Mankind Initiative's criticism of the lack of public outrage in the Brook case illuminates how societal norms and media representations can influence responses of institutions meant to support all victims of IPV (ManKind, 2014).

These public examples show how narrow IPV narratives create ongoing cycles where survivors remain silent and invisible, mainly affecting those whose experiences don't fit traditional victim-perpetrator models. When survivors cannot see their own experiences reflected in public discussions about abuse, they struggle to recognise what happened to them as abuse and are less likely to seek help. This creates underserved populations of survivors who never access support services or appear in official statistics.

8.6.2 Intersectionality and Multiple Vulnerabilities

This study reveals how intersecting identities create multiple vulnerabilities that require multidimensional analysis beyond single-axis approaches. The documentation of how age, immigration status, language barriers, religious background, and health conditions intersect with sexual identity and masculine

expectations demonstrates the need for intersectional frameworks that can capture multiple, simultaneous influences on abuse experiences.

Future research should prioritise intersectional approaches that examine how cultural and ethnic diversity shapes IPV experiences within GB populations. The limited ethnic diversity in this sample (81% White British) highlights urgent research needs that centre on the experiences of GB men from diverse cultural backgrounds, particularly given evidence from this research that cultural identity markers can be weaponised as abuse tactics.

The underrepresentation of bisexual men (11% of the sample) reflects broader bisexual invisibility within both LGBTQ+ and heterosexual communities, requiring specific attention to their unique experiences (Corey et al. 2022; Outlaw et al. 2023; Gutekunst and Liang, 2023; Maxwell et al. 2025). While acknowledging this limitation, it is important to note that the GB-specific Power and Control Wheel developed through this research (see chapter 5) retains applicability to bisexual male survivors, as all participants, including those identifying as bisexual, experienced abuse perpetrated by men. Abuse dynamics rooted in power and control, and the identity-specific mechanisms identified in this research (including masculine policing, homophobia/biphobic language, and the weaponisation of sexual identity), are not exclusive to gay male experience but reflect shared vulnerabilities arising from male same-sex relationships and sexual minority status more broadly. That said, future research should investigate how biphobia and bisexual erasure impact reporting behaviours, help-seeking patterns, and service access, whilst examining whether bisexual men face distinct vulnerabilities or barriers not fully captured in frameworks designed around gay identity. Future studies should employ targeted recruitment strategies through bisexual-specific organisations, implement comparative designs between gay and bisexual participants, and develop bisexual-inclusive measurement tools that capture unique experiences of identity invalidation and community marginalisation. Additionally, as tailored services and interventions are developed for GB male survivors, rigorous evaluation research will be essential to demonstrate effectiveness, identify necessary adaptations, and ensure evidence-based practice. This should include both process evaluations of implementation factors and outcome evaluations measuring safety, wellbeing, and service satisfaction across diverse GB populations.

8.6.3 Methodological Innovations for Underserved Populations

The methodological challenges encountered during recruitment, including discriminatory responses to research advertisements, provided insights into societal attitudes that compound survivors' experiences (Appendix D). Future research should develop innovative approaches to reach underserved populations that may face multiple barriers to participation.

The success of photo-elicitation techniques in capturing the embodied experiences of trauma suggests the value of expanding visual and creative methodologies for IPV research. These approaches may be particularly valuable for populations who struggle with traditional verbal disclosure or for whom existing language does not adequately capture their experiences. Research methodologies should also address the complex temporal dimensions of IPV experiences, recognising that many survivors may not disclose or seek help for decades after abuse. Longitudinal approaches that can capture long-term impacts and recovery trajectories would provide significant insights for service development and intervention design.

8.6.4 Contemporary Challenges and Community Responses

This study uncovered how online platforms and dating applications create distinctive risk environments where traditional consent frameworks may be compromised. Participants described how apps like Grindr, while providing community connections, also created vulnerabilities through anonymity, immediacy, and location-based connectivity, combined with subcultural norms surrounding casual encounters. Future research should examine how technological mediation of relationships creates new forms of abuse whilst potentially offering innovative intervention opportunities. The potential for app-based awareness campaigns and digital support services, as suggested by participants, represents promising directions for community-based prevention and early intervention approaches. The documentation of sexual abuse affecting 40% of participants in this study, often described through indirect language rather than explicit terminology, reveals significant gaps in understanding male sexual victimisation within intimate relationships. The reluctance to use direct language such as '*abuse*,' '*victim*,' or '*survivor*' when describing their

experiences reflects broader societal misconceptions about male victimhood that require attention through research and awareness initiatives.

Future research should also specifically examine sexual violence within GB relationships, investigating how societal stereotypes about GB male sexual identity create barriers to recognition and disclosure of sexual violence, whilst developing frameworks that can capture the specific dynamics of sexual coercion and assault within same-sex relationships.

Participants' recommendations for community-based approaches draw on successful models of LGBTQ+ health mobilisation, particularly responses to the HIV/AIDS crisis. Future research should examine how community resilience factors can be leveraged for IPV prevention, whilst investigating the potential for peer support models and community-led interventions. Research should also discuss how LGBTQ+ communities can develop internal capacity for recognising and responding to IPV whilst addressing cultural factors that may inadvertently normalise certain forms of abuse. The documentation of substance use as both a coping mechanism and a risk factor suggests the need for integrated approaches that address multiple health concerns simultaneously.

These research directions, pursued through diverse sampling strategies, innovative methodologies, and longitudinal approaches, could address the limitations identified in this study while building on its foundations to create a more comprehensive understanding of IPV across all relationship contexts. The integration of intersectional frameworks, technological innovations, and community-based approaches represents the potential for transformative advances in both knowledge and practice that could benefit all survivors of IPV.

Before concluding, and having acknowledged these limitations, implications and future directions, it is essential to reflect on how this research journey has not only transformed my academic understanding but also my perspective as a researcher. The diary I maintained throughout this process provides insight into both the evolution of my thinking and the broader implications of this work.

8.7 Reflective Diary: Visual Evidence and Analytical Insights

Throughout my doctoral journey, I maintained a detailed reflective diary that became an invaluable companion in my research process (as discussed in the methods chapter). This diary served as more than just a repository of thoughts; it became a critical tool for capturing the evolution of my understanding, emotional responses, and analytical interpretations as they emerged. As I approach the culmination of this thesis, it is essential to pause and examine how this journey has transformed both my scholarly perspective and my comprehension of IPV.

In the methods chapter, I outlined my initial fore understanding and preconceptions before embarking on this doctoral research. Now, standing at the threshold of completing this work, I can trace how that understanding has been challenged, enriched, and reshaped. This final reflection serves a dual purpose: it documents my growth as a researcher through the doctoral process, whilst also illuminating how my conceptualisation of IPV has deepened and become more nuanced through sustained engagement with participants lived experiences.

8.7.1 The Reflective ‘Glancing at’ A Pre-reflective Experience: My Understanding of Research in the Context of GB Male Victims of IPV

As I delved deeper into my research on IPV, I found myself grappling with the complexities of victim experiences and the nature of abusive relationships. This journey has not only expanded my understanding of the subject matter but also challenged my preconceptions and ignited critical self-reflection.

Interviewing participants such as James (Interviewee 01) has shed light on the intricate nature of feeling like a victim-survivor. It is not a singular, defined state, but rather a spectrum of emotions and experiences that ebb and flow. The victim-survivor’s everyday life becomes intertwined with their abusive situation, creating a complex tapestry of normalcy and trauma. The candid sharing from the participants about their experiences of violence, rape and the delayed recognition of victim status highlights a key aspect of domestic abuse - the internal struggle of self-identification. This raised an important question: *“What barriers exist that prevent people, especially men, from recognising and acknowledging their victim status?”* One of the most challenging aspects of understanding domestic abuse is discerning the line

between “*normal*” relationship dynamics and abusive behaviours. This research has led me to ponder: Does everything become abusive in an abusive relationship? Or are there elements of normalcy that coexist within the cycle of abuse?

Upon reflection, the answer lies in the complex nature of abusive relationships. Not every action or interaction within an abusive relationship is inherently abusive. However, the context of abuse colours these “*normal*” aspects, potentially turning them into tools of control or manipulation. For instance, everyday conversations might carry hidden threats or manipulation that are not apparent to outsiders.

8.7.2 My ‘revised’ fore-understanding: The Present

This research journey has been transformative, both professionally and personally. My initial doubts and reservations have given way to a deeper understanding of the importance of this work. If I, as someone who has experienced abusive relationships and as a doctoral researcher, experienced hesitation due to some of the negative commentary, how much more challenging must it be for victims to speak up or seek help? How can we, as researchers and service providers, create safer spaces for all to share their experiences? What changes are needed in society to afford equal support regardless of identity or status?

Throughout this process, I have actively sought to disseminate my research and engage with various audiences. I have participated in academic conferences, presenting my findings and engaging in discussions with peers in the field. I have also been a guest on a podcast discussing my research and raising awareness about domestic abuse in GB male relationships. Additionally, I have supported the running of workshops and lectures at the university, engaging students in this critical area of study and fostering discussions about domestic abuse across different demographics. These experiences have not only allowed me to share my findings but have also provided valuable feedback and perspectives that have further enriched my research.

Moving forward, I am committed to continuing this important work. I plan to publish aspects of my findings in academic journals and potentially in more accessible formats for a broader audience. I aim to attend more conferences, both to share my

findings and to stay abreast of the latest developments in the field. After completing my PhD, I intend to dive further into this exploration. I plan to seek funding to expand upon what I have learned, potentially broadening the scope of the research or delving deeper into specific aspects that emerged during my doctoral study. I also hope to engage in collaborative projects with other researchers and organisations working in the field of domestic abuse, particularly those focusing on underrepresented groups.

Ultimately, I aspire to use my research to influence policy and practice, working towards more inclusive and effective support systems for all victims of domestic abuse.

This journey has reinforced my belief in the critical importance of this work. By continuing to challenge societal norms, engage in meaningful dialogue, and conduct rigorous research, we can work towards a more comprehensive understanding of domestic abuse and more effective support for all victims, regardless of their gender or sexual identity.

8.8 Final Reflections

This doctoral journey has transformed my understanding of IPV while revealing the urgent need for more inclusive approaches to recognising and responding to diverse experiences of relationship abuse. When this research began, the invisibility of GB male experiences within IPV discourse seemed like a gap to be filled rather than a challenge to existing paradigms. The findings reveal that this invisibility represents not merely oversight but systematic exclusion resulting from theoretical frameworks and practice models that cannot accommodate experiences falling outside traditional gender binaries.

The development of new conceptual tools - the adapted Power and Control Wheel and identity reconstruction framework - emerged from participants' accounts rather than predetermined theoretical positions. This inductive process demonstrated the generative potential of phenomenological inquiry in challenging established assumptions, revealing that survivors themselves possess a profound understanding of their experiences that academic frameworks have yet to capture adequately.

The long-term impact trajectory documented in this research, with only three of eight interview participants describing themselves as currently in stable, healthy relationships decades after abuse, reveals the profound consequences of inadequate support systems. These findings challenge not only immediate service provision concerns but also necessary questions about how society understands recovery, resilience, and the lasting effects of relationship trauma.

Perhaps most significantly, this research reveals how identity operates not merely as another vulnerability factor but as the central site where abuse occurs and recovery must be negotiated. The impossible double-binds facing GB male survivors - performing masculinity whilst accessing support, maintaining sexual identity whilst navigating heteronormative systems, asserting agency whilst acknowledging victimisation - illuminate broader questions about how identity categories both enable and constrain possibilities for recognition and response.

This study contributes to the growing understanding of gender-based violence as a complex phenomenon that operates differently across relationship contexts whilst maintaining gender as a central organising principle. For GB men, gender operates through the subordination of their masculine expressions rather than traditional male-female power dynamics, revealing how hegemonic masculinity maintains dominance through hierarchy and exclusion rather than simple opposition. The methodological innovations employed, particularly photo-elicitation techniques, demonstrated how visual methods can capture embodied experiences of trauma that traditional approaches miss. These innovations suggest promising directions for future research with hidden or underserved populations, while highlighting the importance of developing culturally responsive methodologies that centre on participant agency and safety. As James Baldwin observed, *"Not everything that is faced can be changed, but nothing can be changed until it is faced."* This research has revealed uncomfortable truths about gaps in understanding and responses to IPV, while demonstrating how expanding recognition of diverse experiences strengthens, rather than weakens, efforts to support all survivors.

The participants who shared their stories demonstrated remarkable courage in breaking the silence that has protected abusers while isolating survivors. Their accounts reveal not only individual trauma but collective resilience and an

experiential understanding of abuse dynamics that challenge expert knowledge claims. Their recommendations for service improvement, drawn from the lived experience of system failures, provide concrete directions for creating more inclusive and effective responses. Moving forward, this research establishes the foundations for approaches that can recognise universal dynamics of power and control while addressing identity-specific vulnerabilities and barriers. The adapted frameworks developed provide tools for understanding diverse experiences without losing sight of abuse as primarily about power and control, regardless of the victim's characteristics. The vision articulated by participants - of support services that affirm their identities, communities that recognise their experiences, and policies that address their needs - remains largely unrealised. However, their insights provide roadmaps for transformation that could benefit all survivors through a more nuanced understanding of how identity, power, and violence intersect to create both vulnerability and resistance.

In the end, this research demonstrates that inclusive approaches to IPV require not merely adding previously excluded experiences to existing frameworks but a reconceptualisation of how abuse operates across diverse relationship contexts. Only through such reconceptualisation can we hope to create support systems that truly serve *all* survivors whilst maintaining focus on the power dynamics that enable abuse across all contexts.

The journey continues, informed by participants' voices and guided by their vision of communities where all experiences of abuse are recognised, all survivors are supported, and all voices contribute to ending IPV in all its forms.

9. References

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10. Appendix

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Appendix A: Interpretative Analysis Process: Examples of exploratory noting during close reading of Participant's transcripts.¹⁶

...t get days on,
I get eight
...ey whilst you're
...ion. It sounds a
...ay everyone that
...y much running
...tually moved to
...y. I was ready to
...essed into

questions about

...ut this to
...hen it was
...en that suffered
...never
...ortant. So that
...ich was, which

...people actually,
...ou know, a lot of
...well, I'll do
...e that way. So
...ne that people
...egative like
...lly great and

not spoke about abuse
Motivation? for taking part

...Rearrange my house. And that
...id of mine asked me to work
...ver with a car. You park the car
...it. Yeah. So she really kind of
...od over the next couple of
...the next couple of months he'd
...ioned me up. Mm hmm. He
...ou know, the kind of person
...of thing I said. Oh, I saw it in

...ound out new address
...ept contact

...d actually followed
...bit of stalking and stuff going
...ere in a restaurant in central
...gang. And I got up and
...ou if we carry on walking now,
...d that was it. That was, that
...I did some volunteer work
...n's group. And one night I
...m for 3 hours and told him
...it's.

...al really I suppose three or
...back together again. Yeah.
...ose early days was there

Help from friend
stalking
dynamic relationship similar to

...ething happened, How did you feel?
...mething happening?

d. Hmm. What would your

...r Dunn. He never once hurt me
...d unlike. Maybe like six or seven
...e off type incident. I think. The
...ally hated it. Obviously very
...n it got to that situation because I
...the room or like he would let me
...stuff. Like it would be so like.

...Physical abuse caused
...by situations where
...chanisms at the time? I'm

...d leave the house or the flat and
...ll anyone and stuff. I. Com.
...ow anything about what would
...ago as well. Parents have other
...on. Yeah. Or leave the house

...e to his kind of like controlling
...was that what you, we

...t the time I had to really
...yself. Frustrated. Yeah, quite
...ing, a class thing. And I was
...ition again? It was about.

...t even know what my
...just trying to assess, I
...er whether anger was
...was something that

reflection of physical abuse
Physical abuse caused by situations where partner wouldn't leave
attempted to de-escalate

¹⁶ Appendix A presents evidence of the analytical process undertaken in this study in accordance with IPA (Smith et al., 2009), including examples of annotated transcripts, initial coding, and the staged development of themes from individual case analysis through to master and subordinate themes. For a full account of the methodological approach underpinning this process, see Chapter 3. Additional materials supporting the conduct of this study, including recruitment materials, data collection tools, and participant information, are presented in Appendices B–G.

230814_0040.MP3

Speaker 1 [00:00:00] So I just want to start by asking you where are you from? What do you do? Do you have a job?

Speaker 2 [00:00:13] Okay, so originally I was born in Solihull, which is just outside Birmingham. And it's a nice town. My parents moved up here when we were four. I worked for children and families until they retired, and then I worked for a while in a bank. In 2000, which was when I moved in with the man who is now my husband, and that was in 2000, something quite a long time ago. I was working on cruise ships. I used to work in casinos, and I did that for nearly 18 years until COVID and COVID ended up, and I decided to come home anyway. So I studied, I started a degree, and I didn't plan to finish the ships quite as soon as I did. I'll use that as a new opportunity, really. I was like, 'I can get here. Yeah, it took me a year and it was tiring for him. He's been a friend of my brother's for about 20 years now and then. So he's known for more than 20 years. I gave him a chance and put me on a three month fixed term contract, they just offered me permanent SAG. So I was actually given me a kick up the back to when I was working on ships. I loved it, but it was just it's like 7 days a week, you get your days off at the end of it. So I do like a bit of a break, it's free board, free food. You don't really need a lot of money. Yeah. So but the more I think about it, I think I go on ships is running away from something. And I was away from something as well because yeah, that was in Derby to get my boyfriend and I'd only known him for a short time. So I went into this part because now I have to say it's just something that.

Speaker 1 [00:02:53] Really I was only just going to ask you your motivations for taking part in the study.

Speaker 2 [00:03:01] Motivation that I feel like I've got to tell anybody. So I feel like it's kind of nice to tell my story, it's happening to me, that was really like domestic abuse, from domestic abuse, like men never suffered from domestic abuse. So I kind of feel like the study you do is really was the motivation. Yeah, and I just saw it was a bit weird.

Speaker 1 [00:03:41] Yeah, I know. It's, it's an interesting thing because I initially was going directly through some people don't access services for support and then I saw some paid ads on social media. Maybe people use them, yeah, it's been really great. I've had loads of responses, obviously need to know this and on the flip side I've seen awful people writing some horrible things under the posts.

230815_0041.MP3

Speaker 1 [00:00:00] Okay, Okay. So just to start then, could you tell me yourself, where you're from? What do you do? Interests, things like that?

Speaker 2 [00:00:13] So, yeah, I'm John Harris, Harold, I'm from Derbyshire, which is a support organisation to support LGBT people. You've been in this role now for coming out for 10 years. I was in London for 18 years but left home to do a job in Manchester. I was there for 18 years but left home to do a job in London. And I've been with my husband for 33 years. I've adopted children and we have done that for almost ten years.

Speaker 1 [00:01:09] Amazing. That's really cool. So 33 years with your husband. Wow.

Speaker 2 [00:01:13] So long. Yeah. Yeah. It's been a kind of a journey, partnered. Yes. And all that kind of stuff. So, yeah, I've got a job.

Speaker 1 [00:01:28] How old's the kids?

Speaker 2 [00:01:30] Oh, God. Teenage teenagers now. I've got three teenage years. Yes. And we're going through some some but. It is what it is. Yeah.

Speaker 1 [00:01:53] So what? What made you want to take part in the study?

Speaker 2 [00:01:57] Well, I experienced, um, over two years of emotional abuse with my partner before I got together with my current partner. It was very important to be in a position to share that information with support services or it will help other people get through it.

Speaker 1 [00:02:36] Absolutely. Absolutely. So what in your experience was there anything that stood out to you or prompted you to take part in the study?

Speaker 2 [00:02:54] Um, I mean, I think really what stood out to me was the lack of support services now still for LGBT people. You know, organisations who mainly deal with the victims and the support is either nonexistent or it's an add on or it's an add on that doesn't seem to be so specific. LGBT plus support is a generic service, if you like, which I think is it kind of less than what it should be. Different dynamics of same sex relationships. You know, some it's not it's not new that same sex abuse is just not it's it's more than that. You know a lot of the or the drive and the interest and the means to work with LGBT people, where to start. Environment of mobilisation, that's what I truly work with the victims, you know, while I understand funding requirements, I think, you know, a lot of organisations are actually working with perpetrators. So, Yeah, that's what stood out to me.

Speaker 1 [00:04:56] Point. Yeah. Yeah.

...words. But I guess that's probably to start. If you were to stop people removing bad reviews. Yeah, I guess so.

...But I guess is because I guess that's probably to start. If you were to stop people removing bad reviews. Yeah, I guess so.

...eh, but it's just it's hard when you've got like, I don't want to put negative stuff. So. But yeah. Okay. So one of the things as you said, you, ah what did you think it was like for you to complete the survey that there was anything that stood out for you in particular?

...was very aware at the time that what was right in that survey was that you're not going to say. I knew I knew it was two separate surveys. I wrote in that survey, I don't really remember nothing. I know in a way because I kind of got to get it all out. But as to what I think my mind was just like, blah, blah, blah, blah. So I don't think I'm honest, hopefully is helpful.

...fine. That's good. That's kind of what I wanted it to be. You just to be able to free, freely write, you know, whatever you want about anonymity and things like that. Because most people that I had an interview. So it's kind of good, a good way for me to tell my story without actually having to physically speak to someone. I remember what you wrote, but do you think that there were any new thoughts or realisations that came up as a result of the survey?

...relationships still affected. I don't know necessarily new, but I think it's I think it's kind of things that I've already thought about. I still think that it's still affecting me now and the way I socialise with people I know. I felt like I'm 44 years old, still single, been single for ten years because of that. I've had bad relationships since then, not really hard to trust people if they're not being you while I was with what I mean is is so it's so I think it has affected but I think it's in the front of my mind.

...unno, I guess like most gay men I use growing. Oh yeah, I've got a lot of counters on there, which are just no emotion, just sex. I think that I really want at the end of the day, but I don't know. Now, it's not to know it's hard.

...time of the survey or now or in general, have you ever seen any kind of support at all?

230814_0039.MP3

Speaker 1 [00:00:00] Okay. Okay. So just to start, could you just tell yourself, where you're from? What do you do? What's your interests?

Speaker 2 [00:00:13] Yeah, of course. So I'm Ed, I can answer him from is always, like, a weird question. It's always a complicated one from different places. My dad's from Devon, which is where I live right now. Philippines. Wow. And I grew up between China and the UAE, so I grew up in Shanghai and in Abu Dhabi. I moved back to the UK. Demountables have a twin sister who I moved back with and I took government went to uni and at uni that's when I got my first job in like which I've been working for like the last five years. So I studied international development and I graduated in 2020 and never work like 2019. So what I do now, so I've worked in like fundraising roles, and now I work as a trader, as a training consultancy coordinator for which is nice. And that's kind of like my life in like a nutshell. I came and it was feel like reading lots of books and stuff, and I was like u're 67. It's got the vocabulary. It's actually, I understand, like get. I've been out for like ten years now and 11 years now and my sis time coming on to each other that same time. And I have my ma by is, is singing. So I love to sing and I have piano, which is I can yesterday and my piano I think is broken. Unfortunately, it's like a digital I'm on the piano writing and theme music and I recently like performing. I can share 2000. I was in Grease. The musical two. And, and yeah, I do a lot of volunteering as well. I'm a trustee of IV charity. I'm on the Committee for Babies Children in Need, and my board for theatre.

er 1 [00:02:39] Um.

er 2 [00:02:41] Yeah, and Wellcome a union for health, Safety and helped lead an LGBTQ keep their network so super it now is I'm moving to the Philippines in January, so that's most of my kind of joy and elation and stuff like that so much. I decided that a few months ago. I mean, I'm in this pr ther help me wind down and say goodbye to you can get c lp me that had to go. So in the process of like applying for galog and yeah, yeah, I'm just, I'm looking for just having ly hard like the last five years, like 9 to 5 kind of charity r, really doing a lot with volunteering and stuff. So I'm hop ak and like have a lot career stuff. Yeah, so that's kind c

00:03:42] Made it so like, yeah, I mean, have you so, so a lot over like five years like.

00:03:50] Yeah, I, I was last year was a really great year. I was in Milan for, for the launch of the research. I post of that credit to my friend Gemma who wrote most were there in Milan, she was saying that she felt like a ing of you cannot be in trouble because like an out was like, I feel like I made my schol...

other as well, and I see the value in people sharing things about, I think, like being true to that experience. I attribute to something and like help with like different a kind of social perspective.

u. When you wrote Filled in the survey, did you think y questions that stood out in particular, or was there ctions?

ected a lot about services for L by Access, because Yeah. And the survey, I kind of explained that of. Well, I was I was manipulated into. Believing of the abuse. And I think in like that kind of limited ek, which I did see quite a lot, were actually kind of r. Which looking back like. I didn't access a lot of e. I mean, if like, like me, like straight Angry Men inal say, like breaking this and stuff like that. And it was another I guess it just didn't feel right. And s because I think I was. Not the kind of uptime. I recognise that having worked like a domestic y much. A victim or survivor of abuse in our other beast tactic, which is like is is very because there's definitely things that I did and say today. I also recognise that. Reflecting on it. I was trying to. I felt trapped out of a ship. And s, I wasn't allowed to. And that was a key abuser, my ex, Mike, was that I'd always tried to gle point where he tried to leave the relationship. puts a lot of affection actually, just thinking about r of survive in that situation, would I try to access probably. Yeah. I was just kind of affected. It think about being LGBT past as well, but the e myself as a survivor or as a victim in those

Are you currently receiving any kind of support

d a counsellor on and off for like the last five ow I'm engaging in to things that actually it's ult experience last year and October. So I've r. I have a regular since November last year. port group of men who've experienced ry two weeks. And that's like local to me, ort around abuse ie access to. During my say like last year I sat, I was with this chap don and about a domestic abuse counsellor able to sit down with cuts and just to focus or me. So lots of different things. Yeah.

lots of...

y and my mom's family went up and as well, like at, but we lost touch with them through ot I've came a lot of things now, but yeah, it Ray, like isolationism and stuff like that. And

Isolation

in those situations? Like what kind of thoughts ing, if something happened, How did you feel?

you find something happening?

at happened. Hmm. What would your

d, really, by Dunn. He never once hurt me it happened unlike. Maybe like six or seven n't like a one off type incident. I think. The st like, I really hated it. Obviously very difficult when it got to that situation because I didn't leave the room or like he would let me hat kind of stuff. Like it would be so like.

coping mechanisms at the time? I'm

k. I'll try and leave the house or the flat and. urs not to tell anyone and stuff. I. Com. actually know anything about what would ite a while ago as well. Parents have other e the situation. Yeah. Or leave the house

our response to his kind of like controlling anger or that, was that what you, we ?

se I guess at the time I had to really guess I felt myself. Frustrated. Yeah, quite nagement thing, a class thing. And I was was the question again? It was about.

. That. I don't even know what my I was kind of just trying to assess, I ur and whether whether anger was tionship or it was something that

Diary Entries – Extracts from the Researcher's Reflective Diary

unlinked his experiences or to make them more real. I selected which images use in order of his preference it was important for me to show his narrative order of how he felt. I really enjoyed using the I hope other participants agree it as I really do. I also discussed it with him. I asked him whether was an image he did not that he thought about, I was trying to provide an image him & his partner together him with my ethics he permitted to do so. The visual cues also illustrate the experience (it is a very different way of experience is different words as it seems more

19/10/22 JM PE interview
JM was tasked with choosing bringing to the interview 5-10 photos that he felt represented experiences of abuse. JM brought a total of 6 images that he found online, they range from images depicting everyday such as, going for dinner to one that depicted his struggles as IPV survivor. As with the previous interview was candid and willing to be vulnerable with me. The interview was useful as ~~was~~ although discussed many of the same events, more detail emerged that before. JM also noted that the use of imagery was giving him memory and taking points in time or pieces of ~~the~~ had forgotten, it was

in JM's lasting impression of the interview. I think the pacing of the interview was good, seemed to flow well. The findings are similar to what my thoughts were prior conducting interviews. I don't feel that my gender, sexual identity or class etc impacted or influenced the responses. I was very honest. Yet prior to this in my first meeting he did ask if I was an ally or member of a group. This is a bit strange & somewhat awkward but in honesty I stated that yes in today's terms I am an ally but that the research is not about me, my identity or experiences, it's about providing voice to survivors who so I included when talking about IPV.

There were no ethical issues that I can recall. Political did come up. I was passive at distinguishing differences between LGBTQ+ groups and his use of "heterosexuals" or "bisexual". Research is not without politics. Certainly IPV, discussions on relationships, sex and gender a typical but present emerging heated debate. It was important to me to be impartial and only consider facts, his experiences. There were no unexpected issues. The interview went very well. I maybe could have kept a track more with relation to discussion but I feel I ended with some rich data that will prove insightful once analysed.

Other participants did not want to engage in an initial meeting to run through the project, consent any concerns or queries.

Seemed to be a hesitancy or apprehension which is to be expected when conducting interviews with ~~it~~ but also something that exists with the LGBT+ community (mistrust)

- Did not want to provide mobile n to have call so opted for online

12/09/22

Interview with O3

Nervous but excited to conduct first proper interview for my PhD. Despite having now had experience interviews as an RA, the nerves are ~~anxiety~~ throughout the night - worried about offending or upsetting the participant.

Interestingly O1 has only discussed experiences with his friend, myself a colleague. It was not until year ago, approx 2 years after experiences that he acknowledged he had been a victim. He talked feeling upset with himself that on not and helped others but to recognise his experiences as ab the spoke of total discrimination what he experienced.

- He still has not sought formal support and worries that he could be upset if she found out his experiences. In speaking about he has not sought support he about himself but also the LGBT+ communities. The implications for O1 is low self-thinks about himself and new relationships.

Problems surrounding eating and body confidence seem a

those sensitive questions and probe more on some of his more significant experiences - such as his experience of 'rape'.
His ability to be so candid & honest was inspiring to me and I felt privileged, as a result, to be sharing and hearing his experiences and ultimately providing him with a voice.
It was a very long interview of approx 2 hours, at times, I had to try to re-direct the participant in order to make sure the vital questions were considered. The length of the interview did make me feel a little drained but not to the content but having to be "on" socially for such an extended time. By "on" I mean trying to cover everything I need to be professional while also trying not to be upset or offend the participant.

or an 'ally'. I responded honestly that I was an 'ally' but this got me thinking about what the term actually means.
~~not being LGBT+~~ I also felt concerned that not being LGBT+ may impact my interviews and recruitment of participants why do some people think you have to be or have lived experience of the phenomenon you are studying? Surely one would bring their bias.
I wonder will being a cis, straight, female hinder my interviews.
I attempt to stay neutral as a researcher, a blank canvas so my identity does not make itself or be visible to those I am interviewing.

Monday 15th
Initial meeting
'Building rapport'
Discussed premise of study and outlined why I chose topic of DV and GB DV.
Spoke generally about JM's job as a Support worker and his likes/hobbies.
No mention of JM's experiences of DV kept meeting neutral. Did discuss problems with framing of DV in society - the 'public story of DV'.
I felt nervous prior to meeting with JM but felt more relaxed upon speaking with him as he was open when talking and willing to take part and support where I could.
I did feel a little apprehension when asked if I was a LGBT+ ally.

Initial notes/codes per participant (Interviewees)

Participant	Key Initial Codes from Close Reading
P01	Professional in DVA. Delayed self-recognition, dissociation as coping multiple abuse types (psychological, emotional, sexual, financial); eating disorder/body image as lasting impact; only disclosed to friend, colleague, and researcher (Me)
P02	Significant age gap (16 years); partner not openly gay; language/intelligence denigrated; sexual coercion using religion; financial control; single physical incident; secrecy prevented help-seeking; used threat to "out" partner - complexity of perpetrator/victim boundary
P03	Age gap (24 years); language weaponised; first relationship; Religion used a coping method (Buddhism). Therapy was turning point, post-abuse risk-taking (drugs, unsafe/unhealthy sex), no local LGBTQ+ DVA services, non-recognition initially.
P04	University age, first relationship, coercion/provocation dynamic. Initially directed to perpetrator programme, self-identified as victim later, barrier around inclusivity and masculinity norms, peer support as recommendation. (Only bidirectional example)
P05	Rapid cohabitation; emotional then physical abuse; friends noticed before participant; no formal help sought; alcohol as coping; police distrust; perceived lack of services
P06	33-year retrospective; alcohol-linked escalation; controlling and isolating behaviours; friends noticed injuries first; no LGBT services at time; police distrust;

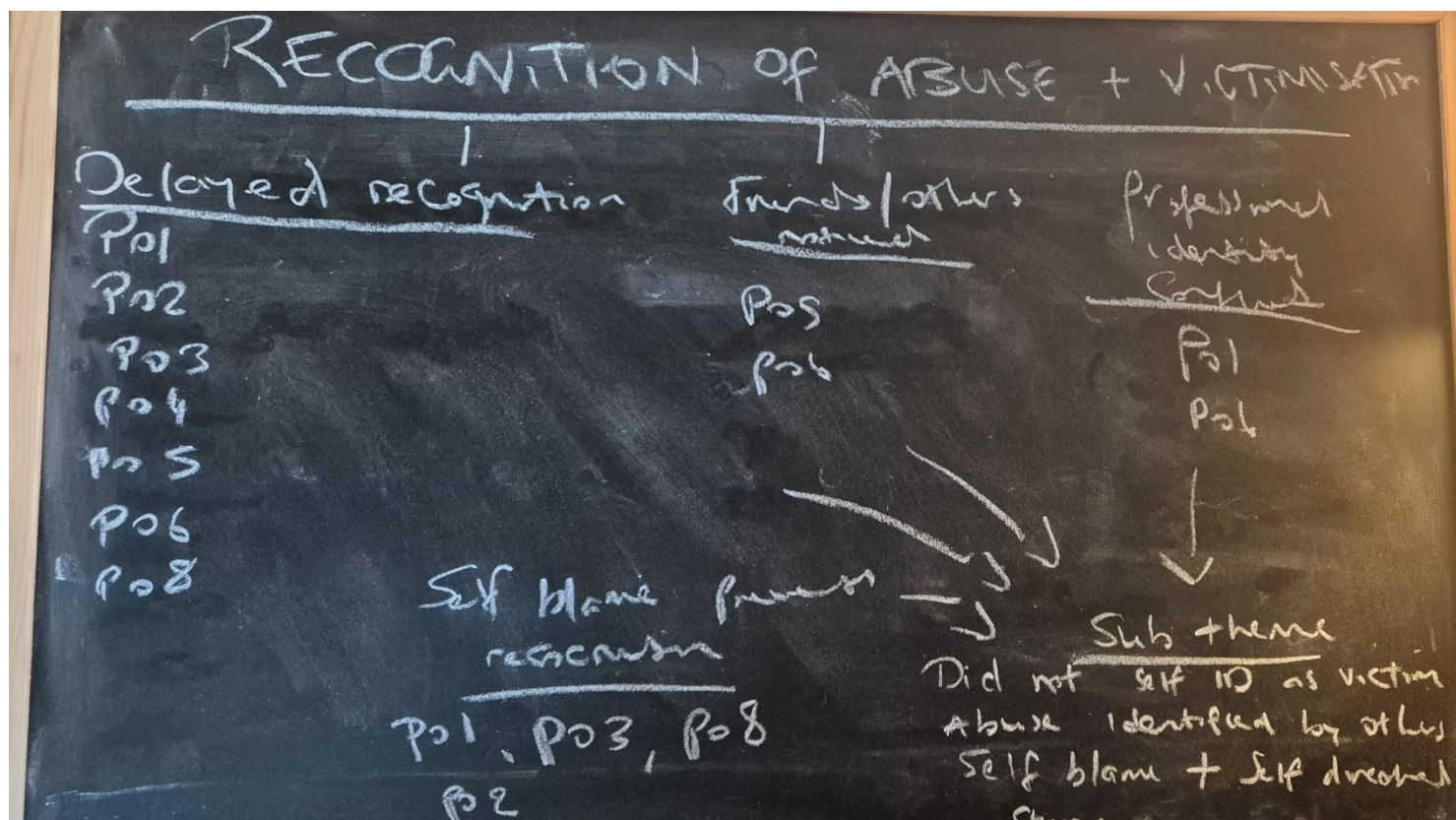
	current husband as healing factor; peer support and therapy valued
P07	Older married partner; decade-long cohabitation; physical, sexual, emotional, financial abuse; near-fatal strangulation; police/healthcare dismissiveness; no visible LGBTQ+ services; fear of touch persisting; gardening/work/husband as recovery
P08	Autism/ADHD diagnosis; non-consensual sex while unconscious - delayed recognition as rape; self-blame; financial exploitation in second relationship; suicidal ideation; years-long mental health waiting lists; anniversary as ongoing trigger; hobbies as coping

Cross-participant thematic map

Initial Code	P01	P02	P03	P04	P05	P06	P07	P08
Delayed recognition of abuse	✓	✓	✓	✓	✓	✓		✓
Non-disclosure / first disclosure in study	✓	✓					✓	✓
Age/power imbalance		✓	✓	✓			✓	✓
Language weaponised		✓	✓					
Financial abuse/control	✓	✓	✓				✓	✓
Physical abuse		✓		✓	✓	✓	✓	
Sexual abuse/coercion	✓	✓					✓	✓
Emotional/psychological abuse	✓	✓	✓	✓	✓	✓	✓	✓
Social isolation		✓		✓	✓	✓	✓	✓
Friends/others identified abuse first					✓	✓		
Police distrust/unhelpful contact	✓			✓	✓	✓	✓	✓
No/limited LGBTQ+ services available			✓	✓	✓	✓	✓	✓
Alcohol/other drugs linked to abuse					✓	✓	✓	

Initial Code	P01	P02	P03	P04	P05	P06	P07	P08
Substance use as coping			✓		✓			
Self-blame	✓	✓	✓					✓
Suicidal ideation/mental health crisis								✓
Lasting mental health impact	✓		✓		✓	✓	✓	✓
Therapy/counselling as recovery	✓		✓	✓		✓		
Perpetrator/victim identity complexity		✓		✓				
Neurodivergence as factor							✓	✓
Intersectional identity factors	✓	✓	✓	✓	✓	✓	✓	✓
Advocacy for LGBTQ+ inclusive services		✓	✓	✓	✓	✓	✓	✓

Recognition of Abuse and Victimhood (Exemplar Diagram)



Example of IPA Analytical Process: From Initial Coding to Master Theme Development

Participant	Transcript extract	Initial exploratory note	Developed subordinate theme	Master theme
James (P01)	<i>"I am a professional who missed it"</i>	Participant is a DA advisor who did not recognise own abuse - professional identity creates barrier to self-recognition	Did not self-identify as victim initially	Reclaiming Victimhood: Overcoming Stigma
Michael (P02)	<i>"Walking like a girl"</i>	Partner policing masculinity and femininity - identity used as tool of control and humiliation	Performing masculinity/heteronormativity	Power Struggles and Control: Perpetrator Tactics
Michael (P02)	<i>"You're stupid"</i>	Language and intelligence criticised - English as second language exploited as vulnerability	Language and communication as tool for abuse	Identity Intersectionality
David (P03)	<i>"You are like an adult, imprisoned in the body of a child"</i>	Significant age gap (24 years) - partner positioned as authority figure; participant infantilised	Age and experience disparities	Power Struggles and Control: Perpetrator Tactics
Daniel (P04)	<i>"Just hit me, hit me, hit me. And eventually, I did hit him"</i>	Participant provoked into physical response - partner then positioned himself as	Bidirectional abuse; perpetrator identity and contested narratives	Navigating Complexity: Exploring Multi-Dimensional Abuse

Participant	Transcript extract	Initial exploratory note	Developed subordinate theme	Master theme
		victim; bidirectionality and perpetrator/victim complexity		
Andrew (P05)	<i>"I believe they were hoping he would beat the gay out of me"</i>	Religious and family context intersecting with homophobia - abuse framed within heteronormative expectations	Intersectional oppression	Identity Intersectionality
Christopher (P06)	<i>"Perpetrators are really clever... they can identify a chink in the armour... whatever it is about you - religion or your identity, they're going to find it. They're going to capitalise on it"</i>	Participant now working in LGBTQ+ organisation - reflects analytically on perpetrator tactics; vulnerability deliberately exploited	Role of control and power in shaping abuse experiences	Power Struggles and Control: Perpetrator Tactics
Christopher (P06)	<i>"I've had 33 years of a very stable relationship and I think I'm still healing"</i>	Long-term impact of abuse persisting decades later despite stable recovery	Difficulty with future relationships and trust; long-lasting impact	Reclaiming Victimhood: Overcoming Stigma
Matthew (P07)	<i>"He'd take my crutches and take the wheelchair away - even in agonising pain, he would kick me on the floor"</i>	Disability deliberately exploited as abuse tactic - physical vulnerability weaponised	Severity of abuse tactics; health/disability exploited	Power Struggles and Control: Perpetrator Tactics
Joshua (P08)	<i>"I went through trying to tell myself it's what you wanted... I hadn't even had sex before then"</i>	First sexual experience was rape - self-blame and non-recognition; virginity and inexperience as vulnerability	Non-disclosure and delayed disclosure; self-blame	Silent Suffering: Barriers to Disclosure

Appendix B: Recruitment Materials

Gay and Bisexual
Intimate Partner Violence Research:-

PARTICIPANTS REQUIRED!

Exploring Intimate Partner Violence through the experiences of young gay and bisexual men in Wales

Are you a gay or bisexual cis gendered man who has experienced intimate partner abuse/violence from either a male or female partner?

I am seeking gay and bisexual cis gendered men to take part in interviews to talk about their experiences of abuse and help-seeking in Wales.

Please Scan the QR Code below to find out more about taking part.



The research is being undertaken by a PhD student at Cardiff University. If you are interested in taking part or would like more information, please ask for a participant information sheet or contact; Shannon Murray: Murrays7@cardiff.ac.uk

Participants Required!

Exploring Intimate Partner Violence through the experiences of gay and bisexual men in England and Wales

Does your intimate partner or ex-partner:

- Cut you off from family and friends and intentionally isolate you?
- Bully, threaten or control you?
- Take control of your finances?
- Monitor or limit your use of technology?
- Physically and/or sexually abuse you?

I am seeking gay and bisexual cis gendered men to take part in interviews to talk about their experiences of abuse and help-seeking in Wales and England.

Please Scan the QR Code below to find out more about taking part.



The research is being undertaken by a PhD student at Cardiff University.

If you are interested in taking part or would like more information, please ask for a participant information sheet or contact; Shannon Murray: Murrays7@cardiff.ac.uk

Appendix C: Poster Presentation Conference at Cardiff School of Social Sciences

Intimate Partner Violence: Exploring the Experiences and Needs of Gay and Bisexual Men in England and Wales.

What is Intimate Partner Violence?

The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexual identity. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Why study Gay and Bisexual Men's experiences of IPV?

There is a significant quantity of academic research published on Intimate Partner Violence (IPV) focusing on understanding the experiences of and the most effective responses to tackling the issue of IPV. Typically, this research has centred on the experiences of female survivors. Emerging data has alerted to other groups experiencing high rates of IPV across the United Kingdom. There is limited research on young people, men and LGBTIQ+ people's experiences of IPV in the UK - with a distinct lack of service provision available for those groups.

Findings from this research will provide recommendations for where further research needs to be conducted and where services need to be improved.

Knowledge exchange for practice: Working together to improve our knowledge of GBV relationship abuse.

The most important aspect of this research is that it provides gay and bisexual men a voice.

Research Questions:

1. What are the experiences and needs of young (18-34) gay and bisexual men who experience intimate partner violence in England and Wales?
2. What is the nature of abuse within this age group?
3. In what ways does sexual identity and experiences of abuse impact on the willingness to seek help?

IPV in the UK

Gender:

- 1.3 million females and 800,000 male victims of IPV (CISV).
- 11% of women and 5% of men in Britain (Berry et al. 2014).
- Equates to 61,136 females and just over 43,000 male victims.

Sexual Identity:

- Prevalence rates within intimate LGBTIQ+ relationships mirror that of heterosexual ones.
- 1% to 1/3 individuals in LGBTIQ+ relationships report experiences IPV at some point in their lives.
- Unique forms of abuse.
- Bisexual men are five times more likely than lesbian women and gay men to experience controlling behaviour in the form of 'outing'.

Age:

- Younger adults are at a greater risk of victimisation than older adults.
- Young LGBT people (under 25) particularly vulnerable to IPV.

Impact

IPV should be considered and conceptualised as a complex, multifaceted and dynamic aspect of human interaction that occurs in multiple forms and patterns (McHugh et al. 2020, p323).

Legislation is going to begin to reflect the emerging need for gender inclusivity and now acknowledge other groups' experiences of IPV. However, further development is essential as much of the acknowledgement of men and LGBTIQ+ people's experiences is still obscured by Violence Against Women in the legislation.

IN A GLOBAL CONTEXT

This research contributes to an area which is considerably underdeveloped there is little qualitative research in evidence that places the abused gay and bisexual males at the centre. Findings from this study will challenge the dominant general positioning of domestic abuse that permeates within policy, legislation and academia. Consequently, this research has the potential to advance understanding of a very serious issue that, what is largely an invisible perspective, generate future research and increase recognition.

Ad intersections and is needed to move beyond the one-size fits all programme of policies and intervention.

6.4% of gay men and 7.8% of bisexual men experienced domestic abuse in 2019/20 - this is higher than for heterosexual men (3.5%)

2.8% of gay men and 4.8% of bisexual men experienced IPV. Again, this is higher than heterosexual men (2.4%).

	Women	Men
Organisations	260	10
Support Available	3,649	218

Service Provision

Research highlights that domestic abuse in LGBTIQ+ communities is a serious issue. However, despite high levels, it remains acutely underreported and LGBTIQ+ survivors are disproportionately underrepresented in domestic abuse services, including criminal justice agencies. Underreporting of domestic abuse and the visibility of LGBTIQ+ people within services is often a result of a range of specific barriers existing on a personal and systemic level, which prevent LGBTIQ+ survivors from getting the help and support they need.

Methods

What the Research Involves...

The participants have been invited to take part in a number (max 6) of informal interviews. Participants have also been invited to take part in using photo-voice (PVC) during an interview. Participants (if willing) were asked to provide 5-10 photographs that represent their experiences of abuse. Interviews will relate to their experiences of relationship abuse, forms of abuse and their experiences in seeking support.

- Can be in-person, online or via telephone.

Photo Voice/voice - Used as a stimulus to elicit richer accounts of the topic under study. The usage of photo voice during interviews has been found to prompt emotional connections to memories and provide more meaningful accounts. It has been frequently used with children and young people to explore various issues such as bullying, grief, identity as well as with women who experience domestic abuse.

Recruitment

STEP (1) Contact will be made with service provider.
STEP (2) Service provider (caseworker) will complete a referral form and screen potential participant for eligibility.
STEP (3) If potential participant is found to be eligible the caseworker will go through the study information sheet to provide information on what the study is all about. The potential participant will then be asked if they want to participate.
STEP (4) If 'Yes', the caseworker will send the participant's details to me.
STEP (5) I will send an information sheet to the participant that will explain the study and what is expected of them.

References

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TIME FOR CHANGE

Cardiff University

Dr. Sarah Smith

Research Officer

Domestic Violence

Research Officer

Appendix D: Tools for Data Collection

My Debrief: Reflections on Interviewing

- Reflect on the interview, write a summary of my experience. Reflect on what transpired, body language, noteworthy interactions and ideas about themes or connections.
- Free write a summary of the interview highlights, what was learned, emotions or happenings. Also document thoughts about potential biases, first impressions relevant to contextual information and the flow of the interview.

Topic	Questions
My experience of interviewing	How do you characterise your experience conducting interviews?
My perceptions of the participant(s)	Which participant responses did you feel were the most helpful? Why or in what ways were they helpful?
Perceptions of nonverbal communication	Do you think the pacing of the conversation impacted the interview?
Interpretations of interview findings	Were the findings similar or dissimilar to your thoughts prior to conducting interviews?
Impacts on the researcher	Do you feel you are a different person now that you have conducted the interview(s). Do you feel they have had any impact on you?
Impacts on the participant(s)	Do you feel your gender/ethnicity/sexual identity/class/status/age impacted or influenced the participant's responses?
Ethical or political issues	What (if any) types of ethical issues did you encounter? What (if any) political issues did you encounter before, during or after the interview(s)?
Unexpected issues or dilemmas	Was there a situation that you were not expecting? If so, how did you respond?

Informed Consent Form for Research Participants
Photo-elicitation



Title of Project: **Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.**

Name of Researcher: **Shannon Murray**

Name of Supervisor(s): **Dr. Kirsty Hudson, Dr. Kelly Buckley**

If you do not agree to any of the following, you may still be able to take part (e.g. audio-recording). Please contact the researcher in this instance to discuss.

Please Initial the boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences to myself or the service I am receiving. If I withdraw during the study, I understand that all traces of my data will be deleted right away. At the end of the final interview I understand that I will have two weeks to request have data to be deleted if I no longer wish to take part or have my story included. ☐
3. I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at ☐

5. I understand how to raise a concern or make a complaint. ☐
6. I consent to being audio recorded. ☐
7. I understand how audio recordings will be used in research outputs. ☐
8. I agree to my anonymised data being used in reports and articles that will appear in academic journals. ☐
9. I agree to use my photographs during the interview ☐
10. I agree to take part in the study. ☐

X
Name of Participant

Date _____

X
Name of person-taking consent

—

Informed Consent Form for Research Participants



Title of Project: **Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.**

Name of Researcher: **Shannon Murray**

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Please Initial the boxes

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any adverse consequences to myself. If I withdraw during the study, I understand that all traces of my data will be deleted within two weeks. At the end of the final interview I understand that I will have two weeks to request have data to be deleted if I no longer wish to take part or have my story included. ☐
3. I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. ☐
4. I understand how this research will be written up and published. ☐

5. I understand how to raise a concern or make a complaint. ☐
6. I consent to being audio recorded. ☐
7. I understand how audio recordings will be used in research outputs. ☐
8. I agree to my anonymised data being used in reports and articles that will appear in academic journals. ☐
9. I agree to take part in the study. ☐

X
Name of Participant

Date

X
Name of person taking consent

Date



Research Participant Information Sheet



Dear Participant,

My name is Shannon Murray, I am a PhD research student at Cardiff University.

I would like to invite you to take part in a research study into the experiences of gay and bisexual men who have faced abuse in England and Wales.

The following information is given to help you decide if you would like to take part in the research.

Please take time to read the following information carefully. If you have any questions or concerns and would like more information, please do not hesitate to contact me. Please refer to the end of this information sheet for my contact information.

Research Title.

'Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.'

What is the purpose of this study?

The study aims to understand the experiences gay and bisexual cis gendered men who have lived with intimate partner violence from either a male or female partner. In doing so, the purpose of this study is to understand how sexual identity, age, gender and experiences of abuse, impact on the willingness to seek help. The interviews are part of a PhD project. The principal researcher is Shannon Murray, who is attached to the School of Social Science at Cardiff University. This project is being completed under the supervision of Dr. Kirsty Hudson and Dr. Kelly Buckley.

This project has been reviewed by, and received ethics clearance through, School of Social Science Research Ethics Committee [SREC reference 73].

Why have I been chosen?

You have been asked to consider taking part in this research because you have lived experience of intimate partner violence. From your experiences, you are able to provide valuable insight into what it is like to be abused in a gay/bisexual relationship and your experiences of help-seeking.

Do I have to take part?

You do not have to take part in the research. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent to contact. If you **do not** wish to take part, please discard this information sheet. **Any participation in this study will not impact the service(s) you are receiving.**

What will happen if I decide to take part?

You will be invited to take part in informal interviews with myself (the researcher). Interviews will not be structured and can be conducted in the form of telephone, online or in-person. The aim is to focus on your experiences of abuse and the interviews can

be flexible in approach to fit your level of comfortability. A maximum of 5 interviews will be required, this includes an introduction interview and debrief session at the end.

If you feel comfortable and upon getting to know myself after a number of interviews you will be invited to bring 5-10 photographs that you feel represent your experiences of abuse, this is known as Photo-elicitation. It is a form of interviewing that often helps participants talk about their experiences in an informal way that distances itself from the typical interview format of questions and answers. If you do not wish to take part in using photo-elicitation, you can still take part in the interviews. Any photographs you bring along **will not** be used as data. I **will not** keep these photographs or use them in any final write-up of my project, they are simply a tool to guide the interview and help you to tell your story.

In agreeing to take part in an in-person interview these will take place within the service where you are currently receiving support or another private space such as within the university in a pre-booked room.

You will be invited to discuss your experiences of intimate partner violence/abuse. The central part of this research is your experiences, opinions, and views, but most importantly, your story. The interviews may be upsetting but please know that you are free to stop, pause and take breaks at any time or take part in the interview on different days or in parts.

Interviews will be recorded and written up by me. The interviews will be recorded to ensure the focus is on what you are saying as a participant. I can, as a result, focus my attention on what you are talking about and what you say/describe will not be missed. If you feel uncomfortable being recorded you can **opt out** of having the interview recorded, this **does not** prevent you from taking part in the study. Further, if you choose to take part in an interview online, you can opt to have your camera on or off, depending on your level of comfortability. The interviews online can be recorded either by audio or both audio and video, depending on your preference.

As a thank you for your participation in the study, you will be recompensed for your time **at the end of the study** in the form of a voucher.

What about confidentiality?

Any Information obtained will adhere to GDPR guidelines and be stored securely on an encrypted laptop on an online university secured network— where only I have access. Interviews can be conducted online, via telephone or in-person.

If you agree to take part in an in-person interview using Photo-elicitation, any photographs you bring will be solely for the interview. The photographs will be used throughout the interview with no specific order, simply as a tool for aiding the interview process. Any identifying information will be removed in the research write-up and your participation will be anonymous. If the research must be conducted via online means such as 'Zoom,' you can opt to turn off your camera for the duration of the interview.

Every effort will be made to maintain confidentiality however, there are times where I would not be able to guarantee confidentiality, for example:

- If you tell me something that suggests harm to a person might be caused
- If you indicate potential or actual professional misconduct
- If you outline criminal activity

In such cases, I will discuss with you that I will have to pass on the information to the relevant authorities.

Why this study is important?

There is very limited research that examines how gay and bisexual men experience intimate partner violence and their engagement with support services in Wales and England. Therefore, if you agree to take part in this research, you are providing valuable contribution of awareness and knowledge of gay and bisexual relationship abuse. Findings from this research will provide recommendations for where further research needs to be conducted and where services need to implement changes. The most important aspect of this research is that it provides gay and bisexual men a voice and without an understanding of how other groups of people experience abuse in their intimate relationships we will not be able to improve support services, legislation, and policy.

What will happen to my Personal Data & What happens to the data at the end of the research project?

Any information or data provided to me about you will be kept strictly confidential. Interviews will be audio-recorded (unless you decline) and as soon as possible these recordings will be transcribed. No interview transcripts will include any identifying information about you. A code number (known only by me) will link either your consent form or consent note and your contact details with the audio recording of your interview and then the written transcript. Linking the files in this way means that I will be able to link any repeat interviews and also withdraw your data (if you ask me too) after the interview has finished. All recordings and files will be kept on a secure university network where only I have access. Your data will be retained for a period of 5 years after the end of the project in line with GDPR guidelines. After this period, your data will be securely deleted, this includes any emails, recordings, consent forms and any information relating to you in the study.

What will happen with the research results?

Findings from this research will be published via a PhD thesis. You can request a copy of the findings by contacting me, Shannon Murray.

What will happen if I withdraw from the study?

You are free to withdraw from the study at any time and do not have to provide a reason. I will ask if you are happy for the information you have given up until that point to be included. If not, all identifiable documentation will be destroyed in the event you decide to withdraw. If you withdraw during the study, all traces of your data will be deleted right away. At the end of the final interview you will have two weeks to request to have your data deleted, if you no longer wish to take part or have your story included.

Contact for Further Information:

Shannon Murray, PhD Research Student
Cardiff University

Email: murrays7@cardiff.ac.uk

[Telephone: 07542029538](tel:07542029538)

Complaints

Should you wish to make a complaint, please contact the primary investigator Shannon Murray in the first instance. If you feel that your complaint has not been handled to your satisfaction, you may contact someone independent from the research team:

Louise Jones (School Manager)

Telephone: [02920874530](tel:02920874530)

Email: jones76@cardiff.ac.uk

Thank you for reading this information sheet.

Yours sincerely,

A solid black rectangular box used to redact the signature of the sender.

Research Participant Information Sheet

Photo-Elicitation



Dear Participant,

My name is Shannon Murray, I am a PhD research student at Cardiff University.

I would like to invite you to take part in a research study into the experiences of gay and bisexual men who have faced intimate partner violence/abuse in England and Wales.

The following information is given to help you decide if you would like to take part in the research.

Please take time to read the following information carefully. If you have any questions or concerns and would like more information, please do not hesitate to contact me. Please refer to the end of this information sheet for my contact information.

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'Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.'

What is the purpose of this study?

The study aims to understand the experiences of gay and bisexual cis gendered men who have lived with intimate partner violence from either a male or female partner. In doing so, the purpose of this study is to understand how sexual identity, age, gender and experiences of abuse, impact on the willingness to seek help. The interviews are part of a PhD project. The principal researcher is Shannon Murray, who is attached to the School of Social Science at Cardiff University. This project is being completed under the supervision of Dr. Kirsty Hudson and Dr. Kelly Buckley.

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Why have I been chosen?

You have been asked to consider taking part in this research because you have lived experience of intimate partner violence. From your experiences, you are able to provide valuable insight into what it is like to be abused in a gay/bisexual relationship and your experiences of help-seeking.

Do I have to take part?

You do not have to take part in the research. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent to contact form. If you **do not** wish to take part, please discard this information sheet. **Any participation in this study will not impact the service(s) you are receiving.**

What will happen if I decide to take part?

You will be invited to take part in informal interviews with myself (the researcher). Interviews will not be structured and can be conducted in the form of telephone, online or in-person. The aim is to focus on your experiences of abuse and the interviews can be flexible in approach to fit your level of comfortability. A maximum of 5 interviews will be required, this includes an introduction interview and debrief session at the end.

If you feel comfortable and upon getting to know myself after a number of interviews you will be invited to bring 5-10 photographs that you feel represent your experiences of abuse, this is known as Photo-elicitation.

What is Photo-Elicitation?

It is a form of interviewing that often helps participants talk about their experiences in an informal way that distances itself from the typical interview format of questions and answers. If you do not wish to take part in using photo-elicitation, you can still take part in the interviews.

Interviewing using photographs can help change the tone of the interview and prompt emotional connections to memories. If you would like to use this method, you will be asked to talk about the photos and explain why you chose them. I only ask that the photographs represent your experiences of abuse, please **do not** bring photographs that show or depict anyone else as they have not consented to their image being shown. Further, any images used in the interview **should not** show anything illegal or sensitive in nature. The photographs will only be used during the interview and will not be used in any analysis or write-up of your story. Any photographs you bring along **will not** be used as data. I **will not** keep these photographs or use them in any final write-up of my project, they are simply a tool to guide the interview and help you to tell your story.

In agreeing to take part in an in-person interview these will take place within the service where you are currently receiving support or another private space such as within the university in a pre-booked room.

You will be invited to discuss your experiences of intimate partner violence/abuse. The central part of this research is your experiences, opinions, and views, but most importantly, your story. The interviews may be upsetting but please know that you are free to stop, pause and take breaks at any time or take part in the interview on different days or in parts.

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- If you outline criminal activity

In such cases, I will discuss with you that I will have to pass on the information to the relevant authorities.

Why this study is important?

There is very limited research that examines how gay and bisexual men experience intimate partner violence and their engagement with support services in Wales and England. Therefore, if you agree to take part in this research, you are providing valuable contribution of awareness and knowledge of gay and bisexual relationship abuse. Findings from this research will provide recommendations for where further research needs to be conducted and where services need to implement changes. The most important aspect of this research is that it provides gay and bisexual men a voice and without an understanding of how other groups of people experience abuse in their intimate relationships we will not be able to improve support services, legislation, and policy.

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Findings from this research will be published via a PhD thesis. You can request a copy of the findings by contacting me, Shannon Murray.

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Louise Jones (School Manager)

Telephone: 02920874530

Email: jones76@cardiff.ac.uk

Thank you for reading this information sheet.

Yours sincerely

A solid black rectangular box used to redact a signature.

Interview Schedule

Introduction to participant:

How are you doing today?

- Thank you so much for agreeing to participate in this interview with me and taking part in the survey. I really appreciate it. Just to let you know the survey data is completely anonymous – so there is no way to tell who has filled it out therefore this may be at times a little repetitive. I am sorry in advance!

Before I get to it, I wanted to go over a few things:

- My name is Shannon, I am a researcher at Cardiff University. Just to review, the purpose of this interview is to hear about your experiences with intimate partner violence as a LGBTQ+ individual, including your perspectives on seeking support services. There are no right or wrong answers, I am just interested in understanding your experiences in your own words.
- I will be audio recording this interview today and will not share this with anyone. Once the project has concluded and I have written up the thesis, I will destroy the recordings. I will be removing any identifying information and using code numbers rather than names in my write-up.
- If at any time you would like me to stop audio recording, please let me know and I would be happy to do so. (Do I have your consent?)
- I will also ask you to consider taking part in another interview at the end of this interview using a creative method known as photo-elicitation. Of course, you do not have to take part in this, it is just another way to consider your experiences using photos that represent your experiences of abuse. If not, we can arrange to meet after this meeting today to have a debrief session or alternatively I can email across the debrief document.
- Do you have any questions for me before we start?

***Start Recording**

Background

- To start, could you share a little bit about yourself? Where are you from, what do you do, what are your interests?

Hobbies, employment etc.

- Where are you from?
- What is your job?
- What are you studying?
- Tell me a little about your work, and what you do? What does it involve?

Motivations

- Why did you want to take part in this research?
- Motivation for being a part of the study.
- What made you decide to participate?

Reflecting on the survey experience:

- What was it like for you to complete the survey on your experiences with IPV? Were there any questions that stood out to you or prompted particular reflections?
- Did going through the survey process bring up any new thoughts or realisations about your experiences?

Changes since the survey:

- Since completing the survey, have there been any changes related to your experiences with IPV? For example, changes in your relationship, living situation, support system, etc.
- Have you had any new insights or perspectives related to the abuse you experienced?

Seeking support:

- At the time you took the survey, what kinds of support were you receiving? Have you accessed any new or different types of support since then?

- If you reached out for support after taking the survey, what prompted you to do so at that time? How did you decide which service to reach out to?
- If you have not accessed additional support, what are some reasons for that? What might need to change for you to feel comfortable seeking help?

Experiences of IPV

- If you feel comfortable, could you share some of your experiences with intimate partner violence? How long did this go on for and who was the abuser?
- What types of abuse did you experience? When was the first incident that you can remember?
- How did you respond in those situations? What thoughts and feelings came up for you at the time? How did this impact you?
- Could you explain how you managed/coped with your experiences?
- Was this your first relationship since identifying as LGBTQ+? Did your partner ever use your sexual/gender identity against you in the abuse? Or threaten to 'out' you?
- At what point did you realise you were experiencing abuse in the relationship? What led to that realisation?
- Is there anything else related to your experiences with IPV that you feel is important to share?

Support Experiences

- Can you walk me through when and how you first sought support related to the abuse? Formal or Informal (Family, friends, or professionals) What led you to seek help at that time?

*Many people in your situation have had difficulty reaching out for help. What was it like for you? *

If sought help:

- What services or sources of support did you reach out to? What was that experience like?
- In your opinion, were the support services you accessed able to adequately meet your needs as an LGBTQ+ survivor? Why or why not?
- Is there anything support providers could have done differently to better support you?

- In your experience, what are some barriers that might prevent LGBTQ+ survivors from seeking help?
- Was there anything happening for you at the time that may have made engaging with support more challenging?
- Do you think that the support you received met your needs?
- Do you feel different now that you have access support?

If not sought help:

- What has held you back from reaching out for support so far?
- What concerns or fears do you have about seeking help for the abuse you have experienced?
- What would need to change or be different for you to feel comfortable asking for support?
- If you were to seek help, where would you consider going or who would you consider telling?
- What might those sources of support do or say that would make you feel unsafe opening up to them?
- Do you have concerns about how service providers might react to certain aspects of your identity or situation? If so, what?
- Have you tried anonymously exploring options online for IPV support? If so, what made you hesitant to engage further?
- Aside from specialised IPV services, are there any informal supports in your life you could open up to like friends, family, community groups, etc? What has held you back so far?
- Though you have not sought formal help yet, have you engaged in any self-care or coping strategies related to the abuse? What has been helpful or unhelpful?

Additional thoughts:

- Has it had an impact on the way you view yourself or your behaviour in relationships?
- Could you tell me what you think support services could do to encourage more LGBTQ+ people to seek help? As an LGBTQ+ person are you reluctant to approach other services? Or have you been refused access to services or inappropriately referred?

- Do other characteristics also feature in the abuse you experience or make you more susceptible? For example: age, class, disability, ethnicity, marriage, religion?
- Do you think you had expectations of the service/support before you sought it?
- What would you say to someone else experiencing similar things as you?

Closing

- As an LGBTQ+ survivor, what advice would you give to others experiencing abuse in their relationships?
- Is there anything else related to your experiences that you feel is important for me to know?
- Thank you so much for your openness in sharing your experiences today. I appreciate you taking the time and understand it can be difficult to discuss these very personal experiences. Is there anything I can do to support you before we wrap up?
- If you have any other thoughts or feedback after the interview, please feel free to contact me by email. I will share a summary of the study findings with you once the research is complete.

How are you feeling?

- If required, offer appropriate verbal support and signpost to services. Do you have any questions about the interview today or the study?

To bring the participant back into current day:

- Have you got anything nice planned for the rest of the day/evening?
- Thank them for taking part.

Debrief questions – Post Interview
Reflect on how the interview went: • How do you feel the interview went? • Did anything arise that you were not expecting? How do you feel you handled it? • Did you feel taking part was helpful? If so, why? If not, why? • What features of the interview did you particularly like/dislike?

- ***Stop recording**

Participant Debrief Sheet



Study title.

Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.

Background on study.

The study aimed to understand the experiences of gay and bisexual cis gendered men who have lived with intimate partner violence from either a male or female partner. In doing so, the purpose of this study was to understand how sexual identity, age and experiences of abuse, impact on the willingness to seek help. Gay and bisexual cis gendered men were chosen as a sample due to the high levels of IPV present in this particular group. Most research concerning IPV in sexual minoritised groups tends to encompass all groups within LGBTQ+. However, in order to understand the complexities of IPV, I chose to focus on gay and bisexual men.

Why your contribution is important.

Thank you for your contribution to the research. You have provided valuable information and contributed to an important piece of research that will highlight gay and bisexual relationship abuse. Findings from this research will provide recommendations for where further research needs to be conducted and where services need to implement changes. The most important aspect of this research is that it provides gay and bisexual men a voice and without an understanding of how other groups of people experience abuse in their intimate relationships we will not be able to improve support services, legislation, and policy.

If you would like to see the findings/outcome of the research project, I will provide you and the service with a research summary at the end of the project.

Confidentiality and data storage.

Any Information obtained will adhere to GDPR guidelines and be stored securely on an encrypted laptop on an online university secured network – where only I have access. You are free to withdraw from the study at any time (up until two weeks after the final interview) and do not have to provide a reason. If you do wish to withdraw all identifiable information will be destroyed.

Thank you again for your contribution.

Contact for Further Information

Shannon Murray, PhD Research Student	Kirsty Hudson, Lead Supervisor	Kelly Buckley, Supervisor
Cardiff University	Cardiff University	Cardiff University
Email: murrays7@cardiff.ac.uk	Email: HUDSONKJ@cardiff.ac.uk	Email: buckleyk3@cardiff.ac.uk
Telephone: 0754202953	Telephone: 02920874773	Telephone: 02920870525

Support Services

CALAN DVS

Myriad. A recovery programme for LGBTQ+ survivors of Domestic Abuse please email: myriad@calandvs.org.uk

Live Fear Free Helpline 0808 80 10 800
Available 24 hours a day - 7 days a week

CONTACT DYN PROJECT

If you are a man experiencing domestic abuse you can contact us on our helpline 0808 801 0321 or email us support@dynwales.org

A 24 hour answer phone service is available when the helpline is closed, but if you need to talk to someone you can also contact the 24 hour All Wales Domestic Abuse and Sexual Violence Helpline on 0808 80 10 800 or visit www.wdah.org

Galop

National LGBT+ Domestic Abuse Helpline 0800 999 5428

LGBT+ Hate Crime Helpline 0207 704 2040

National Conversion Therapy Helpline 0800 130 3335

Email help@galop.org.uk

The helpline is open:

Monday to Friday 10am – 5pm

Wednesday and Thursday 10am – 8:00pm

Webchat

The webchat is available:

Wednesday and Thursday 5pm – 8pm

Open 5 days a week and closed at weekends and on bank holidays. They will call you back if you cannot get through to us the first time.

Thank you for reading this debrief sheet.

Yours sincerely

A solid black rectangular box used to redact a signature.

Photo-Elicitation Session

Overview of Process & Last Session
Process is the same as before in relation to recording the session – audio only.
Happy to consent?
You have been asked to bring 5-10 photographs that represent your experiences. Any photos used will be for the purposes of the interview to frame the discussion. This can help to elicit a memory of an experience and is found to be a good method of interviewing that provides you (the participant) with control over the interview process.
Are you happy to proceed? Have you got any questions before we start? There are only four questions to go through today relating to your choice of photographs.
Start Recording
Last time we had an in-depth discussion relating to your experiences with your partner and the impact that has had on your life. We also discussed the barriers to support for LGBTQ+ people who share similar experiences and the implications this has on LGBTQ+ people's wellbeing. How are you feeling since we last spoke? Have you had any further thoughts or realisation about your experiences. Maybe sought support?

“Can we start today with me asking you to provide an overview about what your relationship was like” Then we’ll move on to the photographs.
Photo-elicitation
Please could you talk through these photos and explain why you chose them.
How do you think these capture your experience of abuse?
Why is X (depicting something in the photo) an important aspect of you being a survivor?
Is there anything else you want to discuss about your experience which is not depicted here?
Reflect on how the interview went
How do you feel the interview went?
Did anything arise that you were not expecting? How do you feel you handled it?
Did you feel taking part was helpful? If so, why? If not, why?
What features of the interview did you particularly like/dislike?
Where there any photos you would have liked to have brought but were not able to, or if there anything else you would have liked to add about your experience.

Research Integrity Frameworks and Toolkits

Research Integrity Framework on Domestic Violence and Abuse (S.T.E.E.R.)

The Research Integrity Framework (RIF) on Domestic Violence and Abuse was developed through collaboration between academic researchers and the four Women's Aid federations from Scotland, England, Wales, and Northern Ireland. The framework draws on feminist research practice since the 1970s and aims to promote ethical, accountable research that considers the motives, consequences, and context of domestic abuse and interventions.

The framework is structured around five key pillars (S.T.E.E.R.):

1. **Safety and well-being:** Prioritising the physical and emotional safety of research participants and researchers. This includes risk assessment, safe contact mechanisms, anonymity considerations, and appropriate support for participants.
2. **Transparency/accountability:** Being clear about research aims, sample characteristics, methods, geographical context, demographic profiles, funding sources, and acknowledging limitations of data.
3. **Equality, human rights, and social justice:** Recognising how structural inequalities impact both domestic violence and abuse experiences and research processes. Applying an intersectional approach that considers how discrimination based on sex, class, race, and other factors operate together.
4. **Engagement:** Ensuring meaningful collaboration with service providers, NGOs, and survivors throughout the research process, while being mindful of power dynamics and providing appropriate recognition and compensation.
5. **Research Ethics:** Ensuring independent ethical review of research plans/protocols prior to fieldwork, whether through university research ethics committees or other appropriate mechanisms.

Respect Toolkit for Work with Male Victims of Domestic Abuse

The Respect Toolkit (2019 edition) provides guidance for frontline workers supporting male victims of domestic abuse. It was developed by Respect, the UK's specialist organisation for work with domestic violence perpetrators, male victims, and young people using violence.

Key elements of the toolkit include:

1. **Identifying categories of clients:** The toolkit acknowledges that services for male victims may encounter various categories of clients, including genuine victims, perpetrators presenting as victims, victims who have used violent resistance, and those in unhappy but non-abusive relationships. It provides an assessment matrix to help practitioners identify *"who is doing what to whom and with what effect."*
2. **Assessment tools:** Detailed questionnaires and processes to gather information about the history of abuse, injuries sustained, controlling behaviours used, and relationship dynamics.
3. **Case studies:** Real-life examples illustrating different categories of male clients, including the notable case of Alex Skeel, which provides an example of how to use the assessment process.
4. **Recognition of diverse experiences:** Specific sections addressing experiences of Gay, Bisexual and Trans* (GBT) men, including additional barriers and challenges they face.
5. **Statistical analysis:** The toolkit includes data from over 31,000 calls to the Men's Advice Line between 2014-2019, providing insights into the demographics, needs, and experiences of male victims.

Both frameworks emphasise the importance of safety, proper assessment, recognition of structural inequalities, and understanding the nuanced experiences of domestic abuse survivors across diverse populations.

The risk assessment questions used in this study were adapted from the Respect Toolkit for Work with Male Victims of Domestic Abuse (2019). This toolkit provides comprehensive guidance for frontline workers in identifying and supporting male victims of domestic abuse.

Respect. (2019). *Respect Toolkit for Work with Male Victims of Domestic Abuse*. Retrieved from <http://respect.uk.net/wp-content/uploads/2019/06/Respect-Toolkit-for-Work-with-Male-Victims-of-Domestic-Abuse-2019.pdf>

Sample Questions from the Respect Toolkit Assessment Process

Category	Original Questions from Respect Toolkit
History of violence/abuse	Can you tell me about the latest incident?
	When was the first violent incident that you can remember in this relationship?
	Are the incidents of violence/abuse getting more frequent or more severe?
	What is the worst incident that happened?
Fear assessment	Are you scared/in fear about what your partner may do to you?
	Are you scared/in fear of your partner?
	Is your partner scared/afraid of you?

Category	Original Questions from Respect Toolkit
Children	Have your children ever seen or heard violence in your relationship? Have any of the children ever intervened to stop the violence?
Weapons/threats	Do either you or your partner have access to weapons? Are you afraid of anything in particular at the moment - has there been a specific threat?
Violence assessment	[Include items from Violence Assessment Index]
Controlling behaviours	[Include items from Controlling Behaviours Index]

My Risk assessment (adapted from above)

Page 3: Current Relationships and Relationship History

This section focuses on your intimate relationships and experiences of abuse. When answering, please be as honest as you can. Please remember that the survey is anonymous and your responses cannot be linked back to you.

2. Are you currently in a relationship with an intimate partner?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

2.a. If you answered 'Yes' to the previous question, how long have you been in this relationship?

3. Have you ever experienced intimate partner violence?

- ☐ Yes
- ☐ No

3.a. Was this abuse (please select)

- ☐ Physical
 - ☐ Mental
-

3.a. was this abuse (please select)

- ☐ Physical
- ☐ Mental
- ☐ Financial
- ☐ Sexual
- ☐ Other

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3.b. How long did the abuse last?

3.c. Did you report the abuse to anyone?

- ☐ Friend
- ☐ Family
- ☐ GP
- ☐ Social Services
- ☐ Police
- ☐ Other

4. The following relates to you and your partners engagement with treatment/support services.

Page 4: History of Abuse

The following questions relate to your history of violence/abuse in relationships. Please be as honest as you can and remember all responses are anonymous.

5. When was the first incident that you can remember in this relationship?

6. Are you scared/in fear about what your partner may do to you?

7. Is your partner scared/afraid of you?

8. Is this your first relationship since identifying as an LGBTQ+ person?

9. Has your partner threatened to out or has outed you to family, work, children, friends, education, services, religious or other communities regarding: your gender identity, your sexual identity or your HIV status?

10. Does your partner try to prevent you from accessing essential medications, surgery, services or other medical treatments?

11. Does your partner blame the abuse on your sexual or gender identity?

12. Have you ever experienced or been threatened with: conversion therapies/corrective rape/exorcisms/talisman/corrective behaviours

10 / 13

13. Has your partner attempted to isolate you from support?

14. As an LGBTQ+ person are you reluctant to approach services?

Consent to Contact for Interview form.



Age	
Ethnicity	
Sexual Identity	

Please tick to indicate you meet the following criteria:

Criteria	Please tick (✓)
Cis gendered male (same gender as assigned at birth)	
Are gay or bisexual	
Live in Wales or England	
Have experienced any form of IPV (such as physical, sexual, emotional, psychological, financial, or controlling behaviours) from an intimate partner of any gender.	

Can communicate in English	

Please put a cross next to each of the exclusion criteria to indicate that you have assessed that you **DO NOT** fall into any of the below categories:

Criteria	Please cross (x)
Identifies as transgender, non-binary, heterosexual or any other sexual/gender identities not included in inclusion criteria	
Aged under the age of 18	
Resides outside of Wales or England	

Do you consent to be contacted by the researcher? (Please circle)

Yes

No

If **yes**, please complete Section B below

If **no**, please provide reason below and do not complete Section B

Section B: Confirmation of consent to be contacted by researcher

- 1) I confirm that the researcher has explained the study and am happy for the researcher to contact me **within one week** to explain a little more about what is involved. **I understand I am not consenting to taking part in the study.**

Name:	
Email:	
Telephone Number:	

Additional safety contact instructions (e.g. safe times to call)	

Signed..... Date:



Exploring Gay and Bisexual Men's Experiences of IPV in England and Wales

Page 1: Welcome!

Introduction

Welcome to the PhD study 'Exploring Intimate Partner Violence through the Experiences of Young Gay and Bisexual Men in England and Wales!'

I would like to find out more about the experiences of gay and bisexual men in relation to their intimate relationships. This survey aims to find out about experiences of abuse and support experiences and whether there is an underrepresentation of gay and bisexual men within support services, and if so, why this might be. I need your help in order to achieve these aims!

Participation is voluntary. There is no obligation for you to take part, although, I really hope that you will! The survey is completely anonymous and there is no way that your responses can be linked back to you. At the end of the questionnaire, you will be asked if you want to take part in an interview. You will then be directed to a different survey questionnaire (a consent to contact form), where you will be asked to provide your contact information. The two surveys and their respective questionnaires are completely separate and cannot be connected if you would like to take part.

experiences of abuse, impact on the willingness to seek help. The project is part of a PhD project. The principal researcher is Shannon Murray, who is attached to the School of Social Science at Cardiff University. This project is being completed under the supervision of Dr. Kirsty Hudson and Dr. Kelly Buckley.

Currently, I am offering this as an online survey, however if you would like to request a 1-to-1 interview with the same questions please contact:

Shannon Murray, PhD Research Student
Cardiff University
Email: murrays7@cardiff.ac.uk
Telephone: 07542029538

Why this study is important?

There is very limited research that examines how gay and bisexual men experience intimate partner violence and their engagement with support services in Wales. Therefore, if you agree to take part in this research, you are providing valuable contribution of awareness and knowledge of gay and bisexual relationship abuse. Findings from this research will provide recommendations for where further research needs to be conducted and where services need to implement changes. The most important aspect of this research is that it provides gay and bisexual men a voice and without an understanding of how other groups of people experience abuse in their intimate relationships we will not be able to improve support services, legislation and policy.

What will happen if I agree to take part?

You have been asked to consider taking part in this research because you have lived experience of intimate partner violence. From your experiences, you are able to provide valuable insight into what it is like to be abused in a gay/bisexual relationship and your experiences of help-seeking.

The survey will focus on topics such as:

- IPV Experiences – Frequency, duration, severity of incidents, type of abuse and any factors that contributed to abuse.
 - Coping strategies
 - Barriers to support
 - Support needs
 - Service preferences
 - Suggestions for improvement
 - Relationship dynamics- how relationship started, level of commitment, power imbalances
 - Health outcomes – physical or mental health outcomes from IPV experiences
 - Disclosure
 - Perpetrator accountability – reported to police?
 - Intersectionality
 - Resilience and growth
-

Important information

You will also be invited to take part in informal interviews with myself (the researcher). Interviews will not be structured and can be conducted in the form of telephone, online or in-person. The aim is to focus on your experiences of abuse and the interviews can be flexible in approach to fit your level of comfortability. If you feel comfortable and upon getting to know myself after a number of interviews you will invited to bring 5-10 photographs that you feel represent your experiences of abuse, this is known as Photo-elicitation.

Please note that you DO NOT have to take part in interviews. You can choose to only take part in the survey.

What is Photo-Elicitation?

It is a form of interviewing that often helps participants talk about their experiences in an

emotional connections to memories. If you would like to use this method you will be asked to talk about the photos and explain why you chose them. I only ask that the photographs represent your experiences of abuse, please do not bring photographs that show or depict anyone else as they have not consented to their image being shown. Further, any images used in the interview should not show anything illegal or sensitive in nature. The photographs will only be used during the interview and will not be used in any analysis or write-up of your story. Any photographs you bring along will not be used as data. I will not keep these photographs or use them in any final write-up of my project, they are simply a tool to guide the interview and help you to tell your story.

In agreeing to take part in an in-person interview these will take place within a private space such as within the university in a pre-booked room.

You will be invited to discuss your experiences of intimate partner violence/abuse. The central part of this research is your experiences, opinions and views, but most importantly, your story. The interviews may be upsetting but please know that you are free to stop, pause and take breaks at any time or take part in the interview on different days or in parts.

Interviews will be recorded and written up by me. The interviews will be recorded to ensure the focus is on what you are saying as a participant. I can, as a result, focus my attention on what you are talking about and what you say/describe will not be missed. If you feel uncomfortable being recorded you can opt out of having the interview recorded, this does not prevent you from taking part in the study. Further, if you choose to take part in an interview online, you can opt to have your camera on or off, depending on your level of comfortability. The interviews online can be recorded either by audio or both audio and video, depending on your preference.

As a thank you for your participation in the study, you will be recompensed for your time at the end of the study in the form of a voucher.

Do I have to take part in the study?

This survey is entirely voluntary and your decision to take part or not will have no

Before completing this survey, I am asking you to consider if this may put you at risk of domestic abuse or affect your wellbeing. You only need to complete this survey if you want to, and there is a list of resources on the next page that may help you if you are affected by this survey. If you are at risk of harm, you can exit the site and remove all cookies.

Please be aware that this survey will appear in your internet search history. You may want to delete it from your history.

Will my information be stored securely and confidentially?

The survey is anonymous, and it will not be possible to link the information you provide back to you. I advise that you do not provide any names or identifying information within your responses. In the unlikely event that this does occur, this information will be excluded from the datasets. Because all responses will be anonymised, once information has been submitted it will not be possible to withdraw. Data will be stored securely on University servers accessible only by the researcher (me)

Any Information obtained will adhere to GDPR guidelines and be stored securely on an encrypted laptop on an online university secured network— where only I have access. Interviews can be conducted online, via telephone or in-person. Interviews will be audio-recorded (unless you decline) and as soon as possible these recordings will be transcribed. No interview transcripts will include any identifying information about you. A code number (known only by me) will link either your consent form or consent note and your contact details with the audio recording of your interview and then the written transcript. Linking the files in this way means that I will be able to link any repeat interviews and also withdraw your data (if you ask me too) after the interview has finished. All recordings and files will be kept on a secure university network where only I have access. Your data will be retained for a period of 5 years after the end of the project in line with GDPR guidelines. After this period your data will be securely deleted, this includes any emails, recordings, consent forms and any information relating to you in the study.

If you agree to also take part in an in-person interview using Photo-elicitation, any photographs you bring will be solely for the interview. The photographs will be used

would not be able to guarantee confidentiality, for example:

- If you tell me something that suggests harm to a person might be caused
- If you indicate potential or actual professional misconduct
- If you outline criminal activity

In such cases, I will discuss with you that I will have to pass on the information to the relevant authorities.

What will happen with the research results?

Findings from this research will be published via a PhD thesis. You can request a copy of the findings by contacting me, Shannon Murray.

What will happen if I withdraw from the study?

You are free to withdraw from the study at any time and do not have to provide a reason. I will ask if you are happy for the information you have given up until that point to be included. If not, all identifiable documentation will be destroyed in the event you decide to withdraw. If you withdraw during the study, all traces of your data will be deleted right away. (If interviewing) At the end of the final interview you will have two weeks to request to have your data deleted, if you no longer wish to take part or have your story included.

Ethical Approval

Ethical approval for this study has been granted by Cardiff University's School of Social Sciences Committee.

Email: murrays7@cardiff.ac.uk

Telephone: 07542029538

Thank you for taking the time to read this. If there is anything you are unsure of, or have any questions connected to the research, please do not hesitate to contact Shannon Murray.

Support

In an emergency, always call the police 999 (emergency) 101 (Non-emergency)

If you have experienced domestic abuse, there is help available:

Galop

National LGBT+ Domestic Abuse Helpline 0800 999 5428

LGBT+ Hate Crime Helpline 0207 704 2040

National Conversion Therapy Helpline 0800 130 3335

Email help@galop.org.uk

The helpline is open:

Monday to Friday 10am – 5pm

Wednesday and Thursday 10am – 8:00pm

Webchat

The webchat is available:

Wednesday and Thursday 5pm – 8pm

Open 5 days a week and closed at weekends and on bank holidays. They will call you back if you can't get through to us the first time.

Respect Men's Advice Line

Telephone support

0808 8010327

Wednesday 10-11:30am and 2:30-4pm

Bi-Survivors Network

Run bi-weekly chats via the secure messaging app Telegram

<http://bisurvivorsnetwork.org/about-us/>

Shelter Cymru

Call Shelter Cymru's urgent helpline on 08000 495 495 (9.30am – 4.00pm Monday to Friday)

Safelives – Dyn

If you are a man experiencing domestic abuse you can contact the helpline on 0808 801 0321 or email support@dynwales.org

If you would like more information about the Dyn Project please email info@dynwales.org

CALAN DVS

Bridgend: for Domestic Abuse support please contact the Assia Suite on: 01656 815919

For enquiries about Inspiring Families or the Compass Programme please contact:

01639 794448 and for any other enquiries please email: enquiries@calandvs.org.uk

Live Fear Free Helpline

0808 80 10 800

Available 24 hours a day - 7 days a week

Page 2: Monitoring questions

I realise that the following questions will cover some sensitive issues. Please note that there is absolutely no obligation to answer them. However, your responses would help me to understand the different experiences of different groups. Please remember that the survey is anonymous and that there is no way that your responses can be linked back to you.

Firstly I just need to know a little more about you. These questions are optional, you can choose not to answer if you don't want to. Remember, your answers are confidential.

Have you experienced domestic abuse from more than one person in your life?

☐ [More info](#)

Please select no more than 1 answer(s).

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I prefer not to say

What was the relation between yourself and the perpetrator(s)?

☐ [More info](#)

Please select no more than 1 answer(s).

- ☐ Partner/Boyfriend/Husband
- ☐ Mother

If you selected Other, please specify:

☐ [More info](#)

How would you define your gender Identity?

☐ [More info](#)

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

☐ [More info](#)

Do you identify as trans or have a trans history?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

- ☐ Gay man
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Asexual
- ☐ Prefer to self-describe
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

☐ [More info](#)

Do you consider yourself a disabled person? This could include physical impairment, sensory impairment, neurodiverse impairment, neurological impairment, mental health issues, learning disability, long term condition or terminal condition.

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ I prefer not to say

What is your ethnicity?

☐ [More info](#)

- ☐ White - English/Welsh/Scottish/Northern Irish/British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Other

- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Mixed - Other
- ☐ Asian - Indian
- ☐ Asian - Pakistani
- ☐ Asian - Bangladeshi
- ☐ Asian - Chinese
- ☐ Asian - Other
- ☐ Black - African
- ☐ Black Caribbean
- ☐ Black Other
- ☐ Arab
- ☐ I prefer not to say

Do you follow a religion or faith?

Do you follow a religion or faith?

☐ [More info](#)

☐ Yes

☐ No

☐ Prefer not to say

Which Faith do you Follow?

☐ [More info](#)

What is your country of residence?

☐ [More info](#)

- ☐ England
- ☐ Scotland
- ☐ Wales
- ☐ Northern Ireland
- ☐ Other

How old are you?

☐ [More info](#)

Do you identify as gay or bisexual?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

This survey is about your experiences of domestic abuse. Please select the option that best describes your current situation.

☐ [More info](#)

- ☐ I am currently experiencing domestic abuse
- ☐ I am not currently experiencing domestic abuse, but I have previously

Does this apply to you?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your current relationship status?

☐ [More info](#)

- ☐ Married
- ☐ Single
- ☐ Co-habiting
- ☐ Civil partnership
- ☐ Separated
- ☐ Never married
- ☐ I prefer not to say

Page 3: Experiences of Intimate Partner Violence

This section focuses on your experiences of Intimate Partner Violence. Please remember that the survey is anonymous and that your responses will not be traced back to you.

Have you ever experienced intimate partner violence?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Don't know

If 'Yes', what forms of intimate partner violence have you experienced? (Check all that apply)

☐ [More info](#)

Please select no more than 6 answer(s).

- ☐ Sexual violence
- ☐ Physical violence
- ☐ Emotional abuse
- ☐ Economic abuse/Financial
- ☐ Mental/psychological abuse
- ☐ 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co-workers, and others as a method of control.
- ☐ Other

Can you tell me more about the circumstances surrounding the incidences of violence/abuse you experienced?

☐ [More info](#)

How and when did the relationship start?

☐ [More info](#)

How did you feel during and after the incidents?

☐ [More info](#)

Is there anything you experienced that you think is specifically related to your sexual identity/orientation? For example did you experience 'Outing'?

☐ [More info](#)

How has your sexual orientation influenced your experiences of intimate partner violence or abuse? Have you encountered any specific dynamics or issues related to being gay or bisexual in this context?

☐ [More info](#)

Have you ever reported your experiences of intimate partner violence to the police?

☐ [More info](#)

☐ Yes

☐ No

☐ [More info](#)

If 'Yes', can you describe your experiences in dealing with the police?

☐ [More info](#)

Have you ever sought other help or support for your experiences of intimate partner violence?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, what kind of help or support did you seek? (Check all that apply)

☐ [More info](#)

Please select no more than 5 answer(s).

- ☐ Professional counselling
- ☐ Support group

If you selected Other, please specify:

☐ [More info](#)

If 'no', what were the reasons for not seeking these forms of help or support?

☐ [More info](#)

What other ways did you cope?

☐ [More info](#)

Have you ever disclosed your experiences of intimate partner violence or abuse to anyone, such as friends, family, or professionals? If so, how did they respond

☐ [More info](#)

Can you discuss any internal struggles or conflicts you have experienced in relation to intimate partner violence or abuse within your same-sex relationships?

☐ [More info](#)

In your opinion, what are some societal factors or cultural attitudes that contribute to the prevalence of intimate partner violence within same-sex relationships?

☐ [More info](#)

How has intimate partner violence or abuse influenced your feelings of safety and security within same-sex relationships or the broader LGBTQ+ community?

☐ [More info](#)

How have your experiences of intimate partner violence or abuse shaped your perceptions of trust and intimacy within same-sex relationships?

☐ [More info](#)



Do you think the age you were when the relationship occurred impacted you?

☐ [More info](#)



Page 4: Engagement with support

This section focuses on your experiences of help-seeking and your thoughts on treatment services. Please remember that the survey is anonymous and that your responses will have no bearing on the support/treatment you may be receiving.

Have you ever sought support for any other reasons?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If 'no', please could you explain why.

☐ [More info](#)

If 'Yes'. When did you last seek help?

☐ [More info](#)

Thinking about when you last sought support, could you please tell me about the source(s) of support that you sought? Please select all the sources that you contacted.

☐ [More info](#)

Please select no more than 10 answer(s).

- ☐ intimate partner (e.g. girlfriend, boyfriend, husband, wife)
- ☐ Friend
- ☐ Parent
- ☐ Other relative/family member
- ☐ Mental health professional (e.g. psychologist, social worker, counsellor)
- ☐ Online resources or self help
- ☐ Group activities or therapies
- ☐ Keyworker/caseworker in a formal service (e.g. Calan DVS)
- ☐ Phone helpline
- ☐ Work colleague
- ☐ Other

If you selected Other, please specify:

☐ [More info](#)

Why did you choose this form (or these forms) of support?

☐ [More info](#)

☐ [More info](#)

If you were going to access support, how likely is it that you would seek help from the following people?

☐ [More info](#)

- ☐ Intimate partner (e.g. girlfriend, boyfriend, husband, wife)
- ☐ Friend
- ☐ Parent
- ☐ Other relative/family member
- ☐ Mental health professional (e.g. psychologist, social worker, counsellor)
- ☐ Online resources or self help
- ☐ Group activities or therapies
- ☐ Keyworker/caseworker
- ☐ Phone helpline
- ☐ Doctor/GP
- ☐ Work colleague
- ☐ I would not seek help from anyone

☐ Stalls at events (e.g. PRIDE)

☐ Google

☐ Social Media

☐ GP Surgery

☐ University

☐ Place of work

How do you feel since you sought support?

☐ [More info](#)

Has your experiences impacted your relationships since?

☐ [More info](#)

What are some factors that you believe contribute to the perpetration of intimate partner violence within same-sex relationships?

☐ [More info](#)

How has intimate partner violence or abuse affected your relationships with friends, family, or other support networks? Have there been any changes in these relationships as a result?

☐ [More info](#)



Page 5: Barriers to Help-seeking

This section focuses on what you perceive to be the barriers to gay and bisexual men seeking support.

What barriers have you faced when seeking help or support for intimate partner violence?

☐ [More info](#)

A rectangular text input box with a thin black border, currently empty, set against a light beige background.

Did you feel that you were able to access support that was relevant and appropriate to your needs as a gay or bisexual man?

☐ [More info](#)

A rectangular text input box with a thin black border, currently empty, set against a light beige background.

Have you ever experienced discrimination or prejudice when seeking help or support for intimate partner violence due to your sexual orientation/identity?

☐ I prefer not to say

If yes, please describe your experiences.

☐ [More info](#)

How did your experiences impact your senses of self-worth or self-esteem?

☐ [More info](#)

Can you describe any strategies or coping mechanisms that helped you deal with the effects?

☐ [More info](#)

Have you ever encountered any legal or institutional barriers when seeking assistance or justice related to intimate partner violence or abuse? If so, could you provide some



Page 6: A few questions about LGBTQ+ experiences of help seeking

These next few questions relate to LGBTQ+ people's experiences of help-seeking. Please be as honest as you can, responses can only be seen by me.

Support Services

Are you aware of support services that specifically cater to gay and bisexual men who have experienced intimate partner violence?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, which support services have you used or accessed?

☐ [More info](#)

How do you feel about the current resources and support available for gay and bisexual men who experience IPV?

☐ [More info](#)

How effective were these support services in helping you deal with your experiences of intimate partner violence?

☐ [More info](#)

Can you describe any positive experiences you have had when seeking help for domestic abuse?

☐ [More info](#)

Is it important to you that your domestic abuse service knows your sexual orientation/identity when discussing your experiences?

☐ [More info](#)

- ☐ Yes
- ☐ No
- ☐ Don't know

If 'Yes' could you explain why?

☐ [More info](#)

Could you tell me what you think support services could do to encourage more LGBTQ+ people to seek help?

☐ [More info](#)

Do you think there should be a separate (tailored) service for LGBTQ+ people seeking support? If 'Yes', please specify why you think this.

☐ [More info](#)

Page 7: Future Support

What kind of support services would you like to see made available to gay and bisexual men (or indeed the LGBTQ+ community as a whole) who have experienced intimate partner violence?

☐ [More info](#)

What kind of changes would you like to see in support services currently available to gay and bisexual men who have experienced intimate partner violence?

☐ [More info](#)

What do you think would be an effective way to spread awareness of LGBTQ+ domestic abuse?

☐ [More info](#)

Page 8: Closing Questions

Do you have any other comments or suggestions regarding the topic of intimate partner violence and help-seeking among gay and bisexual men in England and Wales?

☐ [More info](#)



Thank you for taking the time to complete the survey. Your responses are very important. Please remember that the survey is anonymous and that there is no way that your responses can be linked back to you.

Once you have clicked 'FINISH' your responses will be submitted. You will be given the opportunity to take part in a follow-up interview. If you 'Click' the link: <https://cardiff.onlinesurveys.ac.uk/consent-to-contact-form-for-interviews>

If you have experienced problems with Intimate Partner Violence and feel you need support, you may find it useful to contact:

Galop

National LGBT+ Domestic Abuse Helpline 0800 999 5428

LGBT+ Hate Crime Helpline 0207 704 2040

National Conversion Therapy Helpline 0800 130 3335

Email help@galop.org.uk

The helpline is open:

Monday to Friday 10am – 5pm

Wednesday and Thursday 10am – 8:00pm

Respect Men's Advice Line

Telephone support

0808 8010327

Mon–Fri 10am-8pm

Email support

info@mensadviceline.org.uk

Mon-Fri 9am-8pm

Webchat support

Wednesday 10-11:30am and 2:30-4pm

Bi-Survivors Network

Run bi-weekly chats via the secure messaging app Telegram

<http://bisurvivorsnetwork.org/about-us/>

Shelter Cymru

Call Shelter Cymru's urgent helpline on 08000 495 495 (9.30am – 4.00pm Monday to Friday)

Safelives – Dyn

If you are a man experiencing domestic abuse you can contact the helpline on 0808 801 0321 or email support@dynwales.org

If you would like more information about the Dyn Project please email info@dynwales.org

CALAN DVS

Bridgend: for Domestic Abuse support please contact the Assia Suite on: 01656 815919

If there is anything you are unsure of, please feel free to ask. Once you have clicked **'FINISH'** your responses will be submitted. [The Consent to Contact](#) form provides your contact information to set up an interview with myself, Shannon Murray to discuss your experiences of Intimate Partner Violence. All information will be confidential.

Page 9: Participant Debrief

Participant Debrief Sheet

Study title.

Exploring Intimate Partner Violence through the Experiences of Gay and Bisexual Men in England and Wales.

Background on study.

The study aimed to understand the experiences of gay and bisexual cis gendered men who have lived with intimate partner violence from either a male or female partner. In doing so, the purpose of this study was to understand how sexual identity, age and experiences of abuse, impact on the willingness to seek help. Gay and bisexual cis gendered men were chosen as a sample due to the high levels of IPV present in this particular group. Most research concerning IPV in sexual minoritised groups tends to encompass all groups within LGBTQ+. However, in order to understand the complexities of IPV, I chose to focus on gay and bisexual men.

Why your contribution is important.

Thank you for your contribution to the research. You have provided valuable information and contributed to an important piece of research that will highlight gay and bisexual relationship abuse. Findings from this research will provide recommendations for where further research needs to be conducted and where services need to implement changes. The most important aspect of this research is that it provides gay and bisexual men a voice and without an understanding of how other groups of people experience abuse in their intimate relationships we will not be able to improve support services, legislation and policy.

If you would like to see the findings/outcome of the research project, I will provide you

You are free to withdraw from the study at any time (up until two weeks after the final interview) and do not have to provide a reason. If you do wish to withdraw all identifiable information will be destroyed.

Thank you again for your contribution.

Contact for Further Information

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For enquiries about Inspiring Families or the Compass Programme please contact:
01639 794448 and for any other enquiries please email: enquiries@calandvs.org.uk

Myriad. A recovery programme for LGBTQ+ survivors of Domestic Abuse please
email: myriad@calandvs.org.uk

Live Fear Free Helpline 0808 80 10 800
Available 24 hours a day - 7 days a week

CONTACT DYN PROJECT

If you are a man experiencing domestic abuse you can contact us on our helpline 0808
801 0321 or email us support@dynwales.org

A 24 hour answer phone service is available when the helpline is closed, but if you need
to talk to someone you can also contact the 24 hour All Wales Domestic Abuse and
Sexual Violence Helpline on 0808 80 10 800 or visit www.wdah.org

Galop

National LGBT+ Domestic Abuse Helpline 0800 999 5428

LGBT+ Hate Crime Helpline 0207 704 2040

National Conversion Therapy Helpline 0800 130 3335

Email help@galop.org.uk

The helpline is open:

Monday to Friday 10am – 5pm

Wednesday and Thursday 10am – 8:00pm

back if you can't get through to us the first time.

Thank you for reading this debrief sheet.

Yours sincerely

The SPIDER Method applied to the research questions.

Sample	Young (18-24) Gay and Bisexual men who have experienced Intimate Partner Violence or relationship abuse.
Phenomenon of Interest	Gay and Bisexual men who have experienced Intimate Partner Violence or relationship abuse.
Design	Any research design, grey literature
Evaluation	Characteristics, views, experiences, needs
Research Type	Qualitative, quantitative, and mixed methods peer-reviewed studies.

Search strategy mapped against the SPIDER tool:

Sample	Men OR Male OR Male Victims Or Male Domestic Abuse OR Battered Men Or Abused Men Or Gay men/Males OR Bisexual Men/Males OR Men/Males OR Female Perpetrators AND Family Violence OR Domestic Abuse OR Domestic Violence OR Intimate Partner Abuse/Violence OR Bidirectional Abuse/Violence OR Physical Abuse/Violence OR Sexual Abuse/Violence AND Needs OR Experiences OR Impact OR Prevalence OR Policy Social Care OR Risk

	OR Injury OR Help seeking OR Service Provision OR Support OR Effects.
Phenomenon of Interest	Family Violence OR Domestic Abuse OR Domestic Violence OR Intimate Partner Abuse/Violence OR Bidirectional Abuse/Violence OR Physical Abuse/Violence OR Sexual Abuse/Violence
Evaluation	Needs OR Experiences OR Impact OR Prevalence OR Policy Social Care OR Risk OR Injury OR Help seeking OR Service Provision OR Support OR Effects OR Understanding OR Perspective OR Attitude OR Feelings OR Insight OR Perception(s) OR Stories.

Appendix E: Master and Subordinate Themes Developed from Data

Themes	Explanation
Language and Communication as a tool for abuse	Some participants noted their partners weaponised their lack of fluency in English as a way to isolate, control, or manipulate them. This could be an important and interesting theme.
Age and experience disparities	I observed an age gap in several cases with the abuser being older and more experienced than the participant. Power dynamics related to age could be a theme. Much of the abuse experienced occurred when the participants were in their twenties.
Social Isolation	The profound social isolation many experienced during the abuse seems salient. This could be an overarching theme.
Involvement with Police	Limited and unhelpful involvement with police in only some cases highlights issues with reporting IPV and seeking legal recourse. Lack of intervention is potential theme.
Religion	Since this came up for a number of participants, the role of religious beliefs, institutions, or communities in the context of IPV deserves exploration.
Severe Abuse	Extreme physical and sexual violence noted by many points to a theme around severity/intensity of abuse tactics used.
Evolution over time	Differences based on when abuse occurred highlights potential changes in IPV experiences and responses over the decades. Historical context may be a theme.
LGBTQ+ Identity	The intersection of IPV and sexual/gender identity appears salient, including a lack of visibility and tailored support services.
Substance use	Partners' alcohol use during abusive incidents indicates this could be an important theme in understanding the nature of abuse.
Lack of awareness of support	The fact many did not know where to seek help points to a theme around barriers to accessing support resources and information.
Evolution of Support	Comparing their lack of awareness to current visibility/availability of LGBTQ+ IPV services could be an interesting theme to explore changes over time.
Bidirectional abuse	The instances of bidirectional violence suggest a theme around the complexity of abuse dynamics in some relationships.
Perpetrator Identity	One participant's evolving view of himself as victim rather than perpetrator points to themes of self-perception and contested narratives around victimhood/perpetration.

Threats of being “outed”	Using threats to reveal sexual identity as coercion raises an important theme around LGBTQ+ experiences of IPV tactics/harms.
Performing masculinity/heteronormativity	The pressures one participant described to act “straight” highlight’s potential themes around gender norms, heteronormativity, toxic masculinity, and gender role conflict.
Intersectional Oppression	The religious oppression alongside IPV, and berating feminine mannerisms, points to intersection power structures including homophobia and misogyny.

Subordinate Themes	
Nature and dynamics of abuse	• Severity of abuse tactics. • Substance use during abusive events. • Bidirectional abuse. • Threats of “outing” as coercion. • Lasting mental health impacts. • Difficulty with future relationships and trust.
Isolation and lack of support	• Social isolation. • Lack of awareness of support services. • Involvement of authorities. • Religion as source of isolation or community. • Shame/stigma prevented disclosure to family or friends. • Coping through unhealthy behaviours (drinking).

Identity and social forces	• LGBTQ+ Identity. • Age and experience disparities. • Language and communication. • Performing masculinity/heteronormativity. • Intersectional oppression. • Unhealthy self-blame. • Shame around abuse.
Changing social contexts	• Evolution over time. • Evolution of support services. • Perpetrator identity and contested narratives.
Recognition of abuse and victimhood	• Did not self-identity as victim initially. • Abuse identified by others mostly first. • Do not align with victim/survivor identity. • Self-blame and self-directed stigma.
Non-disclosure and delayed disclosure	• First time disclosing abuse. • Did not disclose or recognise as abuse for many years.

Mapping the Chapters: An Analysis of GB Intimate Partner Violence Experiences

Chapter Number & Title	Theme	Outline	Key headings	Connection	Overarching Message
1) The nature and dynamics of LGBTQ+ IPV: Making sense of their lived experience	Lived experiences of IPV among gay and bisexual men	This chapter provides an in-depth exploration into the lived experiences of intimate partner violence (IPV) among gay and bisexual men. Drawing from participant accounts, it examines how this population describes and makes sense of their nuanced IPV experiences. While sharing some similarities with non-LGBTQ+ IPV, key differences are illustrated regarding the specific nature, impacts, emotional experiences, abuse patterns, and coping methods for gay and bisexual male victims/survivors. This analysis builds on previous literature by demonstrating the complexities and long-lasting effects of IPV distinctly faced by this population that has been rendered largely invisible in dominant IPV narratives.	• Impact of Experiences • Feelings relating to experiences. • Patterns of abuse • Methods of coping	Builds on previous chapters about invisibility of LGBTQ+ IPV experiences. Demonstrates similarities and differences with non-LGBTQ+ IPV.	Gay and bisexual men can experience IPV in nuanced ways, countering assumptions it is unique to female victim/survivors.
2) Power and Control – Understanding	Power dynamics and tactics used by abusers	Exploring the power and control dynamics in abusive relationships, this chapter	• Role of power and control	Connects to Chapter 1 by further exploring	Perpetrator behaviours transcend gender

Perpetrator Tactics		looks at the distinct tactics used by perpetrators against gay and bisexual male victims/survivors. It covers how language, communication, bidirectional violence, and threats of outing one's sexual identity are weaponised as methods of abuse. The analysis provides a deeper understanding of these nuanced perpetrator behaviours that enable abuse through exerting power and control in ways tied to sexual identity and experiences specific to the LGBTQ+ community.	• Impact to self worth/esteem and shame • Changes to abuse dynamics	the nuanced dynamics and patterns of abuse experienced.	and sexual identity, challenging assumptions about universal abuse dynamics.
3) Identity, Social Forces and Evolving Contexts	Intersectionality of identity and abuse	This chapter examines how sexual identity intersects with other identities and social forces to create unique vulnerabilities and challenges in the context of intimate partner violence (IPV) against gay and bisexual men. While sharing overarching societal influences with non-LGBTQ+ IPV, the analysis illuminates important distinctions that arise from an intersectional lived reality of being sexually minoritised. This intersectionality of identities and sociocultural positionings	• Identity specific experiences • Societal and structural factors that may cause IPV. • Impact on LGBTQ+ relationships • Impact of age at time of relationship • Impact of religion • Issues with masculinity and internalised homophobia	Builds on Chapter 1's discussion of LGBTQ+ specific experiences by looking at the role of identity and social forces.	Sexual identity intersects with other identities/social forces to create unique IPV vulnerabilities beyond non-LGBTQ+ contexts.

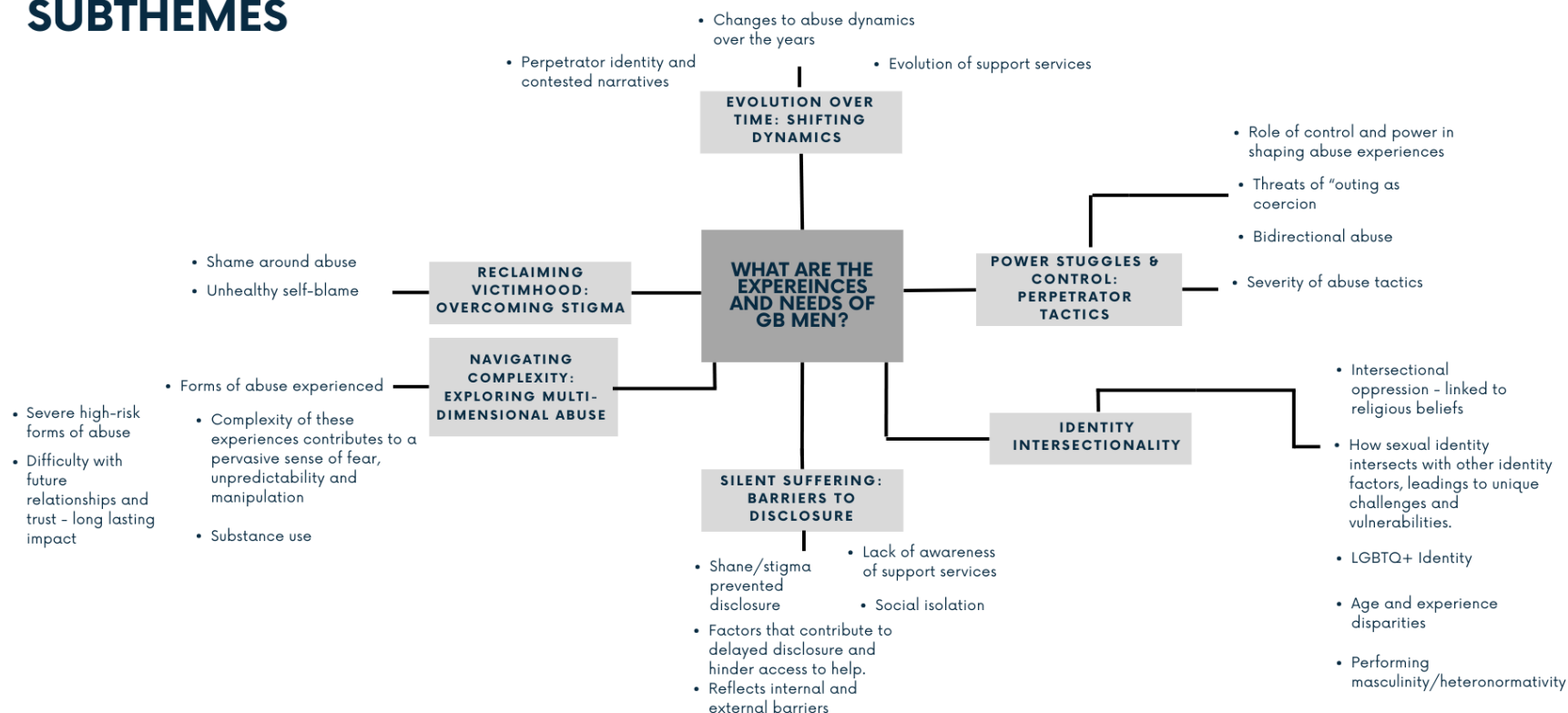
		shape contrasting dynamics, experiences, and impacts of abuse for this population compared to non-LGBTQ+ counterparts.			
4) Barriers, Journey to Disclosure and Reclaiming Identity	Challenges in acknowledging and disclosing IPV	For many gay and bisexual male victims/survivors of intimate partner violence (IPV), the journey from victimisation to disclosure and healing is laden with barriers. This chapter captures the profound challenges of social isolation, lack of awareness, shame, stigma, and self-blame that impede recognising and speaking out about IPV experiences. It then focuses on the internal process of acknowledging victimhood, the impact of external validation, and moving towards reclaiming a positive self-concept beyond the abuse. Overcoming self-directed stigma through this journey is explored as a path to healing.	• Access to support • Feelings since support • Experiences of help-seeking • Barriers seeking help. • Legal or institutional barriers • Lack of awareness of support • Opinions on current resources & needs • Awareness of identity • Facilitators to engagement • Tailored services • How to spread awareness • Reclaiming identity	Connects to Chapters 1-3 by exploring barriers stemming from experiences, identity, and social forces. Focuses on moving towards healing.	Highlights barriers inhibiting recognition of victimhood are not exclusive to non-LGBTQ+ identifying women, reinforcing IPV impacts across gender/sexual identity.

Thematic Map Illustrating overarching theme, master themes and superordinate themes.

Appendix F: Participant Overview Data Tables

Interview Data

MASTER THEMES AND SUBTHEMES



Participant	Age Range	Area	Sexual Identity	Gender Identity	Types of abuse experienced	Initial Risk Assessment taken (YES/NO)	Interview type	Time/data of Interview(s)	Interview location	Interview Length
One (P01)	20-29	England	Gay	Male	Psychological, emotional, sexual, financial	Yes	Semi-structured and follow-up PE session	Contacted through survey – filled out consent to contact form. Initial online meeting/screening and proving information on study – 24/08/22. First interview took place on 21/09/22. PE session – 19/10/22	Both online	First Interview: Approximately 2 hours Second Interview: Approximately 1 hour
Two (P02)	30-39	Wales (originally from Spain)	Gay	Male	Psychological, emotional, and financial with one incident of physical	Yes	Semi-structured and follow-up PE session	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online. First interview 02/09/23 PE session- 19/09/23	Both online	First Interview: Approximately 1 hour 20 minutes Second Interview: Approximately 1 hour
Three (P03)	40-49	England (originally from Italy)	Gay	Male	Psychological, emotional, and financial	Yes	Semi-structured	Contacted through survey – filled out consent to contact form.	Online	Approximately 1 hour

								Filled out risk assessment document online. Interview 08/08/23.		
Four (P04)	20-29	England	Gay	Male	Psychological, emotional, and physical (bidirectional)	Yes	Semi-structured	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online. Interview 14/08/23.	Online	Approximately 1 hour 20 minutes
Five (P05)	40-49	England	Gay	Male	Psychological, emotional, and physical	Yes	Semi-structured	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online Interview 14/08/23.	Online	Approximately 1 hour
Six (P06)	50-59	England	Gay	Male	Psychological, emotional, and physical	Yes	Semi-structured	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online. Interview 15/08/23.	Online	Approximately 1 hour

Seven (P07)	40-49	Wales	Gay	Male	Physical, sexual, emotional, psychological, and financial.	Yes	Semi-structured	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online. Interview 20/09/23	Online	Approximately 1 hour 10 minutes
Eight (P08)	20-29	Wales	Gay/Queer	Male	Financial, sexual, and emotional	Yes	Semi-structured	Contacted through survey – filled out consent to contact form. Filled out risk assessment document online. Interview 10/10/23	In-person	Approximately 3 hours

SURVEY DATA OVERVIEW

Gender Identity	Sexual Identity	Ethnic Group	Religion	Country of residence	Age	Relationship Status	Types of Abuse Experienced	Length of Relationship
Male	Gay man/Pansexual	White - English/Welsh/Scottish/Northern Irish/British		England	32	Single	Sexual abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse	3 years out of the 5 together
Male	Gay man	White - Gypsy or Irish Traveller	N.A.	England	29	Single	Sexual abuse, Physical abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	2 years plus 1 year post relationship.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England	39	Single	Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking, Digital/online abuse (including revenge porn)	Last 2 years

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	38	Co-habiting	Physical abuse, Coercive and Controlling behaviour	I ceased all contact with both parties once the incidents took place.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	Wales	22	Single	[OBJ]	[OBJ]
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Catholic	England	28	Single	Sexual abuse, Physical abuse, Emotional abuse, Mental/psychological abuse, 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co- workers, and others as a method of control., Coercive and Controlling behaviour	2 years
Male	Gay man	Asian - Other	Christian	[OBJ]	36	Single	Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour	9 months
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	Wales	45	Married	Physical abuse,'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co- workers, and others	over 12mths

							as a method of control.	
Male	Gay man	White - Other		Wales	42	Co-habiting	Emotional abuse, Economic abuse/Financial, Coercive and Controlling behaviour	3 years
Male	Gay man	Mixed - Other		England	24	Single	Emotional abuse	6 months
Male	Gay man	White - Other		England	33	Single	Physical abuse, Emotional abuse, Mental/psychological abuse	4 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		Wales	29	Co-habiting	Physical abuse	Periodic and often when alcohol was involved with the other person.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Jewish	England	55	Married, Civil partnership	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Harassment and Stalking	3yrs. I waited for him to go out one night and got a lock Smith in change locks alarm in and panic room. Still to this day I sleep in panic room.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England	51	Single	Sexual abuse, Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and	Partner 12 months in relationship, 5+ years recovering. Mother 25+ years

							Controlling behaviour	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	atheist	England	41	Single	Emotional abuse	1 year
Male	Bisexual, Queer, Pansexual	White - English/Welsh/Scottish/Northern Irish/British		England	30	Co-habiting	Sexual abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	About 3 or 4 years.
Male	Queer/gay man	Mixed - White and Asian		England	25	Single	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	3+ years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British			33	I prefer not to say	Emotional abuse, Mental/psychological abuse	2.5 years now. I am in the process of ending this relationship however he will not respond currently. It will mean that there is a lack of closure

								in some way, but I feel I need to move on and end this.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	None	England	31	Co-habiting	Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	7 Years
Male	Pansexual/gay man	White - English/Welsh/Scottish/Northern Irish/British	Christianity	England	54	Single	Physical abuse	2 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	OBJ	Wales	41	Co-habiting	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	8 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Spiritualist	England	36	Co-habiting	Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour	5yrs

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British, White - Irish	[OBJ]	Wales	28	Single	Sexual abuse, Mental/psychological abuse, 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co- workers, and others as a method of control., Coercive and Controlling behaviour, Harassment and Stalking, Other	Around 4 years altogether.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	41	Married	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	5 Years
Male	Bisexual	Mixed - Other	[OBJ]	England	31	Married	Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	One night for each of two times, but then left the situation permanently

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	OBJ	England	43	Single	Physical abuse, Emotional abuse, Coercive and Controlling behaviour, Harassment and Stalking	17 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	OBJ	England	32	Single	Sexual abuse, Emotional abuse, Economic abuse/Financial, Coercive and Controlling behaviour	2 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Prefer not to say	England	29	Co-habiting	Physical abuse, Coercive and Controlling behaviour, Harassment and Stalking	Couple of years
Male	Gay man, Bisexual	White - English/Welsh/Scottish/Northern Irish/British	OBJ	England	OBJ	Single	Sexual abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co-workers, and others as a method of control., Digital/online abuse	48 years

							(including revenge porn)	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England	44	Single	Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	18 months
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England	48	Single	Emotional abuse, Coercive and Controlling behaviour	2years
In another way	Queer/gay man	Mixed - White and Asian		England	30	Co-habiting	Emotional abuse, Mental/psychological abuse	Some months
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		Wales	42	Married	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and	10 years.

							Controlling behaviour	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England		Married	Emotional abuse	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England		Single	Emotional abuse	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		England		Married	Emotional abuse	
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British		Wales	42	Separated		

Male	Bisexual	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	31	Co-habiting	Physical abuse, Emotional abuse, Mental/psychological abuse, 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co- workers, and others as a method of control., Coercive and Controlling behaviour, Digital/online abuse (including revenge porn)	A few months
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	40	Married	Sexual abuse, Physical abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	The whole 2 years and stalking/harassment afterwards

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	OBJ	England	39	Co-habiting	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	Things started getting bad about 7 years ago. It's as though he passed a tipping point, after which abuse became almost an acceptable part of an argument. Physically I'm much larger than him, but my size means I'm scared of hurting him. I try to 'fight back' but I do so defensively - I try to restrict/ restrain, whereas his objective is just to inflict pain.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	OBJ	England	57	Co-habiting	Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour	8 years.
Male	Gay man	White - Other	Spiritual more than faith	England	49	Co-habiting	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	20 years

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Non really	England	74	Single	Sexual abuse	Just the once
Male	Bisexual	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	59	Co-habiting	[OBJ]	[OBJ]
Male	Queer/gay man	White - English/Welsh/Scottish/Northern Irish/British	Christian	England	60	Married	Sexual abuse, Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	Sexual, physical, violence, control, exposure tot risky behaviour, aggression verbal and other
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	33	Co-habiting	Emotional abuse, Mental/psychological abuse, Harassment and Stalking	7 years.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	61	Separated	Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour, Harassment and Stalking	For about two and half years increasing very slowly

Male	Bisexual	White - English/Welsh/Scottish/Northern Irish/British	Christian	Wales	25	Single	Sexual abuse, Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	First relationship on and off six months. Second relationship about 2/3 months of the 11 months we were together.
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	52	Civil partnership	[OBJ]	[OBJ]
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Christianity	England	39	Co-habiting	Physical abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	5 years. He started controlling me quite early on. Love bombing followed by arguments caused by him, horrible arguments. He made me feel stupid, gas lit me, made me feel I couldn't manage without him, controlled our finances, and chronically lied to me and cheated on me.

Male	Gay man	White - Other	[OBJ]	England	37	Co-habiting	Physical abuse, Emotional abuse, Mental/psychological abuse, 'Outing' - Partner threatened to 'out' you to friends, family, religious communities, co-workers, and others as a method of control., Harassment and Stalking, Digital/online abuse (including revenge porn)	2 years
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Buddhist	England	38	Single	Physical abuse, Emotional abuse, Mental/psychological abuse, Coercive and Controlling behaviour	About 3 of the 5 years together
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	[OBJ]	England	34	Never married	[OBJ]	[OBJ]
Male	Gay man	White - Other	Christian (Catholic)	England	47	Single	Physical abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	3 years

Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Christianity	England	58	Single	[OBJ]	[OBJ]
Male	Gay man	White - English/Welsh/Scottish/Northern Irish/British	Heavy Metal	England	59	Co-habiting	[OBJ]	[OBJ]
In another way	Other/Gay man	White - English/Welsh/Scottish/Northern Irish/British	N/A	Wales	28	Single	Sexual abuse, Emotional abuse, Economic abuse/Financial, Mental/psychological abuse, Coercive and Controlling behaviour	The first instance was only once. One occasion. I know the exact date and time it happened. The name of the person that did it. His current address. The second lasted for 6 months until he got bored of me, and could t get anything more from me. I'd given him everything I could. It destroyed me.

Pen Picture of Participants

Participant One

Participant one experienced intimate partner violence from a previous partner whom he states was younger than him. This relationship lasted for a total of five years, although it was reported that the relationship abuse did not start until 2.5 to 3 years into the relationship. He is a qualified domestic abuse advisor who has previously suffered with cancer and mental health-related problems. P01 seemed comfortable talking about his experiences, his body language was open and relaxed. His ability to be candid and honest was inspiring. Although he shared that he had experienced many forms of relationship abuse (psychological, emotional, sexual, financial) he had not fully recognised the abuse until recently, only confiding in a friend, colleague, and this study. An important feature was his frustration at himself in being a professional in the field of domestic abuse and not noticing or recognising the signs of his own relationship abuse. Dissociation with his experiences was how he described coping. Problems surrounding eating disorders and body confidence seem a factor in the lasting effects of the abuse.

Participant Two

P02, originally from Spain, relocated to the UK in 2007, seeking solace after the passing of his mother and the departure of close friends. In 2008, he encountered his abusive partner through online channels, a Scottish individual who was 16 years older and not openly gay.

The abuse P02 endured was predominantly psychological and emotional in nature. His partner denigrated his English proficiency, labelled him as unintelligent, employed silent treatment, coerced him sexually based on religious views, and exerted financial control despite being unemployed. The distressing culmination included a singular incident of physical violence.

During the relationship, P02 did not recognise the maltreatment, and the secrecy surrounding his partner's closeted status deterred him from seeking support. Coping mechanisms involved socialising with friends and overeating. The relationship concluded in 2011 when P02, after enduring three years together, insisted that his partner leave, though residual issues persisted. P02 acknowledged that the method of encouraging his partner to leave was abusive in a sense as he threatened to 'out' his partner to his church. This underscores the complex nature of abusive relationships.

Reflecting on the past, P02 acknowledges red flags, including the substantial age gap and masculinity-related concerns, recognising the relationship as a form of abuse, and linked to a perceived personality disorder. He refrained from seeking support due to the partner's secrecy but now expresses a preference for LGBT-specific services for support.

Currently engaged in a healthy, long-term relationship, P02 perceives personal growth from the challenging experience. His openness to participate in further research underscores a willingness to contribute to understanding and addressing issues related to abusive relationships within the LGBTQ+ community.

Participant Three

The interviewee is a gay man originally from Italy who embarked on a journey to London 12 years ago, driven by his passion for art and music. In the early stages of his London life, he entered into his first committed relationship with a significantly older British man (52 compared to his 28 years). Unfortunately, this relationship unfolded into a distressing and abusive dynamic that persisted for 2.5 years.

The abuse he endured spanned emotional and verbal realms, involving criticism of his English proficiency and unfounded claims of mental health issues. Financially, he was burdened with the responsibility of paying rent and bills, and the partner attempted to exert control over his opinions.

Initially, the interviewee did not recognise the relationship as abusive but rather perceived it as challenging. The practice of Buddhism played key role in enabling him to discern the unhealthy dynamics at play. Subsequently, he sought assistance through psychotherapy, a decision that facilitated the comprehensive processing of the abuse and the identification of detrimental patterns. This therapeutic intervention proved highly beneficial for his healing process.

The impact of the abuse on his self-esteem manifested in post-relationship risky behaviours, including drug use and engaging in unsafe sexual practices. Through therapy, he managed to reclaim his sense of self-worth. Valuable lessons were learned, particularly concerning the importance of establishing boundaries and refusing to compromise his own happiness. The interviewee now possesses the ability to swiftly recognise unhealthy relationship dynamics.

Expressing a concern for the lack of awareness and specific support available for LGBTQ+ individuals facing domestic abuse, he highlights the absence of LGBTQ-specific domestic violence charities in his vicinity. Stressing the significance of professional help, such as therapy and support groups, in recovering from abusive relationships, he advocates against attempting to cope in isolation. His journey underscores the transformative power of seeking professional assistance and the importance of tailored support for LGBTQ+ individuals navigating the complexities of domestic abuse.

Participant Four

The interviewee, P04, is a 25-year-old gay man originally from Devon in the UK, with a diverse upbringing that involved living in various places such as China, UAE, and Hong Kong due to his parents' jobs. P04 openly identified as gay at the age of 14, and he shares a unique bond with his twin sister, who is bisexual.

P04's narrative takes a poignant turn when he recounts meeting his ex-boyfriend, an abusive partner, during his university years at the age of 18 or 19. The relationship endured for approximately three years, characterised by control and manipulation on the part of his ex-partner.

Within this troubling dynamic, incidents of physical violence arose, often initiated by P04 in response to coercion or provocation from his partner, who adeptly positioned himself as the victim. P04, initially accessing perpetrator programs, soon realised the inappropriateness of such services for his situation, recognising himself as the actual victim. After finally leaving his partner, he sought and accessed victim services.

The interview unveils barriers faced by LGBTQ individuals in accessing support services, including issues of inclusivity and visibility, concerns about potential discrimination, and the prevailing perception of domestic violence services as primarily tailored for women. P04 points out how traditional views of masculinity and the prevailing stereotype of domestic violence as predominantly male on female also create barriers for same-sex relationships.

P04 advocates for increased funding for specialised LGBTQ services, emphasising the importance of psychological safety and suggesting that peer support could enhance accessibility. Having accessed the right support, P04 reflects on feeling better, highlighting his own agency in the journey toward healing.

In summary, the interview offers a glimpse into an abusive same-sex relationship between two young men, the initial misdirection in accessing services, and insightful reflections on ways to enhance support for LGBTQ survivors. P04's story underscores the need for tailored services that acknowledge the unique challenges faced by individuals within the LGBTQ community in the context of domestic abuse.

Participant Five

The interviewee, a 44-year-old gay man originally from Portsmouth. His narrative unfolds in the early 2000s when, after only a couple of weeks of knowing his boyfriend, he swiftly moved in. Unfortunately, the relationship proved to be emotionally and physically abusive.

The spectrum of abuse encompassed controlling behaviours, isolating him from others, and subjecting him to put-downs and emotional abuse. Physical violence became a distressing reality after 1.5 years of being together. At the time, he did not recognise these patterns as abusive, perceiving them as normal within relationships. It was the concern of friends, noticing visible injuries, that prompted him to break away.

Despite the gravity of the situation, the interviewee did not seek formal support services, relying solely on informal assistance from friends to secure new housing. He identifies barriers to seeking help, such as the perceived lack of services, distrust of police, and the associated stigma.

The experience left him cautious about relationships and reluctant to open up emotionally. Coping mechanisms involved alcohol use, and he is currently contemplating counselling as a means to address the lasting trauma.

Reflecting on his journey, he emphasises the need for more targeted advertising of abuse services within LGBTQ communities. Support groups and therapy, he believes, are significant elements in the process of recovering from the traumatic experience. His story sheds light on the challenges faced by individuals in abusive relationships, particularly within the LGBTQ community, and underscores the importance of tailored support services and destigmatising outreach efforts.

Participant Six

The interviewee, a 57-year-old gay man employed at an LGBTQ+ support organisation in England, brings a unique perspective to the discussion. His story unfolds over 33 years, starting with over two years of domestic and emotional abuse from a previous partner before finding stability with his current husband.

The abuse he endured comprised controlling behaviours, isolation from friends and family, emotional mistreatment, and a distressing escalation to physical violence exacerbated by alcohol. Initially, he didn't recognise these actions as abuse, attempting instead to salvage the relationship. It was the concern of friends, noticing the visible injuries, that ultimately prompted him to leave.

During this challenging period, he refrained from seeking formal support due to a lack of LGBT-specific services and a prevailing mistrust of the police. Subsequently, he accessed some support groups, recognising the importance of community-based assistance.

The experience left him with hesitations about trusting and opening up in subsequent relationships. However, his current husband played a pivotal role in helping him heal from the trauma.

Reflecting on his journey, he advocates for LGBT+ specific training and increased visibility within abuse services. He emphasises the importance of peer support and therapy in the recovery process, recognising these as important elements for individuals who have experienced abuse. His narrative highlights the transformative power of supportive relationships and the need for targeted services to address the unique challenges faced by the LGBTQ+ community in the context of domestic abuse.

Participant Seven

P07 is a gay man in his 40s, where he owns a local shop and post office. Originally from Essex, he moved to Wales as a young child. Recently diagnosed with ADHD after lifelong struggles, he achieved the diagnosis privately after an extensive NHS waiting period.

In his early 20s, while living as a student, he became involved with an older married man with a young child. What began as a short-term relationship soon escalated into a coercive and violent cohabitation lasting nearly a decade. The abuse encompassed physical, sexual, emotional and financial elements, worsening over time from initial verbal aggression to significant physical abuse, isolation from loved ones, and total financial control.

Enduring the relationship abuse in secret, he was deterred from seeking help by lack of visible LGBTQ-inclusive services, fear of his partner's reactions, and dismissive attitudes from police and healthcare providers during sporadic contacts. Eventually, after a nearly fatal strangulation assault, he found the resolve to leave the relationship permanently.

Now remarried, participant P07 maintains distance when encountering his former abuser still living nearby. He continues to experience trauma symptoms like fear of touch, but finds healing through activities like gardening, his work, and a supportive husband. He advocates for increased awareness and inclusivity in domestic violence services to better address the needs of LGBTQ survivors.

Participant Eight

This participant is a gay man in his 20s living in Wales. He recounts two traumatic relationships that derailed his mental health and left him isolated. He identifies as a queer or gay man but stated he has also experienced attraction regardless of gender identity. He was diagnosed with autism spectrum disorder as an adult and further suspects he has ADHD.

The first relationship participant P10 discussed involved non-consensual sex while he was unconscious. This occurred around 2015 when he was 21. It was a profoundly traumatic experience that he felt difficult to understand and subsequently did not recognise it as rape for a long time afterwards. The total detachment required to survive the ordeal haunted him for years. He blamed himself, tried convincing himself it was wanted, and put himself at further risk seeking validation.

His next significant relationship was with an older man whom he lived with for less than one year. Although they began as friends this relationship developed and although not physically intimate, he stated it was a partnership. It soon devolved into emotional abuse as his partner exploited him financially and became emotionally abusive. Both experiences led to depression, trauma responses, suicidal ideation, and isolation. He continues to struggle with self-worth and trust in relationships today.

He has faced extremely long waits to access mental health support spanning a number of years. This prevents him from getting help during crisis moments. He feels services need to be more accessible and LGBTQ+-inclusive. He also has past negative experiences with police that deter him from reporting his experiences.

Coming up on the anniversary of the sexual assault is an extremely difficult time. He uses hobbies as a distraction to help him cope. In sharing his experiences, he hopes to help others in similar situations get the support they need in a timely manner.



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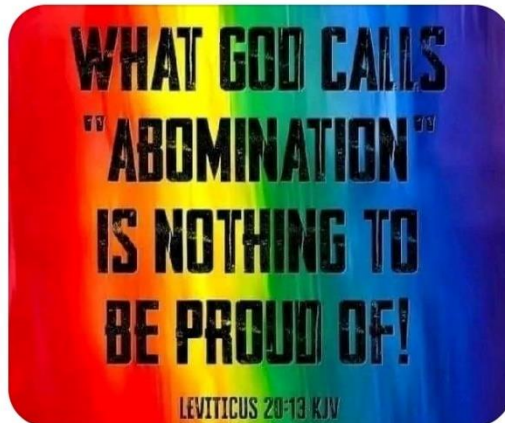
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Hi all, please do not use this as a way of spreading bigotry or hate speech. This study aims to help people, not judge or exclude them! Relationship abuse/violence can happen in any type of relationship. Important



Ian William Peel



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Ian William Peel



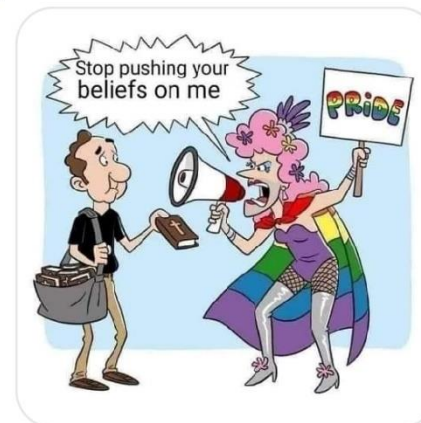
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Appendix G: List of Services

<i>Local Authority</i>	<i>Name of Service</i>	<i>Support Provided</i>
<i>Anglesey</i>	Anglesey Domestic Abuse Service (Gorwel)	Independent Domestic Violence Advisor (IDVA), signposting, non-gender specific refuge
<i>Bridgend</i>	Calan DVS Bridgend	IDVA, counselling, signposting
<i>Caerphilly</i>	Llamau, Multi-Agency Centre (MAC) Safer Caerphilly IDVA	Counselling, signposting IDVA, Signposting
<i>Cardiff</i>	Safer Wales - Dyn Project	IDVA, Signposting, Helpline
	BAWSO	IDVA, signposting, outreach support
	Gwalia – Cedar House	Male refuge, signposting, resettlement support
	Ynys Saff, Cardiff Sexual Assault Referral Centre (SARC)	Counselling, signposting, IDVA, forensic examination, follow-up support
	Rainbow Bridge Specialised LGBT Domestic Abuse Service – Victim Support	IDVA, signposting, emotional support.
	Women's Aid Cardiff	Signposting
<i>Carmarthen</i>	New Pathways	Counselling, IDVA, sexual assault referral centre
	Carmarthenshire Domestic Abuse Service	Counselling, signposting, drop-in service, helpline (24h hours)
	Llanelli Women's Aid	Outreach, on-call 24 hour
	Calan DVS	Community service

<i>Ceredigion</i>	West Wales Domestic Abuse Service	IDVA, Male refuge, counselling, signposting, 24-hour helpline
<i>Conway</i>	Aberconwy Domestic Abuse Service	Drop-in service, helpline (24 hours)
<i>Denbighshire</i>	North Denbighshire Domestic Abuse Service	Counselling, Refuge, signposting, helpline (24 hours)
	Glyndwr Women's Aid	General support
<i>Flintshire</i>	Domestic Abuse Safety Unit	IDVA, Male refuge, signposting
<i>Gwent</i>	Gwent Domestic Abuse Service	IDVA, signposting, support groups (mixed gender)
<i>Gwynedd</i>	De Gwynedd Domestic Abuse Service	IDVA, Signposting
<i>Merthyr Tydfil</i>	Teulu Mac, Domestic Abuse One Stop Shop	IDVA, Outreach
	New Pathways	Counselling, Independent Sexual Violence Advisor (ISVA) support for men and boys
<i>Monmouthshire</i>	Llamau	Counselling, signposting
<i>Neath Port Talbot</i>	Hafan Cymru	Signposting, supporting building life skills and self-esteem/confidence, homelessness support and prevention.
	Calan DVS	Counselling, Signposting
<i>Newport</i>	Llamau	General support
	BAWSO	Drop-in service
	IDVA Service	IDVA
	New Pathways	Sexual Assault referrals
<i>Pembrokeshire</i>	Hafan Cymru	Signposting, drop-in service

<i>Powys</i>	Gwalia	IDVA, general support
	Calan DVS	Signposting, outreach support
	Montgomeryshire Family Crisis Centre	Male refuge, signposting, crisis helpline (24 hours)
	Hafan Cymru	IDVA
	Mid Wales Rape Crisis Centre	Sexual Assault referrals
<i>Rhondda Cynon Taff</i>	The Oasis Centre	IDVA, drop-in service
	Hafan Cymru	Support, temporary housing support for men (16-24 years)
<i>Swansea</i>	BAWSO	Outreach for male trafficking, signposting service
	IDVA Service	IDVA, signposting
	Domestic Abuse One Stop Shop	Counselling, signposting
<i>Torfaen</i>	Hafan Cymru	Signposting
<i>Vale of Glamorgan Wrexham</i>	Atal Y Fro	IDVA, Outreach, signposting
	Welsh Women's Aid	IDVA, drop-in service
	Hafan Cymru	Signposting, non-gender specific safehouse
	Age Connect Northeast Wales	Signposting
	BAWSO	IDVA, Outreach, signposting

England and Wales				-	-				
	Refuge / Safe House	Information / Support	Outreach	Independent Domestic Violence Advisor (IDVA)	Drop-in	Support groups / Recovery Programme	Counselling	Total number of organisations that offer services	
	Number of services								
England and Wales	36	165	55	64	31	8	15	220	
National	0	5	0	0	0	0	0	5	
England	32	145	50	63	26	7	14	197	
East Midlands	6	15	7	4	2	0	1	18	
East of England	0	12	3	4	1	3	2	21	
London	0	21	3	11	11	0	0	31	
Northeast	2	8	5	5	0	0	1	12	
Northwest	8	29	10	15	3	2	4	38	
Southeast	0	21	10	10	6	0	2	28	
Southwest	7	12	5	6	0	1	1	17	
West Midlands	6	12	5	5	2	1	2	16	
Yorkshire & Humberside	3	15	2	3	1	0	1	16	
Wales	4	15	5	1	5	1	1	18	

List of Services that support Male victims in England and Wales (ONS, 2020)

Services I contacted – reached out to approximately 50+ organisations or people working in the field.

1. Umbrella Cymru
2. Dyn Wales
3. Galop
4. Safer Wales
5. VAWDASV
6. Welsh Women's Aid
7. Dewis Choice
8. MenKind
9. Pulse – LGBTQ+ bars in Local area.
10. Queer Emporium
11. Break the Silence
12. Academics at Swansea University
13. Brighton and Hove LGBT Switchboard
14. Scene Magazine
15. Survivors Network
16. Students Unions
17. Mental health matters Wales
18. LGBT Association
19. Mind out Cymru.
20. CAVAMH

21. Umbrella Academy
22. Stonewall Cymru
23. Pride Cymru
24. Brighton Men's Victim Support
25. Women' aid
26. Diverse Cymru
27. Independent Choices
28. Eastmoor's Youth Centre LGBT
29. Cathays LGBTQ group
30. LGBT Local Officers
31. Tanaka Mhishi
32. CALAN DVS
33. Mind
34. GP surgeries in local area
35. Sex clinics
36. Dating apps – Grinder
37. Social Media
38. Llamau, Shelter Cymru
39. Drug Services-GDAS, Barod

Appendix H: Summary of Policy and Practice Recommendations

Recommendations are presented in three tiers reflecting implementation complexity, resource requirements, and time. Cost indicators are relative (Low/Medium/High). Impact ratings reflect anticipated reach and significance based on study findings and existing evidence. Section references correspond to the relevant discussion in Chapter 8.

Tier key: Immediate = actionable now with minimal resource | Medium = 1–3 years, moderate investment | Long-term = systemic/organisational change, 3+ years

Tier	Recommendation	Cost	Impact	Section
Immediate	Display LGBTQ+ visibility signifiers (rainbow flags, inclusion statements) in all frontline service settings - healthcare, police, DA services, and emergency accommodation.	Low	High	8.4.1 / 8.4.2
Immediate	Introduce mandatory fields for sexual identity in domestic abuse data collection systems to enable accurate prevalence monitoring.	Low	High	8.4.4
Immediate	Integrate the adapted GB Power and Control Wheel into existing DA and healthcare training as a low-cost psychoeducational tool to improve practitioner recognition of identity-based control tactics.	Low	High	8.3.1 / 8.4.3
Immediate	Audit existing LGBTQ+-specific service provision at local commissioner level to map gaps and build the evidence base for targeted funding bids.	Low	Medium	8.4.2

Tier	Recommendation	Cost	Impact	Section
Immediate	Review and update domestic abuse service websites, leaflets, and referral pathways to include explicit LGBTQ+ and male survivor messaging.	Low	Medium	8.4.2
Medium	Pilot LGBTQ+-specific additions to the DASH risk assessment tool in partnership with NHS trusts and police forces, incorporating identity-based control mechanisms absent from current frameworks (e.g. outing threats, policing of masculine expression, exploitation of immigration status).	Medium	High	8.4.1
Medium	Adapt the IRIS programme model (currently focused on female survivors) for GB male presentations, training GPs to recognise identity-specific abuse indicators and establish appropriate referral pathways.	Medium	High	8.4.1
Medium	Develop and deliver mandatory LGBTQ+ competency training for frontline police officers, healthcare staff, and DA practitioners, addressing both knowledge of GB relationship dynamics and attitudinal barriers to appropriate responses.	Medium	High	8.4.1 / 8.4.3
Medium	Establish specialist police liaison roles with LGBTQ+ communities and introduce feedback mechanisms enabling survivors to report discriminatory responses confidentially.	Medium	High	8.4.1
Medium	Develop perpetrator intervention programmes specifically addressing coercive control, internalised homophobia, and identity-based abuse in GB male	Medium	High	8.4.3

Tier	Recommendation	Cost	Impact	Section
Medium	relationships, building on the 2023 Home Office standards.	Medium	High	8.3.1
	Commission and evaluate empirical validation of the adapted GB Power and Control Wheel as both a practitioner training tool and a clinical assessment framework.			
Medium	Expand LGBTQ+-inclusive RSE curriculum implementation beyond Wales, ensuring all students receive age-appropriate education about diverse relationship types, consent, and abuse recognition.	Medium	High	8.4.4
Long-term	Develop dedicated, LGBTQ+-specific 'by and for' IPV services using peer support models and co-design approaches (building on Calan DVS Myriad Programme), funded through dedicated streams not dependent on women's organisations for delivery.	High	High	8.4.2
Long-term	Develop parallel LGBTQ+-inclusive domestic abuse policy frameworks operating alongside (not within) VAWG strategies, with mandatory LGBTQ+ impact assessments for all domestic abuse policies.	High	High	8.4.4
Long-term	Establish LGBTQ+ competency standards for domestic abuse services equivalent to those in healthcare settings, providing clear frameworks for professional development and service evaluation.	High	High	8.4.3
Long-term	Develop validated screening tools designed explicitly for GB populations (building on the IPV-GBM Scale),	High	High	8.4.1 / 8.4.4

Tier	Recommendation	Cost	Impact	Section
Long-term	with rigorous evaluation to assess effectiveness and necessary adaptations.	High	Medium	8.6.3
	Conduct longitudinal research capturing long-term IPV impacts and recovery trajectories for GB men, addressing current gaps in understanding of how inadequate support creates life-course consequences.			
Long-term	Include sexual identity data in domestic homicide review processes and national statistics to enable accurate assessment of fatality risks for GB men.	Medium	High	8.2.1 / 8.4.4