


### Men who relate to men and coping with intimate partner violence

### *Homens que se relacionam com homens e o enfrentamento da violência na intimidade*

### *Hombres que se relacionan con hombres y afrontamiento de la violencia de pareja*

### *Les hommes qui ont des relations avec les hommes et qui font face à la violence conjugale*

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#### Abstract

*In Brazil, care networks for intimate partner violence were historically organized to meet the needs of women victimized in heterosexual relationships. The resources for coping with violence in homosexual relationships are scarce or non-existent. The objective of the study was to understand the meaning of facing intimate violence experienced by men who have relationships with men. Methodologically, the study is qualitative, where we interviewed eight men who relate to men and analyzed the data using the thematic analysis. The analysis allowed the construction of four themes: 1) Friends as a source of support and revictimization; 2) Family; 3) LGBT Movement; 4) Complaint to the State, which discusses the lack of resources to face intimate violence, making the main source of support in these cases to be informal. We conclude that political articulation is necessary for the creation of a care network to confront violence in homosexual relationships.*

**Keywords:** *intimate partner violence, men who have sex with men, homosexuality.*

#### Resumo

*No Brasil, as redes de atenção à violência por parceiro íntimo foram organizadas historicamente para atender as necessidades de mulheres vitimadas em relações heterossexuais, de modo que recursos para o enfrentamento da violência nas relações homossexuais são escassos ou inexistentes. O objetivo do estudo foi compreender os significados do enfrentamento à violência íntima vivida por homens que se relacionam com homens. Metodologicamente, o estudo é qualitativo, onde entrevistamos oito homens que se relacionam com homens e analisamos os dados a partir da análise temática. A análise possibilitou a construção de quatro temas: 1) Amigos como*

fonte de apoio e revitimização; 2) Família; 3) Movimento LGBT; 4) Denúncia ao Estado, que discutem a inexistência de recursos para o enfrentamento da violência íntima, fazendo com que a principal fonte de apoio nesses casos sejam os informais. Concluímos que é necessária a articulação política para a construção de uma rede de atenção para o enfrentamento à violência nas relações homossexuais.

**Palavras-chave:** *violência por parceiro íntimo, homens que fazem sexo com homens, homossexualidade*

### **Resumen**

*En Brasil, las redes de atención a la violencia de pareja fueron históricamente organizadas para atender las necesidades de las mujeres víctimas de relaciones heterosexuales. Por este motivo los recursos para el enfrentamiento de la violencia en las relaciones homosexuales son escasos o inexistentes. El objetivo del estudio fue comprender los significados del enfrentamiento de la violencia íntima experimentado por hombres que tienen relaciones con hombres. Metodológicamente, el estudio es cualitativo, donde entrevistamos a ocho hombres que se relacionan con hombres y analizamos los datos del análisis temático. El análisis permitió la construcción de cuatro temas: 1) Amigos como fuente de apoyo y revictimización; 2) Familia; 3) Movimiento LGBT; 4) Denuncia al Estado. Estas categorías discuten la falta de recursos para enfrentar la violencia íntima, haciendo que la principal fuente de apoyo en estos casos sea informal. Concluimos que la articulación política es necesaria para la construcción de una red de atención al enfrentamiento de la violencia en las relaciones homosexuales.*

**Palabras llave:** *violencia de pareja íntima, hombres que tienen sexo con hombres, homosexualidad*

### **Résumé**

*Au Brésil, les réseaux de prise en charge de la violence conjugale ont été historiquement organisés pour répondre aux besoins des femmes victimes dans les relations hétérosexuelles, de sorte que les ressources pour faire face à la violence dans les relations homosexuelles sont rares ou inexistantes. L'objectif de l'étude était de comprendre les significations de faire face à la violence intime vécue par les hommes qui ont des relations avec des hommes. Méthodologiquement, l'étude est qualitative, où nous avons interrogé huit hommes qui se rapportent aux hommes et analysé les données de l'analyse thématique. L'analyse a permis de construire quatre thèmes: 1) Amis comme source de soutien et de revictimisation; 2) Famille; 3) Mouvement LGBT; 4) Dénonciation à l'État, qui discute du manque de ressources pour faire face à la violence intime, faisant de la principale source de soutien dans ces cas d'être informelle. Nous concluons que l'articulation politique est nécessaire à la construction d'un réseau de soins pour faire face à la violence dans les relations homosexuelles.*

**Mots-clés :** *violence entre partenaires intimes, hommes ayant des rapports sexuels avec des hommes, homosexualité*

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Intimate relationships have been redefined based on constant social, economic, political, and cultural transformations of consensual affective and sexual contact between people. These can range from casual encounters for the purpose of obtaining mutual pleasure to long-lasting relationships such as dating, stable unions, and/or marriages, monogamous or not (Costa & Cenci, 2014).

In this context, there are relationships between people of the same gender, which were recognized in Brazil by the Supreme Federal Court (STF) in 2011 (STF, 2011). Even so, same-sex marriage is not a law in the country, which meant that many registry offices did not perform unions between homosexuals. That was when, in 2013, the National Council of Justice (CNJ) published Resolution 175, which required registry offices to perform marriages between people of the same gender (CNJ, 2013).

The lack of specific legislation on homosexual relationships results in several barriers to their implementation and makes them invisible. Part of this invisibility affects cases of intimate partner violence (IPV) among this population. IPV consists of acts that threaten or cause harm to the partner in an intimate relationship (Franco & Lourenço, 2022), regardless of its configuration or duration, and can even occur after the relationship has ended (Memiah et al., 2021).

To deal with this demand, several countries have organized care networks that involve legal, psychosocial, and healthcare devices (Oliveira et al., 2015). However, this organization fails to accommodate homosexuals who are victims of intimate partner abuse, as they were organized primarily to meet the needs of women who are victims of their partners in heterosexual relationships, relying almost exclusively on gender categories for understanding and intervention.

Brazil's framework for combating IPV is the Maria da Penha Law (Law No. 11,340, 2006), which creates mechanisms to curb domestic and family violence against women. Regarding men who are victims of IPV, Brazilian legislation does not provide any legal response and suffers from a lack of data on the subject. According to Souza and Honorato (2020), in Brazil, the lack of data on IPV in homosexual relationships is the result of the lack of intelligibility of these relationships, that is, Brazilian society has difficulty understanding how homosexual relationships are structured, and this, combined with the discriminatory processes to which homosexuals have historically been subjected, causes the impression that these relationships are free of violence to dissipate in society.

Many men who have relationships with other men may not identify as gay or bisexual, (and) so we use the terminology Men Who Have Relationships with Men (MRM) to avoid reductionisms involving intimate relationships that are different from heterosexuality. We consider not only sexual practice, but the intertwining of partners based on sexual, emotional and sociocultural bonds, and we include MRM, regardless of their sexual orientation (Mora et al., 2018).

Intimate relationships between men are found in the study of masculinities, understood here as plural, situated in social and historical contexts. We reject the idea of a “crisis of masculinity” due to the essentialism of the term, where, for masculinity to enter “crisis”, it would have an essence, which was fragmented and should return to that. Rather, we understand masculinities from the perspective of gender, being made from performativity, which corresponds to repetitions of meanings that have a social effect of making us men or women (Butler, 2003).

IPV is a reality that has been little investigated in the context of MRM, since studies on masculinity gained prominence in science, this phenomenon has remained little explored (Rollè et al., 2018). According to Aguayo and Nascimento (2016), studies on masculinity focus on issues such as violence against women (with men as perpetrators), gender equality in work and household chores, and health as a social construct, so that there seems to be a silencing or even a lack of interest in the study of IPV among men. However, a close look at the data from some specific studies points to important issues, such as: all 52 MRM participants in the research by Stephenson et al. (2014) reported perpetrating or being victims of IPV. Thus, Stephenson & Finneran (2016) suggest that MRM may experience rates of abuse like those of heterosexual women, a finding that is corroborated by Callan et al. (2020). Edwards et al. (2015) suggest that MRM may experience significant rates of sexual victimization in relationships, and this increases vulnerability to sexually transmitted infections.

Strasser et al. (2012) explain that MRM are twice as likely to experience intimate violence than heterosexual men and that the experience of IPV seems normalized among MRM, being what is expected when entering into an intimate relationship with another man. Furthermore, homophobic discrimination and gender categories create the social perception that men cannot be victims in intimacy and that MRM could easily leave a violent relationship, since as they are promiscuous and have many partners, it would be relatively easy to leave an abusive relationship to enter another supposedly healthy relationship (Chong et al., 2013), and this causes society to minimize the severity of intimate violence in these people. Furthermore, most research on IPV focuses on heterosexual relationships, and studies on violence in homosexual relationships are less expressive since this phenomenon questions the feminist assumption that IPV arises from unequal gender relations (Santos & Caridade, 2017).

Liu et al. (2021) explain that MRMs are at high risk for IPV, both in terms of victimization and perpetration. In the authors’ extensive review, which analyzed 52 studies with a total of 32,048 MRM participants, the prevalence of IPV victimization was 33% and perpetration was 29%. Psychological/emotional violence was the most prevalent, with rates of 33% of victimization and 41% of perpetration.

Souza et al. (2022) explain that IPV among MRM is shrouded in a range of meanings that involve a power struggle between MRM in the relationship, where IPV would function as a form of “marking territory” between partners so that the violent person is represented as “more masculine”. Other factors related to IPV among MRM would be income inequality between partners and real or imagined infidelity, with IPV possibly occurring as a way of protecting/avenging the male honor of the person who was betrayed. Finally, the authors also explain that sexual minorities are at greater risk if we consider the use of alcohol and other drugs due to the context of discrimination to which they are subjected throughout their development, as this use works both as a predictor of IPV and as a potentializer of its severity.

Institutional barriers make it difficult for people of the same gender to recognize and report violence experienced in intimate relationships. The systems for responding to this demand are not set up to serve non-heterosexual victims of IPV. This issue is combined with discrimination, which causes many homosexual/bisexual victims of IPV to be excluded from policies aimed at this issue so some of the main reports arise when seeking such services. These people are discriminated against and poorly served, and even for those who seek help and are not afraid of discrimination, this person is unlikely to be welcomed (Calton et al., 2016; Salter et al., 2021; Tarshis, 2020).

These barriers to access to security systems and the lack of specific legislation on IPV among MRM make data on this phenomenon in Brazil uncertain. Therefore, it is important to understand which social factors are involved in IPV among this population. In this way, we aim to understand the meanings of coping with IPV adopted by a group of MRM in Manaus.

Meanings are social and historical conceptions shared by a group that allows us to understand social experiences from the subjects’ point of view, enabling an in-depth immersion in reality (Souza, 2018).

## Method

This is a qualitative, descriptive, and exploratory study. We followed resolutions 466/12 and 510/16 of the National Health Council, on research with human beings in Brazil. The research was approved by the Research Ethics Committee of the Federal University of Santa Catarina (UFSC) under opinion no. 4,219,311 and was funded by the Coordination for the Improvement of Higher Education Personnel (Capes).

Eight MRM participated in the study, chosen through the convenience criterion, where they were selected to the extent that they were available and accessible (Creswell & Creswell, 2021). The study included MRM aged 18 or older, living in Manaus, who experienced IPV in a perpetrated or victimized manner in an intimate relationship with another man. As exclusion criteria, MRM with any mental health problem or neurological impairment that prevented them from communicating did not participate in the study. In addition, trans-MRM did not participate in the study. We named the participants from P1 (participant 1) to P8 (participant 8).

We found participants through the snowball technique, where individuals selected for the research invited new participants. This is useful for studying hard-to-reach populations (Bockorni & Gomes, 2021). The convenience criterion and the snowball method were used considering the stigma of being MRM and the sensitivity of the topic.

The research was publicized on social media and interested parties contacted the researcher. Data collection took place in August 2020 and was done through semi-structured interviews (Marconi & Lakatos, 2021), which lasted around an hour each and were recorded for later transcription. The collection considered social distancing rules due to the Covid-19 pandemic and participants signed the Informed Consent Form (ICF). Some questions in the semi-structured interview were: In what situations of IPV have you found yourself? What did you do to deal with it? What were your social support networks?

Four self-identified white and four black MRMs participated in the study. Regarding sexual orientation, seven participants declared themselves homosexual and one bisexual. Sexual orientation refers to romantic involvement and/or sexual attraction developed for another, which involves being interested in cis or trans men and women. Bisexuality consists of sexual attraction and/or emotional or romantic involvement with people of both sexes, and homosexuality is sexual attraction and/or emotional or romantic involvement with people of the same gender (Zani & Terra, 2019). Only one participant (P3) was in a stable relationship and the others declared themselves to be single at the time of the interview, therefore, the reports of IPV in this study refer to past relationships for all participants.

Five participants had completed higher education, one was studying, and another had completed high school. Regarding gender identity, all participants declared themselves cisgender. Cisgenderism corresponds to identification with the gender assigned at birth (Zani & Terra, 2019).

Five participants reported being unemployed and doing informal work to earn an income. Their main activities were being a ride-hailing app driver (P8), a freelancer creating art and advertising (P3, P4 and P7) and a social educator (P1). Those who had formal employment corresponded to areas of health and education: P6, as a doctor, P5 as a nurse and P2 who is a primary school teacher. None of the participants reported any disability. Table 1 characterizes the research participants.

**Table 1**

*Characterization of research participants.*

	Age (years)	Race	Identity of gender/ guidance sexual	Status of partner Intimate	Education	Religion	Occupation current	Triggers from VPI
P1	30	Brown	Cis/ Homosexual	Single	Average full	Umbanda	Self-employed	Infidelity
P2	37	White	Cis/ Homosexual	Single	Sup. full (Lyrics)	Candomblé	Teacher	Infidelity
P3	28	White	Cis/ Homosexual	Falling in love	Full Sup. (Advertising/ Advertising)	Agnostic	Self-employed	Infidelity
P4	32	White	Cis/ Homosexual	Single	Full Sup. (Designer)	Agnostic	Self-employed	Infidelity
P5	25	Black	Cis/ Homosexual	Single	Full Sup. (Nursing)	Agnostic	Coordinator of NGO	Sex
P6	40	Brown	Cis/ Homosexual	Single	Full Sup. (Medicine)	Agnostic	Doctor on-call	Infidelity
P7	25	Black	Cis/ Bisexual	Single	Sup. full (Advertising/ Advertising)	Daimist	Self-employed	Racism
P8	25	White	Cis/ Homosexual	Single	Sup. in progress (Administration)	Agnostic	Self-employed	Exhibition of guidance sexual/ infidelity

The data was analyzed using Braun and Clarke's (2021) Thematic Analysis (TA), which identifies, interprets, and reports patterns, offering a rich organization of details, consisting of six phases: 1) Familiarization with the data – transcription and review; 2) Generation of codes, systematically highlighting relevant data in the text; 3) Search for themes, grouping the codes into possible themes; 4) Review of themes – checking whether the potential themes fit the scope of the database; 5) Definition of themes – naming and refining the details of each theme; and 6) Production of the report – discussion of the data. In addition to TA, we used intersectionality as an analytical operator. This concerns the interaction between two or more axes of oppression in the subject's experience (Táboas, 2021). The tool is useful in analyzing the experiences of dissidents from heterosexuality, considering the discriminatory processes arising from the encounter between race, class, and gender together with sexual orientation.

## Results and discussions

It was possible to construct four themes that discuss the meanings of confronting the situation of intimate violence experienced by MRM: 1) Friends as a source of support and revictimization; 2) Family; 3) LGBT Movement; 4) Reporting to the State.

### Friends as a source of support and revictimization

In the present study, MRM participants involved in IPV situations reported that their main source of help in coping with IPV was informal support from friends: “Until it got to the point where I needed to expose it in some way, and that's when my friend saw it and started talking to me and he was the one who helped me have the impulse to leave there” (P1, 30 years old).

According to Strasser et al. (2012), same-gender victims of IPV are more likely to seek help from friends because formal sources are inaccessible. Sylaska and Edwards (2015) argue that informal support is common in cases of IPV among sexual minorities because empathic support is perceived as more helpful.

However, the theme of “friends” also appears in a revictimizing way. Let us take a look at P4's statement: “When I told a friend about this, he told me ‘he hit you because you let him’” (P4, 32 years old). The statement points to issues of masculinity that deal with the idea that a man cannot be a victim in intimacy, as he is expected to be able to defend himself from any type of aggression and, if he does not, he is considered “less of a man” (Stiles-Shields & Carroll, 2014). However, IPV among MRM is also stereotyped by the supposed bilateral nature of violence, that is, if a man defends himself from IPV perpetrated by his partner, he stops being a victim and becomes a perpetrator (Morgan et al., 2016), which makes it more difficult for men who have been victimized by their partners to seek support, even if this support is informal.

Although friends are primarily a source of emotional support for dealing with IPV, they also represent a certain risk in the face of the situation, as the support offered may often not consider the complexity of the relationship of the MRM who is experiencing violence. Another demand involves the issue that some MRM recognize that they cannot count on this form of support, as their sexual identity is not disclosed (Freeland et al., 2016).

### Family

The family reproduces crystallizations of masculinity on how to deal with homosexual IPV: “(...) imagine, I'm going to get home and say ‘mom, I got hit by a guy’, she replies ‘why didn't you hit me back?’ (P4, 32 years old).

The speech may point to the stereotypes of masculinity that make it acceptable for men to use violence, where “hitting back” would function as a way of protecting their masculinity. According to Stiles-Shields and Carroll (2014), gender stereotypes stipulate that MRM victims of IPV retaliate against the violence they experience, as this would bring a “balance of power in the relationship”.

The participants in this research described that the family is not always a support network for the MRM who suffers IPV: “(When reporting that he did not tell his parents about the IPV he suffered) because they are already homophobic, they would discriminate even more, because they are two men, God does not approve (...), but if I spoke... I also never wanted to interfere with my parents in my relationship, and imagine aggression” (P8, 25 years old).

We can observe that, in this case, the IPV experienced by P8 functioned as a form of “double closet”, because if the participant sought help for this need, he would have to reveal not only the experience of violence but also his relationship and/or sexual orientation (Stiles-Shields & Carroll, 2014). The issue here also involves the so-called production of absence, which is discussed by Santos (2000) as the idea that what does not exist is, in fact, actively produced as non-existent. As an unbelievable experience of existence, something to be erased from social perception. It can be reflected that this production of the absence of family participation in the case of P8 is based on the intersection between homophobia and religion. This points to what Butler (2003) explains: that Western society created a compulsory order of sex/gender/desire

directed towards heterosexuality and that, to maintain this norm, several devices are used, such as the Christian religion. Anyone who deviates from this matrix is considered a body with less value, liable to not receive support when violated, so that the violence suffered can be perceived as divine punishment for their “deviation”.

## LGBT Movement

Same-gender IPV is largely invisible for several reasons, one of which involves the LGBT community (lesbian, gay, bisexual, and transgender) itself, which fears reinforcing stigmas associated with such relationships (Chong et al., 2013). For many in the community, there is a perception that publicizing same-gender IPV victimization would reinforce the stigmas of this population (Guadalupe-Diaz & Jasinski, 2016). Let us look at P3’s statement:

First, we (the LGBT community) do not discuss the violence that the community itself suffers from LGBT people. We discuss violence in general, but not when it comes to intimate partners. Because we believe that the LGBT community only suffers violence based on cis-heteronormative standards, (...) which is always from the outside in, but never from the inside in, but never from a homosexual. (P3, 28 years old)

This pattern described by P3 can culminate in the construction of a social perception that IPV does not exist among same-gender couples: “I thought it did not exist because no one says anything, but it does, we are afraid to talk about it” (P6, 40 years old).

According to Langenderfer-Magruder et al. (2014), due to discrimination, IPV between individuals of the same gender is underestimated and the social networks of the LGBT movement are very limited, especially in countries where same-gender relationships are not accepted (Tarshis, 2020). The silencing described by P6 corroborates the results of the research by Ferrari et al. (2021), when the authors explain that IPV between men does not reach legal bodies due to the fear that those who report it will suffer a double prejudice: the prejudice for living in a homosexual relationship and that of being a victim of IPV.

P4’s speech portrays the issue that the actions of many LGBT social movements are centered on violence in broader society against LGBT people and not violence between LGBT people: “They (social movements) don’t address it, I’ve seen them address other issues, but I’ve never seen them address intimate aggression within the LGBT community” (P4, 32 years old).

The history of LGBT movements in Brazil is still marked by difficulties and barriers that prevent broad action. Many movements suffer from a lack of funding and other political and discriminatory barriers. Thus, the movements focus on issues considered more urgent (such as homophobic violence that culminates in death) or issues that are funded, such as HIV. Thus, according to Goldberg-Looney et al. (2016), the LGBT community does not have access to social instruments and technologies that can provide broad support to individuals who dissent from the heteronorm. For example, in Brazil, community IPV policies are designed for heterosexual individuals, which prevents homosexuals from accessing psychosocial support.

Access to the LGBT community as a social support may reduce the stressors that lead to IPV in MRM couples (Stephenson & Finneran, 2016), but the experience of IPV may impede MRM engagement in the social aspects of the community (Stephenson et al., 2013), given the stigma involved in being MRM and especially when one is involved in IPV (Goldberg-Looney et al., 2016). Thus, sexual minority status may also exacerbate the feelings of isolation and helplessness often experienced by victims of domestic violence (Stiles-Shields & Carroll, 2014).

Even non-governmental organizations that deal with IPV do not appear to be a useful resource for MRM, as these organizations may not know how to respond to IPV among these people, in addition to the difficulty in welcoming victimized MRM in private due to the myth that men are only perpetrators (Freeland et al. (2016).

P7 brings up another problem: “I don’t see anything, I’ve never seen anything (...) and who am I going to look for to help me? Because the social movement doesn’t do anything (...) I see the social movement a lot during carnival, mostly just about HIV/AIDS” (P7, 25 years old).

We raise the question of whether it is the responsibility of social movements to deal with intimate partner violence. This is not to say that there cannot be coordination between social movements and the State, but in what P7 puts forward, there seems to be an expectation that social movements should deal with such cases. However, such action is the State’s responsibility, it is the State’s responsibility to deal with this demand. The statement may point to a practical effect of neoliberal discourse.

Neoliberalism refers to a policy in which the State is exempted from the responsibility of guaranteeing the rights of the population (Campos, 2017). P7’s statement, therefore, suggests an expectation of action by other actors in meeting the needs arising from victimization in private life, and this action is not the responsibility of social movements. However, even though they may problematize this phenomenon in some way, the leading role in confronting IPV between people of the same gender lies with the State.

The state must protect its citizens in cases of violence, but Brazil has not yet managed to address issues related to sexual and gender diversity, so that many basic rights of the LGBT population, such as access to education, health and safety, are largely neglected (Since Brazil is the country that kills the most LGBT people in the world). Furthermore, in the country, the discussion about parenthood and intimate relationships is still hampered by conservative heterosexual norms, which

limits the possibilities of truly recognizing the demands of homosexual relationships, such as IPV.

According to Parker (2002), the Brazilian government's response to the HIV epidemic was slow and disorganized, but as the response began to be organized, the almost exclusive focus of interventions was on MRM, which contributed to the construction of the social imaginary that the health needs of MRM are related only to HIV. Thus, we can understand the perception that the social movement "only acts during Carnival and concerning HIV/AIDS" as something historical. Therefore, considering that the State was unable to access these men conventionally, through health campaigns, for example, the State needed to approach the homosexual movement to gain access to these subjects.

Facchini (2003) explains that, from a historical point of view, the homosexual movement consists of a series of more or less institutionalized associations and entities that aim to defend rights related to free orientation. Over time, the so-called homosexual movement transformed into the LGBT movement, based on the inclusion of other sexual/gender identities.

According to Gomes (2021), HIV had an impact on the homosexual movement, and this movement became one of the main pillars of the response to the AIDS epidemic in the country. Furthermore, the State's interest in the homosexual body is not focused on its well-being as a subject, but rather on avoiding illness (mainly from the HIV virus), as this illness burdens the public coffers, since HIV treatment is guaranteed through the Unified Health System (SUS). Therefore, it is to be expected that LGBT social movements are funded by the State and function as a way to reach bodies that dissent from the heteronorm for the prevention of HIV/AIDS, but the State's interest ends there. About other aspects, such as IPV among MRM, we have the production of absence.

### Complaint to the State

This theme shows how MRM involved in IPV situations behaved concerning seeking formal help from the State.

Obviously, some gay people suffer violence simply because they are gay, but it is still because gays do not report it. It is very rare to see an abusive relationship like this that has a complaint filed. In my opinion, I think it is a lot of prejudice in society. Because, up until now, people are opening up, but they are not very integrated into society, like you go to a police station, you expose your relationship and possibly the person who will assist you is someone who is not prepared for this type of situation, so I think it causes fear of you going and exposing yourself to this point, so people try to avoid the stress. (P1, 30 years old)

According to Calton et al. (2016), systems of care for people who have been victims of intimate partner violence are not designed for people in homosexual relationships and end up excluding and discriminating against them. Furthermore, the homophobia experienced in the care these people receive also has an impact on their decision not to seek formal help. Thus, MRM may feel less motivated to seek help from the State in situations of IPV, since homosexual relationships are not well regarded in Brazilian society, which can cause various forms of revictimization of these people. According to Ferrari et al. (2021), young gay men who suffered IPV from their partners did not report it for fear of being discriminated against at the police station, which limited their support networks.

When the participant was asked whether, if he were dating the interviewer, he would seek out the security system if he suffered IPV, he responded:

No, I would just break up with you. I think that the social context influences it, it seems like the two of us fighting, both of us were being aggressive (...) it's like this issue of men "ah we can defend ourselves", if it were a friend of mine who suffered any kind of aggression, I would encourage her to report it, because there is this feminine context, but when I think about a relationship between two men, both of them can defend themselves. (P5, 25 years old)

Participant P5's statement points to what Goldberg-Looney et al. (2016) discuss when they report that sexual minority men who are victims of IPV usually end the relationship but do not seek formal help. Most incidents of IPV among MRM are not formally reported to the State (Strasser et al., 2012), since many MRM who experience IPV do not interpret their experiences as IPV and minimize their situation (Siemieniuk et al., 2013). Chong et al. (2013), Stiles-Shields and Carroll (2014) and Morgan et al. (2016) explain that notions of gender contribute to the perception that men cannot be victims in intimacy. This contributes to the phenomenon of IPV among MRM remaining invisible and not receiving due attention.

Feminist theories that guide the understanding of IPV (male aggressors and female victims, both in heterosexual relationships) often exclude same-gender couples (Siemieniuk et al., 2013). This influences the perception that episodes of homosexual IPV are less serious and would justify non-intervention when the victim of violence is male and homosexual (Finneran & Stephenson, 2013; Goldberg-Looney et al., 2016).

MRM are expected to "deal with" (fight back) the violence they have suffered (Guadalupe-Diaz & Jasinski, 2016). Thus, the reciprocity of violence imposed by the crystallization of masculinity becomes a mechanism for coping with and silencing IPV (Morgan et al., 2016). This is understood as a situation in which both partners supposedly contribute equally to violence within an intimate relationship and hide a gender dynamic: In heterosexual relationships, if the woman fights

back, she is seen as someone trying to defend herself. In same-gender relationships, if the victim reacts, she is seen as someone who also committed violence (especially if it is a relationship between MRM) (Stiles-Shields & Carroll, 2014), this association that classifies MRM in both the role of victim and perpetrator is simplistic and reductionist and fails to understand the complex dynamics that probably exist in these violent relationships (Stults et al., 2016). P5 helps us with further reflections on this issue:

The system is not ready to receive us, they wouldn't know how to address these issues, because this is much more complex than heterosexual violence. So I don't see places in Manaus that are prepared for this. (...) And if even women, who are still seen as fragile, are blamed for the violence they suffer, imagine me in a gay relationship wanting to be a victim, I don't think they will accept me as a victim in a gay relationship. (P5, 25 years old)

It is therefore possible to reflect that there is a generalized lack of psychosocial support for victims of homosexual IPV (De Santis et al., 2014). The coping mechanisms used by MRM who experience IPV are practically nonexistent, since most of the literature that examines dealing with IPV focuses on women (Goldberg-Looney et al., 2016). Furthermore, according to Carrara and Saggese (2011), the social place of homosexuality in Brazil is a place of insult, that is, (there are several prejudiced barriers that make) several prejudiced barriers makes it difficult for homosexuals to have access to various public policies, but when it comes to the topic of IPV, because it is a taboo, access to support services becomes even more difficult.

The Maria da Penha Law (Law No. 11340, 2006), in addition to protecting women in several areas, also specifies in its sole paragraph: "The personal relationships outlined in this article are independent of sexual orientation." This sets a precedent for us to believe that IPV between female couples can receive support and legal assistance in Brazil. However, women who are victims of women, to be covered by the law, need to prove their vulnerability in the relationship. In other words, the law understands that a woman who is the victim of IPV by a man is necessarily vulnerable due to gender inequalities, but a woman who is the victim of IPV by another woman is not necessarily vulnerable. Thus, a woman who has an intimate relationship with a woman who is a victim must show, in addition to the violence suffered, that she is in a lower social position concerning her partner.

We can therefore observe that even though the law assumes a supposedly welcoming stance towards diversity of sexual orientation about women, women who have relationships with women are still required to "prove that they deserve to be covered by the law". This may suggest that the Maria da Penha Law does not base its intervention on gender violence, but on biological markers (the idea of "woman" linked to biology), and when we operate intersectionality, we realize that the law privileges heterosexual women to the detriment of dissident women, so that as long as the law does not consider gender violence and machismo as structuring axes of social relations, it will not produce social advances nor will it welcome homosexual IPV.

Since it is not covered by the Maria da Penha Law, when IPV between MRM reaches the State, it is generally read based on Article 129 of the Brazilian Penal Code, the so-called bodily harm, which corresponds to offending the bodily integrity or health of another, which will still depend on the understanding of the jurist of the case. Such a situation may influence the non-reporting of IPV situations between MRM, in addition to the fact that police stations, as a gateway to the Brazilian legal system, can be seen as a place for revictimization by MRM, as we can see in the statements of P6 and P8: "At no time did I think about reporting it, I don't know why, but it's as if it wouldn't lead to anything, for me it would be just another joke at the police station" (P6, 40 years old); "I think that (I wouldn't be well treated at the police station), I would be a joke. The police are homophobic, let's be honest, homophobic and racist. You get there, you'll be laughed at" (P8, 25 years old).

Sexual minority victims of IPV report several challenges to access formal domestic violence resources. Discrimination may play a role in whether or not same-gender victims of IPV are served by these services. Thus, because same-gender relationships are already marginalized and characterized as inferior, same-gender victims of domestic violence often face discrimination and limits on their legal rights (Stiles-Shields & Carroll, 2014; Swan et al., 2021).

When P6 says he would be mocked at the police station, this points to the intersection between masculinities and homophobia. When we talk about masculinities, we are talking about men not being seen as victims in private and homophobia, due to the discrimination to which homosexuals are subject. The process becomes more complex when we observe that the police is an institution that has traditional masculinity as one of its guiding principles, which can contribute to discrimination in this context.

There are ongoing reports of revictimization of sexual minorities in law enforcement (Guadalupe-Díaz & Jasinski, 2016). Furthermore, the nature of same-gender relationships is often minimized, misinterpreted, or denied by legal systems (Stiles-Shields & Carroll, 2014). These issues, along with the lack of helpful resources and guidance, discourage victims from reporting abuse and make victims more likely to seek help from informal sources because formal sources are perceived as unhelpful (Finneran & Stephenson, 2013; Strasser et al., 2012).

One specific point worth discussing is the role of the police in same-gender IPV, which is generally characterized by their inaction even when IPV is reported (Finneran & Stephenson, 2013). Although the police are recognized as an institution that can help resolve IPV in heterosexual relationships, they are viewed with distrust by people experiencing same-gender IPV due to the perception among homosexuals that the police generally do not consider same-gender IPV situations to be important

enough to intervene. In general, MRM victims of IPV express frustration and antipathy toward the police because of their discriminatory nature, and it is reported that when the police are helpful, it is considered shocking (Freeland et al., 2016).

An important point is that P2 reported that she only went to the police after arriving home and seeing that her furniture had been stolen. What her neighbors reported was that her partner had arrived home with a moving trunk and had taken all of the furniture. It is important to note that, at this point in the relationship, P2 had already experienced several episodes of physical IPV, but the cases of IPV were not ground for filing a complaint because she believed that the police did not act in her case of IPV; the complaint was only filed when this situation occurred with the furniture. Therefore, we can say that P2 did not report the IPV, but rather the theft.

The situation is complex, because under Brazilian law, if this situation had occurred with a woman, it would be classified as domestic violence in the form of patrimonial violence, but since there is no legal provision for men to be classified as this type of crime, the police report was filed as theft. This indicates that women in situations of IPV lose several legal protections, such as the protective measures provided for in the Maria da Penha Law due to their gender and the format of their intimate relationship due to their sexual orientation, as these are only available to women who are victims due to their gender in family relationships, or in heterosexual intimate relationships and women who are victims of other women (in intimate relationships or not) who prove their vulnerability. Regarding the complaint, let us observe P2's speech:

(At the police station) I was treated well, but I know why I was treated well. I said that I was in a romantic relationship with a person of the same gender and that I was in a situation of violence and wanted to report it. I was treated very well because I am white, I am aware of that. They value accent, everything (...) yes, they value it, even the way you speak, we who study more (...) all of this is highly valued because the person ends up creating a different image of you and you have to be respected. So, I mean, another homosexual who went to report it (...). Maybe they wouldn't even file a police report: "no, sort it out there, there's no need..." (P2, 37 years old)

The statement points out that bodies are understood as capable of having their rights guaranteed. White, middle-class bodies with a high level of education end up having a certain passivity in society, but other bodies, such as the one mentioned by P2, may not. But even with the initial receptiveness of the system, the police chief's guidance in P2's case was that the complaint be withdrawn.

MRM victims of IPV report that going to the justice system is an even more embarrassing experience, as legal practitioners do not take their demands seriously (Freeland et al., 2016) and the victim has to deal with poor responses from law enforcement authorities, which often leads to the victim abandoning the criminal case (Guadalupe-Diaz & Jasinski, 2016), as in the case of P2. This leaves some MRM victims of IPV feeling as if they have nowhere to turn, returning to the abusive relationship (Freeland et al., 2016). Furthermore, IPV among MRM is rarely discussed in the legal field, or if it is discussed, it is in the health field, always concerning HIV (Freeland et al., 2016).

The reasons why this type of violence is not discussed in the legal field can be very diverse, and involve a multifactorial complexity such as the state's failure to recognize other family configurations other than the monogamous heteronormative one, in addition to the invisibility of LGBT experiences that are not discriminatory (in the sense that LGBT people are only reported when they are killed), or even various stigmas and discriminations that generate myths about LGBT people having the intention of "destroying the family". Continuing with this process, let's look at P4's provocations:

I worked as a consultant at Facebook, so I received direct complaints from some people (...) the person would report it to me, but it was rarely followed up on, but there were very few reports of homosexual IPV. When the reports come in, they are hushed up right there, they don't go forward. They don't investigate, because being LGBT, they don't do it. (P4, 32 years old)

P4's statement corroborates the reports of other participants and the literature on homosexual IPV not reaching the legal authorities. But let's look at those that do reach the authorities. As reported by P2, the police's "procedure" in his case was to ask him to withdraw his complaint, and P4 points to the failure to investigate the few complaints that reached the police station.

Here, we believe it is pertinent to bring up the concept of state of exception, by Giorgio Agamben (2004). The author explains that the state of exception is characterized by the suspension of the current legal system, causing the State to act through decrees with the force of law, due to the State's perception that the current laws would no longer work. This suspension is based on the idea that the country's sovereignty would be threatened by external or internal forces.

With the justification of containing a crisis, all rights guarantees are undone and this exposes citizens to the imminent risk of legally justified violent death. The big issue for Agamben (2004) is that the state of exception was originally designed to be used in extraordinary situations (such as a war, for example), but it is observed that certain characteristics of the state of exception cease to be an exception and become the rule even in democracies. Its use has become a political instrument and a constant government technique, mainly in the economic sphere, in favor of urgent situations or in favor of financial power unlinked from state functions (Oliveira, & Fernandes, 2017), but concerning individual rights, this "rule of exception" is observed only for some bodies (Souza & Serra, 2020).

According to Butler (2019), we can observe that certain bodies can become killable. Moving forward in the discussion, it is possible to reflect that certain bodies live in a constant state of exception and the State acts in a way that does not guarantee the global integrity of subjects and groups. For example, the police (especially the military, whose social function is repression) are authorized to act outside the constitutional parameters in certain geographic areas of the city and with certain bodies. This is observed in the way the police treat black and peripheral bodies about how the same police treat white bodies that live in affluent areas.

In this way, we can portray homosexual people as living in a permanent state of exception. The statements of the participants in this section show, for example, that the State is not prepared to assist them if their integrity is violated due to IPV.

Having explained the concept, we must reflect on the fact that the State operates to maintain heteronormativity, and this occurs in the implementation of public policies that privilege heterosexuality, even as explained in the Brazilian Constitution of 1988, which establishes the need for a monogamous and heterosexual relationship to form a family. In this sense, policies that consider the intersectionality between gender and sexual orientation in Brazil are scarce, if not non-existent, thus guaranteeing the exception. We observe this in what Souza and Honorato (2020) discuss, when they state that the Brazilian National Congress, the Legislative Branch, which would be responsible for creating laws that guarantee the human dignity of the population, has never voted on a proposal aimed at sexual and gender diversity.

It is observed that, even the STF's action extending the right to marriage between people of the same gender, despite being an important achievement, did not bring policies to combat IPV for this public. Here, we observe that this production of absence (Santos, 2000) concerning LGBT rights culminates in the permanent state of exception (Agamben, 2004) experienced by LGBT people in Brazil, because these, by breaking with the heteronorm, are bodies that do not matter (Butler, 2019) to the Brazilian public authorities.

### Final considerations

The objective of this study was to understand the meanings of coping with IPV by a group of MRM in Manaus. We observed that friends are the main source of support, but they can also be a source of revictimization when support is based on gender categories. Family appeared as a source of revictimization for MRM who suffer IPV, and this may arise from the intersection between gender, homophobia, and the Christian religion. Social movements lack resources to contribute to coping and education concerning IPV, and the State behaves in a way that leaves MRM who are victims in their private lives unassisted, whether in the justice system, the psychosocial support system, or the health system, the latter of which provides care to MRM almost exclusively about HIV/AIDS. Thus, coping with IPV by MRM seems to be limited to ending the relationship, since many of the resources that could be available to them are not.

The study in Manaus corroborated international literature, pointing to the absence of legal measures to address IPV against MRM, and that this re-victimizes MRM in several ways. Sexual discrimination still influences the decision not to seek formal help from the State, since the latter is perceived as absent and ineffective in the face of IPV against MRM. Thus, by not having their rights met, it has been suggested that MRM live in a permanent state of exception, as described by Agamben (2004).

Finally, it is hoped that this study will contribute to the understanding of the nuances of the phenomenon of IPV among MRM and that it may serve as a basis for the development of public policies to combat gender-based violence. It is also possible to mention the limitations of the study, namely: In Brazil, there are no statistical data on homosexual IPV, which meant that the discussion of this study was conducted mainly using international literature. Another point is the fact that all MRM interviewed had already disclosed their sexual identity at the time of the interview. This may be a limitation because the concealment of sexual identity produces complex subjectivities that may contribute to the understanding of IPV in this population. However, we recognize that this portion of "unconfessed" MRM are difficult to access.

A third point is that none of the MRM participants in the study had a disability. This makes it difficult to understand the experiences of people who do not follow the so-called "normal" biological-bodily functioning norms. People with disabilities may be considered asexual, and this myth makes their intimate relationships invisible. Another limitation concerns the management of the participants' gender and sexual identity: the literature suggests that IPV among sexual minorities manifests complexities and differences between different sexual orientations, but due to the difficulty in finding participants willing to share their stories, we included MRM regardless of their respective sexual orientations, and we did not find any transgender MRM. Therefore, we suggest that future research on IPV among sexual/gender minorities encompass these points/audiences.

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