CRITICAL INCIDENTS IN THE RECOVERY FROM INTIMATE ABUSE
WITH A GAY MALE PARTNER

By

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Abstract

As an exploratory research project, using Flanagan's (1954) Critical Incident methodology, seven gay male survivors of intimate abuse were interviewed in order to identify factors that facilitated and/or hindered recovery. Critical incidents were collected on a timeline in order to examine inter-incident relationships, which provided the basis for a proposed theory of recovery characteristic of a non-clinical population.

Seventy facilitating incidents were subsequently sorted into 13 categories. Sixty-one hindering events were similarly sorted into 12 categories. Procedures to establish category soundness and comprehensiveness suggest that the current category system can be reliably used, and the categories congruently reflect survivor recovery experiences.

Facilitating categories are primarily organized around the following themes: Personal resiliency, boundary management, and determination to break negative relationship patterns. Traumatic re-enactment, perpetrator intrusiveness, and social stigma are central themes identified in the hindering categories. Implications for theory, research, and professional practice are also addressed.
Table of Contents

Abstract ................................................................................................................................. ii
Table of Contents ................................................................................................................ iii
List of Tables and Figures .................................................................................................. ix
Acknowledgements ........................................................................................................... x
CHAPTER I: Introduction .................................................................................................. 1
Purpose .............................................................................................................................. 4
Rationale ............................................................................................................................ 5
Definition of Terms ........................................................................................................... 6
  Gay Male Couple ........................................................................................................... 6
  Intimate Abuse .............................................................................................................. 7
  Critical Incidents .......................................................................................................... 8
  Recovery ......................................................................................................................... 8
A Bracketing Moment ....................................................................................................... 9
Overview of the Thesis ...................................................................................................... 11
CHAPTER II: Review of the Literature ............................................................................. 14
Background ....................................................................................................................... 14
Prevalence Rates, Frequency, and Range of Abusive Acts ............................................. 14
Methodological Limitations .............................................................................................. 16
Survivors Issues ................................................................................................................ 18
  Practicalities .................................................................................................................. 19
Psycho-Emotional Sequelae ................................................................. 20
Isolation ......................................................................................... 21
Self-Reproach .............................................................................. 22

Critical Incidents in the Recovery from Intimate Abuse

with a Gay Male Partner ................................................................. 23

Factors that Facilitate Recovery .................................................. 24

Resists Temptation to Capitulate ............................................... 24
Enacts Safety Measures .............................................................. 24
Support from Family and Friends .............................................. 25

Factors that Hinder Recovery ..................................................... 27

Unwanted Contact with an Abusive Ex-partner ........................... 27
Encounters Legal Double-Standards ......................................... 29

Summary ..................................................................................... 31

CHAPTER III: Methodology ......................................................... 33

Critical Incident Technique ......................................................... 33
Timeline Methodology ............................................................... 34
Research Participants ................................................................. 35

Demographics ........................................................................... 36
Procedure ................................................................................... 37

Critical Incident Interview ......................................................... 37
Orientation Interview ............................................................... 37
Data Collection Interview ........................................................ 38

Analysis of Critical Incidents .................................................... 39
Extraction of Incidents ................................................. 40
Generating Categories ............................................. 41
Critical Incident Timelines ........................................ 44
Validation Procedures ............................................... 45
Category Comprehensiveness ..................................... 46
Category Reliability ............................................... 46
Participation Rate ................................................... 47
Expert Assessment .................................................. 48
Literature Verification ............................................. 48
Summary ............................................................... 48
CHAPTER IV: Results ............................................... 50
Factors That Facilitate Recovery ................................. 52
  Implements Self-Help Strategies ............................... 52
  Receives Empathy, Support and Validation ................ 53
  Acts of Self-Assertion ........................................... 54
  Insight and Understanding ..................................... 55
  Benefits of Counselling ......................................... 56
  Assists Other Survivors ......................................... 58
  Receives Appropriate Referral and Advocacy ............. 59
  Draws Upon Spiritual Practices .............................. 60
  Learns Self-Help Strategies .................................... 61
  Enacts Safety Strategies ....................................... 61
Creates Social Connections ................................................................. 62
Resists Temptation to Capitulate ......................................................... 63
Acknowledgement by Ex-Partner ......................................................... 64
Factors that Hinder Recovery ............................................................. 65
Continued Intrusions Perpetrated by Ex-Partner ................................. 67
Encounters Double-Standards Within Criminal Justice System ............... 68
Prematurely Dates or Enters into a Relationship ................................... 70
Reactive Strategies ........................................................................... 71
Escape and Avoidance Strategies ....................................................... 73
Inadequate Helper Response .............................................................. 74
Sense of Inadequacy ....................................................................... 75
Receives Adverse Reactions: Judgement, Criticism, and Betrayal ............ 77
Financial Constraints/ Legacies ......................................................... 78
No/Failed Attempt(s) to Self-Assert ................................................... 79
Encounters Abusive Characteristics in Others ...................................... 80
Aggressive Self-Assertion .................................................................. 81
Category Validation ........................................................................ 82
Category Comprehensiveness ............................................................ 82
Category Reliability ...................................................................... 83
Participation Rates ......................................................................... 85
Facilitating Categories ................................................................... 85
Hindering Categories ..................................................................... 87
Expert Assessment ........................................................................ 90
Literature Verification .................................................................................................................. 91
  Resiliency .................................................................................................................................. 92
  Trauma ....................................................................................................................................... 95
  Minority Stress ............................................................................................................................ 96

Summary ....................................................................................................................................... 98

CHAPTER V: Critical Incident Timelines .................................................................................. 100

Participant: Dale ........................................................................................................................... 100
Participant: Mark ........................................................................................................................... 105
Participant: Michael ....................................................................................................................... 110
Participant: Gerald .......................................................................................................................... 115
Participant: Geoff ........................................................................................................................... 119
Participant: Paul ............................................................................................................................... 126
Participant: Allen ............................................................................................................................. 134

Timeline Analysis: Proposed Theory of Recovery .................................................................... 140

Adaptive Recovery ....................................................................................................................... 143
  Crisis Management ....................................................................................................................... 143
  Stabilization ................................................................................................................................. 143
  Psycho-emotional Sequelae .......................................................................................................... 144
  Engagement ................................................................................................................................. 146
  Closure ....................................................................................................................................... 148

Cycle of Re-enactments .............................................................................................................. 148
  Pseudo-stabilization ................................................................................................................... 149
  Re-traumatization ....................................................................................................................... 150
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactivity</td>
<td>151</td>
</tr>
<tr>
<td>Summary</td>
<td>152</td>
</tr>
<tr>
<td>CHAPTER VI: Discussion</td>
<td>154</td>
</tr>
<tr>
<td>Summary of Results</td>
<td>154</td>
</tr>
<tr>
<td>Study Limitations</td>
<td>157</td>
</tr>
<tr>
<td>Implications for Theory and Research</td>
<td>159</td>
</tr>
<tr>
<td>Implications for Counselling Practice</td>
<td>161</td>
</tr>
<tr>
<td>Summary</td>
<td>165</td>
</tr>
<tr>
<td>References</td>
<td>167</td>
</tr>
<tr>
<td>Appendix A: Recruitment Notice</td>
<td>179</td>
</tr>
<tr>
<td>Appendix B: Recruitment Notices</td>
<td>181</td>
</tr>
<tr>
<td>Appendix B: Recruitment Notices</td>
<td>181</td>
</tr>
<tr>
<td>Appendix C: Second-Hand Referral Form</td>
<td>183</td>
</tr>
<tr>
<td>Appendix D: Study Description</td>
<td>185</td>
</tr>
<tr>
<td>Appendix E: Participant Consent Form</td>
<td>188</td>
</tr>
</tbody>
</table>
List of Tables and Figures

Table 1: Facilitating Categories ................................................................. 51
Table 2: Hindering Categories ................................................................. 66
Table 3: Reliability of Category Scheme .................................................. 84
Table 4: Category Participation Rates: Facilitating Categories .................. 86
Table 5: Category Participation Rates: Hindering Categories .................... 88
Figure 1: Proposed recovery stages underlying elicited critical incidents ........ 142
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CHAPTER I
Introduction

Within the domestic violence literature, attention to intimate abuse in gay male couples has only recently begun to attract the attention of social researchers as a legitimate area of study (Burke & Follingstad, 1999; Island & Letellier, 1991; Renzetti, 1997). Yet, in spite of this emerging interest, the phenomenon of same-sex intimate abuse is not new; rather, it has been historically ignored by the mainstream domestic violence movement, and relegated as an exception to established theoretical perspectives (Island & Letellier, 1991; Merrill, 1996; Renzetti, 1997).

According to Island and Letellier (1991), gay male intimate abuse is the “third largest health problem facing gay men today, next to AIDS and substance abuse” (p. 1). One could reasonably assume that if this assertion is accurate, then research in this area would congruently reflect the urgency implied in the above quote. However, myths, misconceptions, and barriers have obscured the reality of same-sex intimate abuse. As well, heterosexist assumptions have erroneously deterred mainstream social researchers from considering same-sex intimate abuse as anything other than an exception to established domestic violence theory. Specifically, same-sex intimate abuse does not conform to dominant feminist paradigms, which emphasize gender-based power differentials in abusive relationships (Burke & Follingstad, 1999; Island & Letellier, 1991; Merrill, 1998; Renzetti, 1997).

Community silence is one barrier. Island and Letellier (1991) suggest that gay male intimate abuse is a “taboo topic” within the gay community, supported by fear that
any open discussion would fuel misguided anti-gay sentiments; for example, that intimate abuse in gay male couples is indicative of an inherently dysfunctional, deviant life-style. Merrill (1998) suggests that the gay male community has an investment in maintaining it a secret, because open recognition would “validate homophobic stereotypes of gay people” (p. 131), and undermine socio-political efforts to secure equal rights. Therefore, for the greater good, the reality of intimate abuse is denied.

Gay male intimate abuse has been suspiciously viewed as evidence of sadomasochistic ritual, and, in effect, construed as logical consequences that result from consensual participation in abhorrent sexual behavior. According to this line of thinking, any resulting mental, emotional, or physical injury is the result of voluntary participation in sexual behavior gone awry (Walsh, 1996; Merrill, 1998; Margulies, 1999).

Additional myths, which minimize the seriousness of same-sex intimate abuse, are illustrated by the following beliefs: Some people ask for it; if it is not physical, then it is not that bad; and, it is the result of excessive alcohol consumption or drug abuse. Furthermore, it is assumed to be a working class problem, or personal volition is questioned; that is, the victim could simply leave. At worse, it is asserted that intimate abuse, in gay male couples, simply does not exist (Elliot, 1996; Hanson & Maroney, 1999; Island & Letellier, 1991; Walsh, 1996).

Thus, current researchers have had to face two significant hurdles: legitimize and justify the study of a phenomenon that involves members of a discredited population (Goffman, 1963); and, challenge imported gender-based explanations of intimate abuse. As Green, Bettinger, and Zacks (1996) state: “Gender-based ‘straight-jackets’ unwittingly superimpose, on lesbians and gay men, an ill-fitting set of gender
assumptions that are based on the experiences of straight people” (p. 207). Hence, the assumption of gender-role equivalency has clouded the study of same-sex intimate abuse, in that it is reflexively explained as males seeking control and dominance over a relationship partner, within a context that evokes vulnerability and anxiety. Namely, the context of emotional intimacy, which is an antithetical experience to male socialization requirements of independence, self-reliance, and self-control.

As Rutter and Schwartz (1996) note: “While gender norms tend to create similarity between homosexuals and heterosexuals of the same sex, the culture of the gay community modifies these continuities” (p. 199). When investigating relationship dynamics, in gay male couples, Kurdek (1991) recommends that “focus on dyadic processes should give less importance to gender-related parameters” (p.275).

Current research suggests, in intimate relationships, gay males appear less reliant on traditional gender roles (Cardell, Mawr, Finn, & Marecek, 1981; Julien, Arellano & Turgeon, 1997), and strive to maintain a balance between instrumentality and expressiveness (Gray & Isensee, 1996; Green, Bettinger & Zacks, 1996; Haas & Stafford, 1998; Huston & Schwartz, 1995; Johnson & Keren, 1996). They demonstrate a preference towards egalitarian relationships (Berger, 1990; Haas & Stafford, 1998; Huston & Schwartz, 1995; James & Murphy, 1998); and, report comparable levels of relationship satisfaction as heterosexuals (Kurdek, 1991b, 1992, 1993, 1994). Therefore, a decreasing reliance on traditional gender-based explanations of same-sex intimate abuse would foster alternative lines of inquiry, and extend theory development beyond the confines of traditionally held perspectives.
At this juncture, only general information on survivor issues is available: The course of recovery has yet to be charted. As well, fleeting references briefly touch on barriers that hinder recovery efforts, or facilitating conditions, which assist survivors as they come to terms with physical, emotional, mental, and financial abuse suffered at the hands of a loved one.

This study is an attempt to respond to the following primary research question: What are the factors that facilitate or hinder recovery from intimate abuse with a gay male partner? It is hoped that the data and information, provided in this study, will compliment the emerging literature, propose additional areas of inquiry, and promote development of sub-culturally sensitive preventive and treatment approaches.

Purpose

The primary aim of this research study is to develop a systematic set of categories, which reflect factors that facilitate and/or hinder recovery from same-sex intimate abuse. Secondary aims include, to explicate a survivor-sensitive theory of recovery, which underlies critical events; and, to identify concomitant changes in authorship in the personal narrative. That is, discern perspective shifts in narration as participants tell their story. Zimmerman and Dickerson (1994) argue that:

An exception to the usual situation of self as narrator occurs in situations of extreme subjugation (for example abuse) where persons can be recruited in giving up their position as primary voice and begin telling the story completely from the perpetrator’s perspective (p. 236).
With respect to the recovery process, it is hoped that this study will shed light on relationships between successful recovery and reinstitution of the self as primary narrator, and identify the transitions that characterize this shift in perspective.

The intent of this study is to contribute to the growing body of literature on gay male intimate abuse; specifically, to provide information and insight on population-specific recovery issues and chart the recovery process by incorporating facilitating and hindering factors. Additionally, it is hoped that this study will contribute to clinicians' understanding of viable treatment interventions and strategies, where little information exists to guide professional practice.

Rationale

As a disenfranchised population, gay men have traditionally been confronted with prejudice, discrimination, and marginalization, which interrupt access to resources and services commonly assumed by mainstream society (DiPlacido, 1998; de Monteflores, 1993). Gay male survivors of intimate abuse are twice burdened: marginalized as gay men; and, marginalized as survivors within the gay community. Therefore, it is important that gay male survivors be extended the opportunity to participate in a discussion, of which they have direct knowledge and experience.

As gay male survivors come out of a “second closet” (West, 1998, p. 163), increasing numbers will necessitate resource development, place demands on clinical expertise, and initiate development of preventive measures. Effective preventive and clinical strategies must take into account survivor needs and issues, reflect the unique characteristics of this population, and depart from traditional perspectives used to explain
heterosexual domestic violence. In other words, support strategies must be based on survivor experience, and be sub-culturally sensitive.

Before professional services and resources can adequately address the recovery needs of this population, survivors must be given the opportunity to first articulate them; or, in other words, invite the “insider’s” perspective of the topic at issue (Creswell, 1998). Clearly, discovery is a primary reason for undertaking this research project: What helps or interferes with gay men’s recovery from intimate abuse? Critical incident methodology, as a qualitative approach, appears amenable to the task. Creswell (1998) suggests that qualitative approaches provide a “detailed view of the topic” when the “close up does not exist” (p. 18). This is the first documented attempt to examine critical recovery events in response to same-sex intimate abuse.

**Definition of Terms**

In this section, definitions of focal terms will be offered as they relate to the current research question. Essentially, each term will set the parameters of, or delimit the issue and population understudy.

**Gay Male Couple.** For the purposes of this study, gay male couple refers to men who are emotionally and physically attracted to members of the same sex, with whom they choose to be in committed relationships. Given the diversity of relationship configurations that exist in the gay community, for example: dyadic couples in an open or closed relationship, multiple relationship partners, living together or apart, or long-distance relationships, relationship status is determined by language: lover, partner, soul-mate, boyfriend, etc., and not by relationship structure or proximity. Instances of abuse occurring in friendships or dating relationships are outside the purview of this study.
**Intimate Abuse.** Intimate abuse is a general term used to refer to specific forms of maltreatment: physical, emotional, mental, sexual, and financial abuse, which are intended to control, humiliate, threaten, coerce, or punish an intimate partner (Island & Letellier, 1991; Renzetti, 1997). Physical abuse includes any examples of actual or intimated threat resulting in or potentially resulting in harm to one’s person, or acts that compromise an individual’s sense of personal safety. Examples include, but are not limited to slapping, kicking, hair pulling, punching, or issuing threats with or without a weapon (Hanson & Maroney, 1999; Island & Letellier, 1991).

Emotional abuse is defined as any act that compromises a person’s self-esteem, self-worth, or personal integrity, for example: unwarranted, harsh, or extreme criticism, shaming comments, ridicule, degradation, or emotional blackmail (Elliot, 1996; Island & Letellier, 1991). Mental or psychological abuse includes any act that adversely alters a person’s self-perceptions, for example: restricting freedom or actual confinement, being “outed” as a gay person without consent, or exposure to constant criticism (Island & Letellier, 1991; Hanson & Maroney, 1999).

Sexual abuse refers to any non-consensual sexual contact, or unwanted sexual discourse. This includes demeaning sexual language, forced compliance to perform sexual acts, or publicly critiquing a person’s sexual performance or capabilities (Elliot, 1996; Island & Letellier, 1991; Waldner-Haugrud & Gratch, 1997).

Lastly, financial abuse, as Merrill (1998) states:

Usually works in one of two directions: the abusive partner may feel entitled to be financially supported by his partner and refuse to pay his fair share of the
expenses, or he may expect his partner to depend solely on him and interfere with his partner's ability to maintain financial autonomy (p. 134).

Examples of financial abuse include, exploiting credit cards, wilful destruction of property, sabotaging career advancements, or draining a joint bank account.

**Critical Incidents.** Critical incidents refer to participant-identified events, regardless of source, which are viewed as having "decisive significance for his success or failure in a task" (Andersson & Nilsson, 1964, p. 398). For the most part, critical events will translate into specific behavioral occurrences; that is, the participant will relay details of antecedents, which lead up to an event, the event itself, and resulting outcomes as they relate to the aim of recovery. As Flanagan (1954) states:

> An incident or event is defined as any observable human activity that is sufficiently complete in itself to permit inference and predictions to be made about the person performing the act. To be critical, an incident or event must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects (p. 327).

**Recovery.** The recovery process is conceptualized as an adaptive journey, which begins with the termination of an abusive relationship, and continues until a traumatic relationship ceases to exert adverse influence in a survivor's life. In other words, a survivor reassumes the role of primary narrator in his life story (Zimmerman and Dickerson, 1994), and ceases to identify with the traumatic story line. It is assumed that recovery is a non-linear process, characterized by both progressive and regressive movements, and which a survivor may abort at any point.
Island and Letellier (1991) suggest that at least one year is required for the dissipation of post-traumatic symptoms, and an additional two to three years are necessary to fully recover. These authors outline eight specific indicators of successful recovery: (a) a survivor no longer experiences post-traumatic stress symptoms; (b) a survivor no longer holds himself responsible for a perpetrator’s behavior; (c) a survivor terminates all contact with an ex-partner; (d) he rejects any provocation by an abusive ex-partner; (e) a survivor has not entered into another relationship during the recovery period; (f) he becomes more self-valuing and less other centered; (g) he does not minimize a traumatic relationship; and, (h) he rejects any form of aversive control.

Although these are relevant indicators of recovery, they are temporally restricted to outcomes associated with a current abusive relationship, but do not address recovery from a global perspective. That is, significant recovery indicators, indicative of recurrent, serial abuse, are omitted. Hence, recovery includes not only satisfactory measures to resolve a single abusive relationship, but also includes attempts to prevent continued re-victimization.

A Bracketing Moment

As a gay man, who has been ‘out’ for twenty years, I bring with me years of experience, observations, assumptions, and lingering questions about the gay male experience. I have volunteered in different capacities, such as a peer counsellor, and group facilitator, the topics of which ranged from safer sex practices, relationship building, to ‘coming out’ issues. These roles have afforded me with unique opportunities to delve into the personal stories of gay men.
Along the way, I encountered alarming stories of abuse, perpetrated at the hands of people who were referred to as 'lovers'. Initially, I found this juxtaposition difficult to understand, and as I endeavored to pursue this further, I quickly discovered that I was treading on sensitive terrain. When I turned to the literature, I was disappointed to discover nothing had been written on the subject. It was not until a business trip to San Francisco where I fortuitously discovered a copy of Island and Letellier's (1991) book: Men who beat the men who love them: Battered gay men and domestic violence.

When I began delving into the available literature on domestic violence, and the experiences of heterosexual women, I was confronted with a puzzling discovery: It was a challenge to locate sources that wrote specifically about the experiences of survivors. Eventually, I became sensitized to an apparent self-consciousness: Be wary of directing attention to survivors for fear of intimating blame, or implying culpability for the violence. I have been reminded of this warning repeatedly throughout this research project, and I have a responsibility to myself, the reader, and more importantly, to the participants of this study to make my position clear on this matter.

First, with all due respect to those who have justifiably issued this caution, I want to focus this study on survivor experiences because I think it is essential that their voices be represented in the literature. While in abusive relationships, gay men are silenced by threats, coercion, violence, or fear of reprisal. If investigators focus their attention solely on perpetrators, as a way of attributing responsibility, then survivors become silenced once again; albeit out of protection, the result is similar.

From a logistical standpoint, treatment interventions, and program development are dependent upon the identification of survivor needs: They are major stakeholders in
the process, and are the primary consumers of services rendered (Guba & Lincoln, 1989); therefore, their input is essential.

Second, I believe that responsibility for any abusive act rests solely on the shoulders of the perpetrator; he has to be accountable for his own behavior. Nor do I think that survivors invite abuse; I do not think that any reasonable person would volunteer himself for such treatment. At the same time however, I do not discount the influence of early traumatic attachments, on current relationship choices. Rather than viewing intimate abuse as solely an issue of interpersonal power dynamics, I think that unconscious traumatic re-enactment is a possibility for both partners (Dutton & Painter, 1981; van der Kolk, 1989).

Having said this, I anticipated that the participants would disclose experiences, which to the reader, may appear provocative, risky, or questionable; thus, in some instances, the reader may have to resist urges to attribute fault or culpability. I think that laying blame really misses the point of this research project, which is to move beyond simplistic alliances of ‘good guy’ and ‘bad guy’, and delve into the actualities of surviving intimate abuse. Thus, this research study was an exercise in generating an understanding of survivors’ recovery journey, empathy for their successes and challenges, and an appreciation of the role that interpersonal violence has played in survivors’ lives.

Overview of the Thesis

This thesis is organized into six chapters. Chapter 2 provides a review of the available literature, and examines the frequency and range of abusive behaviors in gay male intimate relationships. As well, methodological challenges associated with the
examination of a sensitive subject, within a marginalized population, are reviewed. As a
prelude to specifying critical incidents noted in the literature, survivor issues are first
explored in order to contextualize facilitating and hindering recovery events.

Chapter 3 introduces the particulars of Critical Incident methodology, associated
data analysis procedures, and methods used to establish data trustworthiness. In order to
enrich the results of this study, timeline methodology was employed as an innovative
adjunct strategy (Chell, 1998). This additional methodological procedure created a unique
opportunity to examine inter-incident relationships, which later laid the foundation for a
proposed theory of recovery. This proposed theory characterizes recovery experiences
outside of a treatment milieu.

Chapter 4 discusses the results of this study. One hundred and thirty-one unique
critical incidents were sorted into 13 facilitating categories and 12 hindering categories.
Each of these categories is described, and illustrative participant examples are provided.
The chapter concludes with the results of five validation procedures: Category
comprehensiveness, category reliability, participation rate, expert assessment, and
literature verification.

Chapter 5 introduces the reader to the participants of this study. Narrative
timelines, which incorporate the critical incidents, were constructed for each participant.
The incidents were situated or contextualized within the participants’ experience so that
the overall tenor of participants’ stories was retained. As well, it was important to create
space in this thesis for the participants’ voices. A proposed theory of recovery,
underlying the recovery narratives, is also provided. It is the first documented theory of
recovery that involves a non-clinical sample.
This thesis closes with Chapter 6, which summarizes the results of this study, discusses methodological limitations, outlines implications for theory and future research, and specifies considerations for professional practice. It is hoped that this thesis will foster greater understanding of facilitating and hindering recovery events experienced by gay male survivors of intimate abuse, and stimulate continued research in this area.
CHAPTER II

Review of the Literature

This chapter contains a survey of the available literature that relates to recovery from intimate abuse with a gay male partner. These sources tend to be exploratory, and few have taken the next step to either a quantitative or qualitative examination of recovery variables. The remaining sources incorporate anecdotal accounts, or incidental disclosures which were peripherally related to the primary area of investigation (e.g., Burke & Follingstad, 1999; Cruz & Firestone, 1998). Therefore, the review of facilitating and hindering factors was largely extrapolated from a limited literature base.

Prior to the identification of factors, which facilitate and/or hinder recovery, the background section will review prevalence studies, and include empirical studies that examine the range of abusive behaviors perpetrated in abusive gay male relationships. A discussion of methodological challenges, in investigating an under-reported phenomenon, which involves a marginalized population (Burke & Follingstad, 1999; Landolt & Dutton, 1997; Walsh, 1996), follows.

Background

Prevalence Rates, Frequency, and Range of Abusive Acts

In one of the earliest studies to examine conflict resolution strategies in gay and lesbian couples, Waterman, Dawson, and Bologna (1989), using the Conflict Tactics Scale, found that of the 34 gay male respondents, 12.1% had been the recipient of sexual coercion. Of those, 100% had also been subjected to other forms of violence, whereas
only 10.3%, of the non-sexually coerced sample, had identified themselves as being victims of other forms of abuse.

From a sample of 52 respondents, 71% of which were non-Caucasian men, Merrill (1998) found that 79% had experienced at least one injury, 62% were threatened or assaulted with a weapon, and 85% suffered significant property or financial loss.

Bryant and Demian (1999) elicited prevalence statistics via a questionnaire, which was comprised of nearly one hundred questions. Of the 560 gay male couples who responded, 31% suffered from at least one form of abuse, 16% reported being verbally abused, and 11% reported being physically abused by their partner. The authors note that their respondents were more likely to initiate and receive support from their gay social network or from gay oriented agencies.

Gay Health Vancouver (2000), an inter-agency initiative comprised of members who provide services to gays and lesbians, conducted a survey in which 33% of the 549 gay male respondents affirmatively responded to the question: Have you ever experienced violence or abuse in a gay relationship?

Walden-Haugrud and Gratch (1997) conducted a survey that attracted results from 162 gay men and 111 lesbians; specifically, the authors were interested in measuring the frequency of sexually coercive acts committed by relationship partners. In total, 260 sexually coercive incidents were collected, an average of 1.6 incidents per person. With respect to the gay male respondents, 11% of these incidents involved unwanted kissing, 33% involved fondling, and 55% involved unwanted penetration.

From their results, the authors observed that there were no significant relationships between gender and being victimized. As well, they noted that gay men
reported higher incidences of coercive acts, but did not experience more violent acts; nor did they report higher levels of physical coercion, as compared to lesbian respondents.

Waldner-Haugrud, Gratch, and Magruder (1997) investigated the type and frequency of abusive acts committed in a relationship. Of the 165 gay men who completed the 15-page questionnaire, 29.7% described themselves as being a victim of relationship violence. In order of severity, abusive acts included threats (19.4%), pushing (18.1%), slapping (17.6%), striking with an object (6.7%), and use of a weapon (2.4%).

Kurdek (1991) collected reasons for relationship dissolution from 6 gay couples, who were a part of a longitudinal study (see Kurdek, 1989, 1991a, 1991b), the intent of which was to examine gay and lesbian relationship dynamics. Of the 11 reasons provided, in order of importance, the couples of this limited sample reported mental cruelty (3rd), verbal abuse (9th), and physical abuse (11th) as reasons for dissolving the relationship.

Methodological Limitations

A number of methodological issues complicate the confidence that can be placed in prevalence studies. Differing definitions of intimate abuse, and the way in which these definitions are operationalized, may affect prevalence rates (Burke and Follingstad, 1999). Studies that use the Conflict Tactics Scale may result in larger percentages of reported abuse because of its sensitivity to the scope and breadth of abusive behavior. In contrast, other studies simply ask respondents to determine whether or not they would describe their relationship as abusive; thus, definitions of abuse are assumed (Burke & Follingstad, 1999).
Studies that included responses from both partners in a couple, may, in fact, artificially inflate prevalence rates if no apparent controls for duplicate responses were implemented (Burke & Follingstad, 1999). Hence, a single abusive incident in a relationship is accounted for twice, once by each partner, in the accumulated data.

Haugrud et al., (1997) identified that some studies failed to distinguish between abusive experiences in former heterosexual relationships, from those in a participant’s current gay relationship. A general question such as, “Have you ever been in an abusive relationship?” assumes that the participant is solely identifying same-sex perpetrators, and not previous heterosexual intimate partners.

As well, sampling procedures may skew prevalence rates. The participants from the cited studies tended to be non-representative; that is, respondents were young, well-educated (college or university students), Caucasian, urban dwellers, and tended to earn higher incomes (Burke & Follingstad, 1999; Hamberger, 1996; Harris & Cook, 1994; Haugrud et al., 1997). Thus, identified sample populations do not reflect the cultural and economic diversity that exists in the gay male community.

Since most of the cited studies relied on either participant surveys or questionnaires, no demonstrated effort to control for social desirability was evident (Burke & Follingstad, 1999). Hence, respondents’ need for appearing socially appropriate may have unduly influenced their responses. Impression management is a recognized source of error variance.

Given the stigma attached to being a survivor of intimate abuse, it is likely that prevalence rates may underestimate actual occurrence. Instances may go unreported because of the risks involved; namely, placing a job in jeopardy, being publicly identified
as a gay man, anticipating adverse family reactions, or exposing oneself to homophobic or discriminatory reactions by criminal justice personnel. Consequently, a survivor risks either re-traumatization within the criminal justice system, or further retaliation from a perpetrator (Island & Letellier, 1991; Landolt & Dutton, 1997; Letellier, 1994; Merrill, 1998; West, 1998).

Lastly, as Burke and Follingstad (1999) note, incident studies are vulnerable to confusion arising over determining violence directionality; that is, unidirectional violence, which means an individual inflicts violence upon another; or, bi-directional, which means intimate abuse is synonymous with mutual abuse. The authors suggest that some researchers failed to distinguish between instigation and self-defence. As a result, survivor rates may be underestimated, and perpetrator rates may be inflated (Island & Letellier, 1991; Landolt & Dutton, 1997; Merrill, 1996, 1998).

Therefore, when considering prevalence data, caution must be applied in drawing conclusions or making generalizations from results from such select samples (Renzetti, 1997). The safest assertion, at this point, is made by Renzetti (1997), who states: “Partner abuse occurs in same-sex relationships; it is not so infrequent as to be anomalous; and once it does occur, it is likely to become increasingly severe over time” (p. 287).

Survivor Issues

As a prelude to discussing factors that facilitate and/or hinder recovery from intimate abuse, suggested in the literature, this section will outline issues and challenges encountered by survivors during the recovery process in order to bridge issues, with which survivors are confronted, and significant recovery experiences. Neither critical incidents in recovery, nor the recovery process itself have been under formal scrutiny of
social researchers. Hence, the material in this section originates from anecdotal accounts from gay male survivors (e.g., Island & Letellier, 1991; Letellier, 1996; Merrill, 1998) and documented observations from various writers (e.g., Johnson, 1999; Klinger, 1995; West, 1998).

Practicalities. Abusive relationships typically end on a dramatic note: A serious altercation, a suicide attempt, expulsion from a residence, or an episode of public humiliation are examples of instances that herald relationship dissolution, and demand crisis management responses from the survivor. Thus, a survivor must generate sufficient energy to find emergency shelter and support, and accumulate the necessary funds to finance transitional expenses, and/or cope with financial legacies of a failed relationship (Island & Letellier, 1991; West, 1998).

Over the course of the relationship, a survivor’s energy reserves are gradually depleted as they continually anticipate, contend with, and ward off attacks. As this pattern continues over time, exhaustion and learned helplessness set in; the means by which a survivor can adaptively cope dwindle, and with little hope in sight, resistance is replaced with apathy and despair (Island & Letellier, 1991; Merrill, 1998; Walsh, 1996).

As a result, a survivor’s ability to respond adequately to post-relationship crisis may be severely hampered. This is exemplified by common post-relationship reactions: inability to concentrate and problem-solve, apparent ambivalence or lack of concern for oneself, inability to identify priorities and initiate appropriate action, and a marked inability to manage simple daily tasks (Island & Letellier, 1991; Merrill, 1998; Walsh, 1996).
Psycho-Emotional Sequelae. Immediately after the termination of an abusive relationship, survivors are typically confronted with anxiety-related symptomatology, the degree of which depends on the length of an abusive relationship, and the severity of abusive acts incurred. Anxiety-related symptoms include, intrusive nightmares, flashbacks, depression, irritation, exaggerated startle response, hypervigilance, or emotional numbing (Elliot, 1996; Island & Letellier, 1991; Klinger, 1995; Merrill, 1998).

These symptoms may persist for six months to a year subsequent to the termination of the relationship; if untreated, symptoms may generalize to other people and situations, and a survivor may become debilitated to the point where employment and social relationships are adversely affected (Elliot, 1996; Island & Letellier, 1991).

Additionally, survivor’s erratic emotional reactions run the gamut, and are often a source of great concern. Survivors may question their own mental stability. Intense and fleeting bouts of anger, fear, shame, guilt, pain, sadness, and loneliness become the mainstay of their emotional world. During this period of emotional upheaval, some gay men may become vulnerable to suicidal ideation, or excessive drug and alcohol usage. These latter strategies are used to induce emotional numbing, or manage anxiety (Hanson & Maroney, 1999; Island & Letellier, 1991; Merrill, 1998).

As well, in order to counteract intense loneliness, gay male survivors may engage in frequent anonymous sex, and fail to heed safer sex practices; hence, survivors are at high risk of contracting HIV, the virus associated with Acquired Immune Deficiency Syndrome (AIDS) (Letellier, 1996; Merrill, 1998; West, 1998). Reassuring human contact becomes the paramount need and supplants any necessity for self-protection. As a
direct result of the abuse suffered, and resulting damage to a survivor’s self-worth, a survivor might not even care about his own health and well-being.

Isolation. Gay male survivors of intimate abuse experience isolation on two levels: by virtue of being a member of a stigmatized population (Goffman, 1963; Meyer & Dean, 1998), and, as a survivor of intimate abuse (Island & Letellier, 1991; Letellier, 1996; Merrill, 1998). As a result, a survivor’s sense of isolation becomes compounded. Sources of support and validation are first delimited by knowledge and acceptance of a survivor’s sexual orientation, and secondly, survivors face limitations and restrictions that result from their involvement in a “ghettoized” community. A community that often has distinct geographic boundaries, which encompass specific gay oriented venues and services (DiPlacido, 1998; Merrill, 1998; Meyer & Dean, 1998).

Community identification is important to gay male identity formation, and affiliation within which, facilitates the development of an ‘emotional’ family, which may be necessary if a survivor’s biological family is estranged or cut-off (Cass, 1996; Troiden, 1993). An ‘emotional’ family creates a normalized context within which gay men can assert their identity. When a survivor leaves an abusive relationship, not only does he have to grieve the failed relationship, but he also has to accept the possibility of curtailed access to familiar social venues due to the pressing reality of encountering his abusive ex-partner (Island & Letellier, 1991; Merrill, 1998). Survivors become bereft of safe alternatives.

Merrill (1998) metaphorically refers to this dilemma as the “piranha in the fishbowl” (p. 139). As a result, a survivor is potentially faced with unpleasant choices: continue involvement in the gay community and risk contact with the ex-partner; or,
restrict involvement, knowing that important social ties are compromised, and, as a consequence, further exacerbate his sense of isolation and helplessness.

While in the relationship, a survivor's social network and/or ties to family may have been hampered, or severed due to imposed restrictions, motivated by an ex-partner's jealousy, insecurity, or anxiety that a relationship secret will be exposed. Thus, upon exiting a relationship, a survivor is faced with the quandary of identifying significant others, upon whom he can rely, and from whom he can garner empathy and support (Island & Letellier, 1991).

Self-Reproach. Survivors commonly feel overly responsible for the abusive dynamics in the relationship, and are plagued by doubt and self-recrimination. They typically assume responsibility for all of the contributing factors that resulted in the demise of the relationship, which includes abusive actions taken by the ex-partner. This is not to assume that any form of maltreatment is invited; it merely suggests that a survivor may blame himself for antecedent events that precipitated an abusive response. In other words, a survivor may personalize an abusive occurrence, and endeavor to take steps to rectify the situation; that is, change his own approach/response style in order to circumvent any further maltreatment (Elliot, 1996; Island & Letellier, 1991; Johnson, 1999; Klinger, 1995; Merrill, 1998; Walsh, 1996).

Since abuse typically increases in frequency and intensity over the course of a relationship, survivors become adept at minimizing or rationalizing successive instances of abuse (Island & Letellier, 1991; Renzetti, 1997). Love for one's partner is juxtaposed against insensitive and brutal acts, which leaves a survivor bereft of plausible explanations to account for an abusive partner's behavior. As a result, initial, seemingly
minor transgressions are overlooked or personalized, which sets the stage for rationalizing or denying more dramatic, successive abusive episodes (Island & Letellier, 1991; Merrill, 1998).

Gradual desensitization and accommodation to intrusive behaviors interferes with a survivor’s ability to assert his right for psycho-emotional and physical safety. Associated problematic issues include, failure to identify personal needs; inability to set and maintain personal boundaries; or, a pervasive inability to self-assert. All of which contribute to a survivor’s sense of shame for enduring the violence, and/or not exercising personal power and control to ensure safety, and ultimately, embarrassment for not leaving an abusive partner sooner (Island & Letellier, 1991; Johnson, 1999; Klinger, 1995; Merrill, 1998).

Critical Incidents in the Recovery from Intimate Abuse with a Gay Male Partner

In recognition of the survey of survivor issues covered in the preceding section, the following discussion will review critical incidents in the recovery from intimate abuse, as suggested in the literature. Again, little information is available that directly bears upon events that either facilitate or hinder recovery; therefore, the following general categories are extrapolated from a limited number of survivor accounts, and relevant commentary by non-survivors. Factors that facilitate recovery will be reviewed first, followed by hindrances to recovery.
Factors that Facilitate Recovery

Resists Temptation to Capitulate. As Island and Letellier (1991) state: "Victims who have tried to escape, but have gone back may know how crucial it is to have a safe place to go where your batterer cannot harass or seduce you into returning" (p. 134). The authors later state that: "Staying away is at first, a full-time, 24 hour a day job" (p. 147). Once a survivor discovers a safe place, to which he can retreat, he faces an internal battle: Do not acquiesce to any temptation to return. A survivor may be tempted on two fronts: His continuing devotion to the abusive partner, or by the abuser's persuasive invitations to reconcile (Island & Letellier, 1991; Merrill, 1998).

After the emotional storm, which precipitated the escape, has subsided, a survivor may be solely concerned about the emotional welfare of a batterer, and forget about his own well-being. Thus, reminders of abuse and humiliation suffered in the relationship, help to keep a survivor focused, and support the maintenance of a realistic appraisal of both a batterer and an abusive relationship.

Island and Letellier (1991) describe different examples of strategies employed by survivors to achieve these ends: develop a 'violent acts' list, which identifies each and every instance of abuse; provide detailed accounts of abuse in a personal journal; or, collect concrete reminders, such as broken objects, or shredded clothing. These strategies challenge a survivor's systematic denial, and help to maintain a balanced perspective during intense moments of regret, sympathy, or loneliness, and help to strengthen a survivor's resolve to terminate contact with an ex-partner.

Enacts Safety Measures. Ensuring personal safety is paramount during the initial post-separation period. Escaping an abusive relationship does not mean that the abuse
stops; rather, a batterer, due to extreme anxiousness over being abandoned (Cruz & Firestone, 1998), may employ extreme measures to discover the whereabouts of his partner, and conceivably use lethal methods if no possibility of reconciliation exists (Island & Letellier, 1991). This is, potentially, the most dangerous period in a survivor’s recovery.

Survivor tasks are two-fold: First, the survivor must literally and symbolically separate his affairs from his abusive ex-partner, and secondly, devise emergency plans in the event of coincidental or deliberate encounters (Island & Letellier, 1991). Significant events of the former task include, but are not limited to: secures a safe place; discloses whereabouts to trusted friends, which can be difficult in the face of overlapping friendship networks; separates joint assets, and/or avails himself of legal support to monitor the separation; solicits support of the police and seeks legal recourse; alters personal routine so that movements become less predictable; and/or, ensures that he is never alone (Island & Letellier, 1991).

Island and Letellier (1991) outline an emergency plan in the event of personal contact with an abusive ex-partner: avoid eye contact, never speak to him, calmly leave the vicinity, if necessary, seek out police assistance, and if accompanied by a friend, inform him or her what is happening. The authors recommend complete cut-off from the abusive ex-partner, and suggest that it is important to mentally rehearse this plan so that it becomes an automatic response in a moment of crisis.

Support from Friends and Family. As Bryant and Demian (1999) observe, gay male survivors are more likely to solicit support from gay friendship networks, or gay-oriented resources and services. Given the lack of formal support services, such as an
emergency shelter system, or adequately trained professionals, it is not surprising that gay
male survivors of intimate abuse rely on informal support sources, from whom they
garner practical support, shelter, validation, empathy, and reassurance (Island & Letellier,

Island and Letellier (1991) provide a number of guidelines for appropriate
assistance, which are intended to support a survivor’s recovery. It is imperative that a
support person believes all that a survivor has to say about the abuse, suffered in the
relationship, and accept the range of seemingly contradictory feelings expressed by a
survivor. While in the midst of chaos, characteristic of the relationship aftermath, a
survivor requires opportunities for uncensored emotional expression, within the safe and
trusted confines of an established relationship, shared with someone, who can listen
empathetically, without critique or judgement, and who can adeptly negotiate
interpersonal boundaries.

During this period of emotional upheaval, a survivor is in need of stabilizing
influences. Island and Letellier (1991) suggest that most of a support person’s initial
energy is invested in a survivor’s efforts to re-establish a life-style that approximates
normalcy. Such measures have an additional effect, they counteract two dire influences of
depression: apathy and lethargy. Therefore, support persons play a key role in coaching
and monitoring daily routines and rituals, promoting adherence to schedules, and
encouraging responsible work-related behaviors such as, arriving on time, being properly
groomed and attired.

In addition to supporting self-maintenance, support persons also become an
important social bridge. Social activities are beneficial, and survivors need to reassert
their interpersonal capabilities, but in a measured and qualified manner. Their interpersonal life has been dominated with examples of abuse, which typically taints their perspective of what is usual or normal. Hence, survivors require exposure to non-threatening social activities so that they can rebuild their self-confidence, repair damage to their self-esteem, regain interpersonal trust, and put interpersonal violence back into a healthy perspective (Island & Letellier, 1991).

Supportive efforts, which promote survivors’ sense of agency and competency, tend to foster enduring gains during the recovery period (Island & Letellier, 1991). Once a survivor is able to consistently assert his decision-making capabilities, and ultimately, assume proactive control over his own affairs, the likelihood of successful recovery increases. A survivor, who commits to the recovery process, will inevitably augment personal resiliency, and be decreasingly vulnerable to the possibility of entering into subsequent abusive relationships (Island & Letellier, 1991).

Factors that Hinder Recovery

Unwanted Contact with an Abusive Ex-partner. Perhaps the most detrimental set of events, which exert the greatest source of interference to a survivor’s recovery, stem from persistent, seemingly relentless attempts an abusive ex-partner takes to maintain contact (Island & Letellier, 1991). A perpetrator may use any means to maintain continued control so that he can guarantee the co-operation of a survivor, deter any possible legal action, prevent a survivor from entering into a subsequent intimate relationship, and/or pressure a survivor into reconciliation.
In terms of a general personality profile, Landolt and Dutton (1997) describe perpetrators’ in terms of a borderline personality organization (BPO), which is characterized by:

(1) a proclivity for intense, unstable interpersonal relationships expressed in intermittent undermining of the significant other, manipulation, and masked dependency; (2) an unstable sense of self with an intolerance of being alone and abandonment anxiety; and (3) intense anger, demandingness and impulsivity, usually tied to substance abuse or promiscuity (p. 339).

Using qualitative methodology, Farley (1996) acquired data from 119 gay men, and 169 lesbians, all of whom were considered perpetrators of abuse, over a six year period. Results from his study support three stated hypotheses: perpetrators were likely raised in families that normalized abuse; there are even clear indications of intergenerational transmission of abuse; and, perpetrators exhibited a high incidence of drug and alcohol usage, and self-abusive behaviors.

In addition to a persistent fear of abandonment, perpetrators feel out of control within the context of a loving, intimate relationship, and therefore, resort to extreme measures in order to exert control over their own attachment anxiety (Farley, 1996; Hamberger, 1996; Landolt & Dutton, 1997). Landolt and Dutton (1997) discovered that a secure attachment pattern was negatively correlated with BPO characteristics.

Given this personality profile, it is not surprising that survivors experience their ex-partners as predictably unpredictable, and, as a result, devote much of their time and attention to ensuring their own safety, and warding off the oppressive presence an ex-partner creates in a survivor’s life (Island & Letellier, 1991).
Encounters Legal Double-Standards. Survivors of intimate abuse, who pursue criminal charges against their ex-partner, do so at great risk. First, they face the likelihood of retaliation from their ex-partner, and secondly, they quickly learn that the criminal justice system is ill-equipped to process cases of same-sex intimate abuse. Two forces conspire to make survivors’ journey through the legal system a difficult one: institutionalized homophobia, and non-existent legal definitions of same-sex relationships. Consequently, survivors are required to justify the authenticity of same-sex relationships, knowing that they are outside of the purview of laws established, which redress domestic violence (Cabral & Coffey, 1999; Lundy, 1999).

Anti-gay sentiments, whether the result of conditioned hostility or defence strategies, inevitably put survivors in a weak position to justify an alternative life-style to court officials. As Lundy (1999) states:

Queer litigants who testify in open court to physical, emotional, and sexual partner abuse are often subtly and sometimes not so subtly subjected to snickers, jeers, or worse by others in the courtroom, even if the judge and the court officers attempt to maintain normal courtroom order (p. 51).

As a consequence, the issue of intimate abuse becomes obscured by the continuing debate over the legitimacy of same-sex relationships, and/or possible contributing factors arising from the nature of a same-sex relationship; that is, intimate abuse is symptomatic of inherently dysfunctional relationships. As Cabral and Coffey (1999) note: “At worst, homophobes championed the view that the victim’s ‘life-style’ was conducive to and therefore to blame for the violence” (p. 63).
From a survivor’s perspective, it appears as though his life-style is on trial, and given any adverse reactions, confidence in a fair and impartial proceeding steadily decreases. Survivors, who are disheartened with the legal process, may “bypass the court system entirely, and instead bring issues of abuse to friends, private mediators, and counselors” (Lundy, 1999, p.44).

Cases of same-sex intimate abuse lay outside the parameters of sentencing recommendations, specifically designed to combat domestic violence, where the nature of the relationship is clearly taken into consideration. As stated in the Criminal Code of Canada (2000):

> Domestic violence is a profound problem and when cases of beatings of a wife by a husband result in prosecution and conviction, then the courts have an opportunity, by the sentencing policy, to denounce such offences in clear terms and attempt to deter its recurrence on the part of the accused and on the part of other men. […] When a man assaults his wife, or other female partner, his violence toward her constitutes a breach of a position of trust, and is an aggravating factor (p. 1197).

Consequently, gay male perpetrators of intimate abuse may be charged with intimidation (Section 423), uttering threats (Section 264.1), or criminal harassment (Section 264), but the breach of trust, which he has committed, will not be taken into consideration. Minimal sentences levied against an abusive partner only reinforce the lack of justice extended to gays and lesbians, and communicate apathy at best, or worse, antipathy on the part of court officials (Cabral & Coffey, 1999; Lundy, 1999).
Summary

Intimate abuse in gay male couples is an under-studied phenomenon. Available research reports that between 12% (Waterman et al., 1989) and 79% (Merrill, 1998) of gay male participants have experienced various forms of mental cruelty, verbal or physical abuse in an intimate relationship. Examples of reported abuse include sexual coercion, threats, pushing, slapping, striking with an object, and use of a weapon (Waldner et al., 1997).

However, prevalence statistics of reported abuse suffer from significant methodological problems, which consequently limits utility or generalizability of findings. Select samples, differing definitions of abuse, and varying means of measurement are some examples of methodological limitations (e.g., Burke & Follingstad, 1999; Haugrud et al., 1997; Island & Letellier, 1991).

Survivors, who extricate themselves from an abusive relationship, are immediately confronted with a range of issues requiring their attention. Thrust into crisis, survivors contend with post-traumatic stress reactions, and psycho-emotional sequelae associated with abuse, while trying to re-establish some semblance of stability. Survivors are more likely to be successful in their recovery if they resist any temptation to reconcile with their ex-partner, enact specific safety strategies, and capitalize on support offered by friends and family.

Two documented sources of interference include continued exposure to an abusive ex-partner, and ineffectual responses from law enforcement officers or legal advocates. Institutional homophobia, in concert with the lack of legal recognition of same-sex couples, deprives survivors of enforceable rights, and constitutes another
potential source of re-victimization (Cabral & Coffey, 1999; Lundy, 1999; Island & Letellier, 1991).

Clearly the most challenging issue for investigators and practitioners is the paucity of research on the experiences of gay male survivors of intimate abuse. The available literature focuses primarily on incidence of abuse, or challenges related to discordant theoretical explanations of intimate abuse in gay male couples. Thus, possibilities for research in this area abound.

Unfortunately, given the time it takes for issues to become noteworthy of researchers' attention, one inescapable fact remains: Gay male survivors of intimate abuse can no longer wait to be ascribed to a list of worthy or fundable socio-political concerns. Their needs are immediate and very pressing. Therefore, this thesis constitutes an attempt at articulating factors that facilitate and/or hinder recovery from intimate abuse with a gay male partner so that researchers and practitioners alike can develop and implement population-specific interventions.
CHAPTER III
Methodology

This chapter reviews the methodological approach used and related considerations in response to the primary research question: What are the factors that facilitate and/or hinder recovery from intimate abuse with a gay male partner? Since the intent of this research project is to provide a reasonably comprehensive system of categories, which captures the content domain (Woolsey, 1986), from an insider's perspective (Creswell, 1998), the Critical Incident Technique (Flanagan, 1954) appears to be the most amenable research approach to satisfy these requirements.

This chapter begins with a short review of Critical Incident Methodology, and continues with an overview of the relevant steps involved in data collection: recruitment, adherence to informed consent procedures, and interview process. An overview of data analysis and validation procedures follows.

Critical Incident Technique

The Critical Incident Technique (Flanagan, 1954) is a qualitative approach to research in which participants, who have intimate knowledge of a particular content domain, are invited to provide detailed descriptions of events, which either facilitate or hinder a specified aim. Participant selection criteria are minimal: direct knowledge or experience of the content domain, and ability to reflect upon and articulate experience. Woolsey (1986) recommends the selection of a heterogeneous participant pool in order to maximize critical incident diversity, which, in turn, strengthens the comprehensiveness of generated categories.
Data collection continues until the point of redundancy is reached; that is, when a minimal number of new incidents are elicited. As Flanagan (1954) states: “For most purposes, it can be considered that adequate coverage has been achieved when the addition of 100 critical incidents to the sample adds only two or three critical behaviors” (p. 343).

After completing the interviews, critical incidents are extracted from participant accounts, and inductively categorized on the basis of commonality or similarity, which, according to Flanagan (1954), requires “insight, experience, and judgement” (p. 344). A process that Woolsey (1986) describes as being “unavoidably subjective” (p. 249). The resulting taxonomy of categories can later be used for theory or framework development, test construction, program development, or for continued future research (Woolsey, 1986). As an accepted methodological approach to qualitative inquiry, there is a renewed interest in the Critical Incident Technique within Counselling and Educational Psychology (Woolsey 1986).

Timeline Methodology

The timeline procedure involves the chronological sequencing of events, identified on a past-to-present continuum, which are relevant to a particular theme (Chell, 1998). This procedure is flexible: Participants can select various means by which to accomplish the task. For example, participants can summarily capture an event with a word, phrase, or image. The line, on which events are placed, can either be straight, or symbolically represent the ‘highs’ and ‘lows’ indicative of successes and challenges experienced over the course of time. The only requirement is that events are collected in temporal order, as they actually occurred.
The timeline procedure has several distinct advantages: (a) It facilitates an analysis beyond that of the immediate context of an event; (b) Inter-event relationships can be examined; (c) Timelines are sensitive to recurring themes and patterns; (d) Timelines facilitate theory or framework development; and, (e) Seemingly isolated events appear to be connected (Chell, 1998). In relation to the underlying purpose for conducting the timeline procedure, a timeline can be accomplished to varying degrees of specificity and comprehensiveness.

Research Participants

Potential participants were attracted by four means: Recruitment notices were posted in gay-oriented establishments (see Appendix A). A recruitment advertisement was submitted to two gay-oriented publications (see Appendix B); a copy of the recruitment notice was posted on a gay-oriented web-page; and, second-hand referrals were received from professionals, whose client base included gay male survivors of intimate abuse (see Appendix C). Interested parties received a copy of the study description (see Appendix D), and were encouraged to contact the student researcher if further clarification was required.

During the initial contact, selection criteria were reviewed and participant suitability was determined. Participant determination was ascertained according to the following criteria: (a) experienced physical, psychological, emotional, sexual, or financial abuse with a gay male partner; (b) the survivor and perpetrator were in a committed, intimate relationship; (c) the abusive relationship was terminated; (d) the potential participant could clearly recall and articulate specific events which either facilitated or
hindered his recovery; and, (e) there were no adverse repercussions arising from his participation in this study.

The student researcher wanted to ensure that a potential participant's safety was not in jeopardy, and he would not be vulnerable to any retaliation from his abusive ex-partner. None of the participants had any special considerations in this regard. With caution and safety in mind, the means by which the student researcher maintained contact with the participant were negotiated none the less.

**Demographics.** Seven participants were recruited from either of two major western Canadian cities: Vancouver and Edmonton. All of the participants were Caucasian, identified themselves as Canadian with western European ancestry, and ranged in age from 25 to 51 years of age: Mean age was 37.6. Five of the seven participants were either professionally or self-employed. One participant was on long-term disability and the other received social assistance.

At the time of the interview, participant recovery period ranged from 2 weeks to five years: Mean recovery period was 1.7 years. Participants extricated themselves from abusive relationships that ranged in length from 6 months to 14 years: Mean years in an abusive relationship was 3.4. While in the abusive relationship, 100% (n = 7) of the participants reported financial abuse, 86% (n = 6) reported emotional and mental abuse, and 43% (n = 3) reported physical abuse. In terms of their prior abusive relationship history, participants identified a range from 1 to over 15 previous abusive relationships: Mean prior abusive relationships was 4.6.
Procedure

Critical Incident Interview

The interview process entailed two components: an orientation interview, and a data collection interview. The former was intended to provide an overview of informed consent procedures, establish rapport with the participant, and pave the way for the data collection interview. During the data collection interview, participants were reintroduced to the aims of this research project, and the processes by which the interview would be conducted. Each of these interviews will be discussed in detail.

Orientation Interview. During the initial meeting, potential participants were provided with a copy of the participant consent form (see Appendix E). Important issues were elaborated upon. Namely, the components of informed consent, which include a reiteration of the purpose of the study, a review of the steps taken to ensure confidentiality, an overview of expectations related to participation, and, a statement of reassurance that a participant could withdraw from the study, at any time, without consequence.

In anticipation of the preparatory work necessary for the data collection interview, terms in the research question were elaborated upon so that the participants clearly understood what was being asked of them. Synonyms for ‘facilitate’ and ‘hinder’ were offered. Additionally, the term ‘recovery’ was negotiated with the participants, thereby establishing the focal aim of the study, so that the context, out of which the incidents would be extracted, was apparent (Woolsey, 1986). All of the participants identified with the term ‘recovery’, but three preferred the phrase ‘process of recovery’ in order to
capture and reflect the ongoing nature of this experience, with its concomitant successes and challenges.

Given the potentially traumatic nature of participants’ recovery stories, concerted effort was made to establish rapport and safety. Participants were encouraged to express themselves and ask questions when added information or clarification was required. All questions, concerning the student researcher’s interest in the topic of intimate abuse in gay male couples, were responded to clearly and directly.

Once commitment was established, the participants were introduced to the ‘homework’ assignment, which was to serve as the foundation for the data collection interview. A sample timeline had been prepared beforehand, and used as a demonstration model. The participants were invited to reflect, over the time between interviews, on different events that either facilitated or hindered their recovery, and collect them on a timeline; hence, the events would be in chronological order.

Participants were encouraged to adhere to event chronology as best as they could recollect, and simply identify the event, using a word, phrase, or image, directly on a furnished timeline. Familiarity with the timeline process was established prior to the termination of the orientation encounter, but participants were encouraged to contact the student researcher in the event of further uncertainty. Once the timelines were sufficiently complete, the data collection interview was scheduled.

Data Collection Interview. The interviews took approximately one and one half hours to complete, and commenced once the participant indicated readiness. All interviews were audio-recorded, and conducted in either a participant’s residence, or the student researcher’s office.
Each interview began in a similar fashion: Participants were invited to review their timeline, and describe an event. Since it was assumed that some of the incidents might be more personally sensitive than other incidents, the participants were in complete control of selecting the incident with which to begin the interview. As rapport with the student researcher increased, coupled with increasing familiarity of the interview format, participants gradually felt sufficiently comfortable to candidly describe incidents of a more personal nature.

Once an event was selected, the student researcher invited the participant to describe antecedent events leading to the incident, the actual incident, and the effects an incident had in terms of their efforts to recover. Actual questions used include: “Can you describe what happened just before this event?”; “What did this event entail?”; and, “How was it helpful or unhelpful to you?” The student researcher also relied upon empathy statements, echo probes, clarifying or open-ended questions, and summaries in order to maintain connection with the participant, demonstrate understanding, and obtain clarification when required (Egan, 1998; Patton, 1990). This process continued until all incidents identified on the timeline were accounted for. During the course of the discussion, additional events were recalled and included on the timeline.

Analysis of Critical Incidents

As Woolsey (1986) states: “The objective of data analysis is to provide a detailed, comprehensive and valid description of the activity studied” (p. 248). Critical incident analysis involves three steps: extraction of incidents, category formation, and subjecting the categories to procedures, which test their trustworthiness (Kefting, 1990). This
section will review procedures taken to extract incidents and generate categories. Validation procedures will be discussed in the next section.

**Extraction of Incidents**

Each audio-recorded interview was assigned a fictitious name to preserve the anonymity of the participant, and if desired, the participant selected the alias. The interviews were reviewed, in conjunction with the participant’s timeline, prior to incident extraction so that the full meaning of the event was determined. Each event was transcribed, verbatim, and recorded on an index card according to the following scheme: The source of the event; What happened; and, Outcomes bearing on the aim (Woolsey, 1986). Incidents, which did not adhere to these criteria, were excluded because they lacked sufficient elaboration or clarity to determine either the relevance or outcome, as it relates to the recovery process.

Additionally, this incident recording format assisted in honing the clarity of meaning; for example, when a participant provided an exceptionally detailed account of an incident, replete with tangential information, it was easy to lose sight of pertinent information. As well, incidents, which were deemed idiosyncratic of a particular participant’s experience, were also discarded because they failed to contribute to a general understanding of recovery. The following are examples of incomplete or discarded incidents:

**Example 1**

At the time I was feeling so alone and scared; I didn’t know what to do. I just decided I wasn’t going to let it get to me. I don’t
know where I found the strength, but I did, so I decided I wasn’t going to be a victim any longer.

Example 2

It was really helpful when my sister got pregnant. It took everyone’s focus off of me; they left me alone, and didn’t ask me how I was doing all of the time. Their questions reminded me of how bad I felt—guilty that I brought this on myself.

The first example fails to identify a specific event that triggered the participant’s determination; thus, the source and the event are unclear. Although the second example conforms to the reporting format, the incident was not considered common to most survivors, nor was it inherent to the recovery process; therefore, it was excluded.

Upon completion of the extraction process, 131 unique incidents were collected, each varying in their degree of clarity and specificity. For the most part, the timeline procedure enabled a detailed review of an incident, but colloquial forms of speech, and sub-cultural vernacular posed challenges to eliciting the intended meaning or significance of an event, and required continued clarification.

Generating Categories

Once each of the 131 incidents had been successfully recorded, the categorization process began. Using the recording format: Source, What happened, and Outcome, critical incidents were tentatively grouped according to similarity or commonality. For the most part, the student researcher relied on ‘What happened’, and referred to ‘Source’ or ‘Outcome’ if further delineation or distinction between incidents was required.
In some instances, it was necessary to paraphrase a respondent’s descriptions, particularly in light of lengthy, detailed incident examples, or when a respondent’s description lacked sufficient clarity. Attention was paid to the possibility of importing or imposing the student researcher’s meaning of an event, and attributing it to the participant. In order to reduce this risk, the student researcher compared paraphrased instances with the original transcript and the audio-recorded interview to ensure accuracy; direct quotes were included to supplement the paraphrased version of an incident. The following incident examples illustrate the recording format:

Example 1

Source: Ex-partner

What happened?
He’d correct me; everything I said. Everything I did was wrong. He has the gall to say afterwards: ‘I mean well by everything I do.’

Outcome:
How can you mean well when you’ve said that two thousand times? You feel an inch tall as a result. [...] I’m walking on egg shells all of the time. I can’t even breathe.

Example 2

Source: Self
What happened?

I even tried to save the relationship. I got a job at the casino, so he couldn’t gamble at my table. I could keep an eye on him, right?

Outcome:

That didn’t work of course. It only frustrated me more knowing how much money he had, and what he was doing with it. I had to accept that there wasn’t anything that I could do about it; I couldn’t stop him.

Incidents, which easily conformed to the criteria of the recording process, tended to be easier to group, and served as guide-posts for the sorting process. Ambiguous incidents were excluded from the initial sorting, and later introduced to challenge the first set of proposed categories. Their introduction resulted in a continued refinement of the category system.

Establishing an appropriate level of specificity-generality between categories is a lengthy process (Woolsey, 1986). Categories need to be sufficiently distinct from one another, while, at the same time, maximize inclusiveness. The student researcher made several attempts at finding this balance before a stable, satisfactory system of categories was reached. Once a category was established, it was then possible to determine a suitable category name to replace any tentative references, to one which succinctly captured the nature of the incidents. The 131 critical incidents were
eventually sorted into 25 categories: 13 categories that facilitate recovery and 12 hindering categories.

Category development can reflect varying degrees of abstraction, and for the purposes of this study, it was determined to maintain a low level of abstraction in order to permit a fine-tuned examination of facilitating and hindering conditions (Lee & Cochran, 1997). Since data collection was terminated due to time constraints, coupled with recruitment challenges, and not incident redundancy, it appeared premature to impose rigorous levels of abstraction upon the categorization process.

No specific expectations exist on the number of preferred categories. The only requirement is that all incidents should be adequately represented, and suitably accounted for within the category system. For example, Amundson and Borgen (1988) collected 545 critical incidents that help and hinder participants of job-search groups. Incidents were sorted into 19 facilitating and 10 hindering categories. McCormick (1994) established 14 categories to accommodate 437 incidents, which facilitated healing among First-Nations participants. Lee and Cochran (1997) collected 108 critical incidents to becoming self-employed, which were subsequently sorted into 22 categories.

**Critical Incident Timelines**

In addition to establishing a system of categories representative of the recovery process, narrative timelines were constructed for each of the seven participants using the participants’ timeline and the audio-recorded interviews. The narratives are for the most
part, student researcher paraphrases supported by direct participant quotes. Once a narrative was complete, the student researcher referred back to the interview to ensure accuracy compared to participants’ statements. Thus, the narrative timelines are an attempt to chronologically situate critical incidents in the broader context of a participant’s recovery story (Chell, 1998).

After the narratives were complete, they were compared against the themes that emerged from the categories so that temporal significance of the incident could be ascertained. As well, the evolution of category themes could be traced throughout the recovery period. Salient survivor issues were matched with relevant critical incidents to develop a tentative theory of recovery. The proposed theory is tentative in that it reflects the 131 critical incidents and the resulting 25 categories, but again, redundancy was not achieved; therefore, it remains for future research to establish the system’s comprehensiveness and applicability.

Validation Procedures

Employing rigorous methods to establish trustworthiness is the qualitative counterpart to demonstrating validity and reliability (Kefting, 1990). Five methods were utilized to establish the trustworthiness of the generated category system: a test of comprehensiveness; inter-rater agreement; examination of category soundness; independent expert assessment; and, literature verification. Each of these methods will be discussed in detail in the following section.
Category Comprehensiveness

In order to assess category comprehensiveness, approximately 20% \((n = 26)\) of the incidents were withdrawn prior to the initial categorization process, and were subsequently introduced to challenge the preliminary system of categories. Andersson and Nilsson (1964) recommend withholding 10% of the total incidents for this process, but, given the number of incidents collected, 20% \((n = 26)\) of the incidents were selected to augment the challenge. If a tentative category system is unable to incorporate these later incidents, then new categories would have to be formed. This process continues until all withheld incidents are suitably integrated into categories. Once this occurs, the system reaches another level of stability.

Category Reliability

This method involves the support of at least two independent judges who, on separate occasions, sort a random sample of incidents in order to determine whether or not the categories can be easily replicated. Two judges were selected: A doctoral student in Counselling Psychology, University of British Columbia, whose area of interest lies in trauma; and the other, a recent master’s graduate from the University of Victoria, Department of Educational Psychology.

Both judges were provided with a sample of participants’ critical incidents and invited to sort the collection into respective categories once a detailed description, of each category, was provided. If a category had only one incident, it was automatically included in the sort. Approximately 50% of the incidents in the remaining categories were included, with the exception of larger categories; only four incidents were randomly
included. Sixty-four incidents, which represented approximately 49% of the total incident count, comprised the trial sort.

Each incident was coded in a manner known only to the student researcher so that accordance and disagreement could be easily ascertained, and summarized as a percentage of agreement. If an independent judge and researcher are in accordance with 40 out of 50 incidents, then the agreement percentage would be 80%. Andersson and Nilsson (1964) recommend a minimum of 75% agreement in order to claim that the categories can be used in a reliable manner.

**Participation Rate**

Another method used to determine category soundness involves the identification of the participation rate for each category; specifically, the number of participants reporting incidents in a particular category, is divided by the total number of participants. For example, if 20 out of 40 participants report incidents belonging to a category, then the calculated participation rate is 50%. Interpersonal accordance is a basic test of soundness in Critical Incident methodology. In the event of low participation rates, an event may represent an anomaly, or reflective of participant distortion. Increasing interpersonal agreement confers a higher degree of confidence in the accuracy of accounts, and increases the trustworthiness of a category.

Since incident redundancy was not reached before the termination of data collection, it was deemed premature to question the trustworthiness of categories with a low participation rate. Low rates may simply be an artefact of the experiences of participants in this study, or attributed to insufficient interviews. It remains for further
research efforts to disconfirm or elaborate upon the relevance of the categories in question.

**Expert Assessment**

As an additional method of assessing category soundness, expert opinion and critique was sought out. Two professional experts, each providing counselling/support services to gay male survivors of intimate abuse, were separately invited to comment on the appropriateness and utility of the facilitating and hindering categories, and on the proposed theory of recovery, which incorporated the critical incidents. In consideration of a sparse literature base, from which to draw information, expert commentary provided invaluable information and insight.

**Literature Verification**

Category soundness can also be assessed by comparison with the available literature; category content can either be confirmed or refuted. If the former is the case, then confidence that a category adequately reflects pertinent experiences increases; if the latter is the case, then further research is required in order to challenge a category before it is dismissed. Again, because of an inadequate literature base, verification was sought by accessing three related bodies of literature: Trauma theory, Personal Resiliency, and Minority Stress. After completing the review, support for the existing system of categories was evident.

**Summary**

The Critical Incident method (Flanagan, 1954), in conjunction with the timeline procedure, was utilized to explore the primary research question: What are the factors that facilitate and/or hinder recovery from intimate abuse with a gay male partner?
Critical incident methodology is both a reliable and valid approach to generating a system of categories that capture a particular content domain (Andersson & Nilsson, 1964).

Seven participants, who were apprised of informed consent requirements, were interviewed, and their respective incidents were collected on a timeline. The timeline was later analyzed in order to glean underlying commonalities in recovery narratives. Similar recovery themes were then integrated into a tentative theory of recovery.

Incidents from the interview tapes and timelines were extracted and reported using a specific format, which had three components: Source, What Happened, and Outcome. The recording format facilitated the sorting process. One hundred and thirty-one critical incidents were collected, and subsequently sorted into 25 categories, 13 of which facilitated recovery and the remaining 12 hindered recovery efforts.

The existing category system was subjected to tests of rigor in order to establish their soundness, comprehensiveness, and reliability. Specifically, 20% (n = 26) were withheld prior to the final sort to determine whether or not the category system was sufficiently inclusive and comprehensive. Inter-rater agreement was used to determine if the categories could be used reliably by others. Participant rates were generated to establish frequency; that is, to identify common incidents across participants, while at the same time, identifying potentially anomalous incidents. Expert assessment and literature support were used as additional methods of triangulating support for the categories.
CHAPTER IV

Results

Twenty-four categories, which incorporated 131 critical incidents, were generated to capture factors that facilitate or hinder recovery from intimate abuse with a gay male partner. The discussion begins with a review of the facilitating categories, followed by an overview of categories that hinder recovery. Each category is accompanied by illustrative examples offered by the participants.

The second section of this chapter reviews the results of the validation procedures described in the previous chapter. Five methods were employed to assess the trustworthiness and soundness of the generated category scheme: Category comprehensiveness, category reliability, participation rate, expert assessment, and literature verification.

Table 1 provides a data summary of the facilitating categories. The first column identifies the facilitating category in descending order with respect to the number of unique incidents collected: Duplication of incidents was eliminated. In the event of duplication, an incident, which was the most descriptive, was selected to represent an event. The number of participants reporting incidents in a particular category is identified in the third column for convenient determination of the participation rate, which is discussed in a subsequent section.
<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Incidents</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements Self-Help Strategies</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>Receives Empathy, Support, and Validation</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Acts of Self-Assertion</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Insight and Understanding</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Benefits of Counselling</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Assists Other Survivors</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Receives Appropriate Referral/Advocacy</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Draws Upon Spiritual Practices</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Learns Self-Help Strategies</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Enacts Safety Strategies</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Creates Social Connections</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Resists Temptation to Capitulate</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Acknowledgement by Ex-partner</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Factors that Facilitate Recovery

Seventy facilitating incidents were separated into 13 categories. In this section, each category will be described in terms of its content coverage, accompanied by the number of incidents in that category. Illustrative examples are included after the category description.

**Implements Self-Help Strategies.** (17 incidents) Once a survivor has knowledge of self-help strategies, and understands their application principles, the next challenge is to actually implement the acquired strategies. Several types of self-help strategies are included in this category: anxiety management, pain management, anger management, methods to facilitate self-expression, opportunities for self-reflection and self-development. The focus of this category is on maintaining mental health and emotional well-being.

Walking along the ocean: It’s my time. Sometimes I just like to walk along the water and listen to the waves- just the seclusion. It is nice to just walk and try to sort things through in my head.

I took a course at [name] College in career and college skills. It helped me sort out some career issues, and look at areas of employment that I might be interested in. It also raised the possibility of going back to school. It got me around people in a different environment.
I wrote him this note, and I used the note as a vehicle to say ‘good-bye’ to him, and apologize for some things: I did some things that I wasn’t too proud of. I wasn’t cruel, or angry; I didn’t want to blame him. I just wanted to let him go. I suppose that it really didn’t matter if he read it. I was curious about his reaction, but I’m not waiting for it. If he doesn’t want to accept it, that his business. I simply wanted the satisfaction of putting it on paper, and then sending it off.

Receives Empathy, Support and Validation. (16 incidents) Upon exiting an abusive relationship, survivors endeavor to utilize informal sources of support, largely comprised of friends and/or family members. This category reflects instances when survivors receive empathy, support and validation from sources that they typically rely upon when need arises. Thus, not only does this category map survivor preferences it also identifies the type of support sought such as, financial assistance, emergency or long-term shelter, unconditional emotional support, self-care support, or objective opinion. This category does not include support garnered from established social service agencies or formal treatment programs.

I ended up moving in with my dad, after the relationship broke up, because I was incapable of looking after my own life or being by myself. We lived together for two years. I had to look after this emotional bullshit and the suicidal stuff before I could even think
about work. It really gave me the time I needed- a break, so that I could take care of myself.

At times I've been indecisive around what I should do and someone said to me: ‘You don’t want to move, but it’s only a change of address’. It made me think more bluntly and not as clouded. It helped me keep my head and really think about what was important. [...] So it wasn’t about keeping anything in the relationship alive, it was about keeping me alive.

**Acts of Self-Assertion.** (8 incidents) Setting interpersonal limits or boundaries, which typically is difficult or impossible in an abusive relationship, is a significant accomplishment for a survivor. Given their history of self-denial and self-sacrifice, survivors feel increasingly empowered when they can identify their needs and assert themselves. Self-assertive acts illustrate an emerging tendency towards self-valuing, self-appreciation, and greater self-worth. This category includes instances where survivors successfully established and maintained personal limits, communicated expectations, and/or responsibly asserted their needs.

He came up to me in the bar and he was really close to hitting me in the jaw again. So he wasn’t afraid of doing anything in the public either. So I had him barred from all of the bars in town as
well. So there was at least one place I could go to without fear of running into him.

I stumbled across a Christian radio station, and had listened to it for a couple of nights. Then this ad came on from the Family Fellowship or whatever it is. They have a total hatred for anything remotely gay. Gays should not be teachers; they shouldn't be involved with children; and they have their agenda: It's a recruitment thing. So I phoned the station and talked a woman, and mentioned to her the ad they just ran was really offensive, totally un-Christian, and I don't know if I can continue to listen to the station. It felt good to say something; I can't let comments like those go by anymore.

I went to my supervisor and explained to her that I saw a doctor that evening, and to certify a leave of three days off. So it's like asking for what I need. Realizing that I need something, and then going to ask for it. And people being understanding and supportive around giving me what I need. It's something I didn't do in my relationship and certainly something I didn't get.

*Insight and Understanding.* (6 incidents) This category includes moments of insight, which may have been the result of a specific event, or the culmination of several
incidents. Insightful moments extended a survivor's current perception to a new level of self-relevant understanding. Although difficult at times, survivors benefited in the long run because it initiated focussed attention and instigated a concerted effort to rectify an apparent deficit. Themes in this category include awareness of family of origin influences, negative relationship patterns, tendency to self-sacrifice, and, on a positive note, recognition that one is not 'incomplete' without an intimate partner.

Each time I saw my Dad, after my Mom and Dad split up, he was with a different woman. He was drinking a lot, and I didn't want to be like him. I was walking my latest 'trick' out the door, and it hit me: I'm becoming the very thing that I swore I didn't want to become: Just like my father.

After this, I was realizing that I don't need to have this or any relationship to be happy with myself. I live here by myself and I'm totally happy. [...] I don’t need a partner to feel whole or to complete my life. It's really empowering.

**Benefits of Counselling.** (5 incidents) This category includes benefits derived from participation in either individual or group counselling. Assistance occurred as a result of the counselling content; that is, psycho-educational material presented on abusive relationship dynamics; or, via the counselling process, where participants derived greater self-understanding and self-relevant insight in the company of sympathetic others.
In the group context, participants identified beneficial curative factors: installation of hope, universality, imparting information, interpersonal learning, and catharsis (Yalom, 1995).

I went through [city] Mental Health, and got hooked up with them almost right away. She got me into art therapy, as a method of giving me something to do. It was good; I needed it at the time. It gave me a chance to talk about some of the things that were going on at the time, because there was a lot of pain.

The most important thing was that I found out about the verbal abuse, that I was experiencing in the relationship, wasn’t right. You know, like walking on egg-shells; that’s not what a relationship is about. But, because of what I grew up in, in retrospect, I ended up in exactly the same [type of] relationship that my dad had with [someone who was] a drug abuser; who was emotionally and verbally abusive; who damaged property; [and, who] was actually worse than irresponsible. I was able to learn a language that helped me understand and make sense of what had happened.

The most helpful thing for me was finding out that there was a group for gay male survivors at St Paul’s [Hospital]. It made me
feel a lot of things that I didn’t want to feel. It made me realize a
lot of things that I didn’t realize before. It made me aware of the
abuse, on my part and on [Ex’s name] part, and the things that
went on in our relationship. It made me realize that the abuse
didn’t stop when I walked out the door. It went into other
relationships.

Assists Other Survivors. (4 incidents) In recognition of the challenges a survivor
faces, such as, difficulty identifying and accessing professional resources, ongoing
psycho-emotional adjustments, and enduring harassment by an ex-partner, some
participants were keenly interested in paving an easier path for other survivors. This
category includes examples of survivors helping other survivors so that the route to
recovery had fewer obstacles. Participants in this category felt positive about making
personal contributions to a larger cause: The creation of resources and services
specifically designed for gay male survivors of intimate abuse.

I came to this city with the idea that I’d do something to promote
awareness about relationship abuse in the gay community. I
connected with [name] and have sat on panels, and she has invited
me to speak to groups of survivors. I wanted to share my
experience in the hopes that it might help someone else.
There is nothing. That’s when I realized that there’s no safe house; there are very little resources for gay men in Canada. So we have to do something. That’s why I’m a part of a group that trying to set up a national organization. It has been helping me build my self-esteem.

Receives Appropriate Referral/Advocacy. (4 incidents) This category includes incidents that assisted survivor attempts to access professional resources within the mental health, health care, and criminal justice systems. The referral helped to steer survivors in the right direction and minimize inappropriate or multiple referrals. As well, once inside a particular system, survivors benefited from insiders, who because of their familiarity with systemic organization, were able to help navigate survivors through bureaucratic layers and procedures, and/or advocate on their behalf.

I have to thank the Bashline for referring me to St. Paul’s Hospital; otherwise, I wouldn’t have had that professional support.

The woman in the Court-House was the most helpful because that was her actual job: To deal with spousal assault. She had more knowledge of ‘straight’ spousal abuse, but not the gay. This was a new territory for her, but she treated as if it was a case ‘straight’ spousal abuse, which was good because that’s the way it should
have been treated. She told me what to expect, and helped prepare me for the long period before it got to court.

**Draws Upon Spiritual Practices.** (2 incidents) Whether it was traditional religion, or “new age” spirituality, some survivors needed to draw upon spiritual beliefs and practices through which to feel personally connected to a “Higher Power”. Participants received hope, inspiration, and reassurance that they were being “looked after” by the Creator. As well, traumatic experiences were reframed as “tests” or “challenges” that promoted character development, and, in a broader perspective, spiritual growth.

I couldn’t listen to commercial radio because songs of failed love and such mirrored the dysfunction in my own relationship; so I listened to this Christian radio station. [...] I was listening to the music, and the music was spiritually empowering; it was helpful. It helped me get in touch with my spiritual side.

One thing that has really helped has been my spiritual beliefs. When things really start to look bad and I’m feeling lousy, I can do some energy work, or meditate, and I feel much better afterwards, more peaceful inside. And it’s like I’m connected to other spiritual energies; I’m not alone.
**Learns Self-Help Strategies.** (2 incidents) In order to cope with the myriad of emotions and impressions resulting from an abusive relationship, survivors draw upon their own resiliencies and capabilities. If their repertoire is bereft of possible strategies to employ, or their adaptive coping techniques are either inadequate or insufficient, survivors require resources to augment their adaptive functioning. This category includes incidents where survivors actively sought out and learned different self-help techniques, primarily through self-help literature, or drew upon an author's personal examples of self-help strategies. As a survivor's resourcefulness grew, so did their hope and self-confidence; the recovery process appeared manageable and attainable.

I read a lot of self-help books and listen to tapes like Louise Hayes. I learned a lot; things I can do to help myself. I'm a person, and I'm not worth an overdose of sleeping pills. I'm better than that; I deserve better, and I will get better some day; I feel hopeful.

I have several self-help books. They have reminders of things that I already know, provide new information, and describe experiences of other people. They come in handy when you've had no guidance from your family.

**Enacts Safety Strategies.** (2 incidents) This category includes measures taken to ensure personal safety from further threats imposed upon by an abusive ex-partner.
Incidents in this category are organized around a central theme: ensures physical safety. Participants accomplished this task with two considerations in mind: create physical distance; and, make oneself less accessible; that is, decrease the likelihood of chance or deliberate encounters with an abusive ex-partner if both still reside in the same geographic area.

[The year prior to court date.] It was difficult. I knew he was out and I had to change my hours at school, to make it not so structured. So I had to go in at different times so that he wouldn’t be able to know my schedule, and not be outside waiting for me. I was always looking over my back to see if he was around; it was really tough. I always made sure that I wasn’t alone: No matter where I was I always made sure I had someone there.

_Creates Social Connections._ (2 incidents) Establishing or re-establishing social connections is vital to combating loneliness, isolation, depression, and post-traumatic symptomatology (van der Kolk, 1989). This group of incidents is a prerequisite to another facilitating category: Receives Empathy, Support, and Validation. For some survivors, social and/or familial ties may have been disrupted or severed altogether during their stay in an abusive relationship. Therefore, a survivor must first re-establish a stable social network, with attachment figures (van der Kolk, 1989), from whom they later garner much needed support. Incidents that illustrate a survivor’s efforts to socially re-integrate, and/or create a “fresh start” are included in this category.
I got back into a social group of friends: Friends that I had before I met [Ex's name]. I didn't have to mention it [abuse]; it was kind of like an escape, and I didn't have to explain myself, and that was really nice. I could simply enjoy myself amongst friends; just like I used to.

I got on to the internet, and I'd get into the chat rooms and just sit and talk to people. It was totally anonymous: You didn't know any names, or who they were. I started talking to this guy for awhile, and he didn't ask me any questions about [Ex's name]. [...] It's like having a clean break. That's what I really needed: A fresh start.

Resists Temptation to Capitulate. (1 incident) Resisting the temptation to capitulate to feelings of loneliness, isolation, or sympathy towards an abusive ex-partner represents an enormous challenge to survivors. This category reflects methods employed to circumvent any temptation to reconcile with an abusive ex-partner, or challenge any distortions that a survivor has about the abusive relationship; for example: “I still love him”; or, “It really wasn’t that bad” (Island & Letellier, 1991).

Big bouts of missing him- whenever I have these bouts, I have five memories that I despise- of things that happened that pissed me off beyond belief. I would sit down, in a nice quiet place, and
relive all five memories all over again. And by the time I was on number four or five, I didn’t have the urge to call him anymore.

**Acknowledgement by Ex-Partner.** (1 incident) Survivors of intimate abuse mistakenly reproach themselves for being the cause of their ex-partner’s abusive behavior, and assume responsibility for the success or failure of a relationship, which is further reinforced by an abusive partner’s persistent denial and recrimination (Island & Letellier, 1991; Merrill, 1998). In the rare event an abusive ex-partner acknowledges culpability, a survivor feels vindicated: It was not his fault, nor was he misperceiving the abuse in the relationship. This category includes a single instance when this occurred. Although the participant initially felt hesitant that it was possibly a manipulative effort, he appreciated the apologetic gesture.

He admitted that he had taken advantage of me, and he apologized profusely. The acknowledgement was also a self-satisfaction [satisfying]; knowing that he had previously said that he hadn’t done anything. It was also self-gratification [gratifying] that he finally realized why I left. I couldn’t handle it anymore. And he acknowledged that he did rack up my credit cards and I got stuck with the bills, and that he had treated me badly. It was satisfying that he realized it, and that he was trying to make up for it.
Factors that Hinder Recovery

Sixty-one factors, which hinder recovery, were sorted into 12 categories. Each of these will be discussed in detail, accompanied by the number of incidents in the category. Illustrative examples will be provided for each category. In some cases, a hindering category is the counterpart to one of the facilitating categories; for example, Receives Adverse Reactions: Criticism, Judgement, and Betrayal is the foil category to Receives Support, Empathy and Validation.

Unlike Lee and Cochran (1997) who grouped facilitating and hindering events in the same category: Support, a distinction between facilitating and hindering factors has been maintained in this categorization system so that each have a clear, noteworthy presence in this study.

Similarly, the category: No/Failed Attempt(s) to Self-Assert is the hindering counterpart to Acts of Self-Assertion. Rather than viewing the hindering category as a deficiency on the part of a participant, this category stimulates an investigation of factors that promote self-silencing (Gratch, Bassett, & Attra, 1995). Therefore, maintaining discreet categories ensures that significant themes and possibilities for future research are not obscured.

Table 2 provides a summary of hindering categories in descending order according to the number of incidents. The third column identifies the number of participants who contributed incidents to that particular category. Each category will be outlined and illustrated with participant examples in the next section.
### Table 2

**Hindering Categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Incidents</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Intrusions Perpetrated by Ex-partner</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Encounters Double-Standards within Criminal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justice System</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Prematurely Dates or Enters into a Relationship</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Reactive Strategies</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Escape and Avoidance Strategies</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Inadequate Helper Response</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sense of Inadequacy</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Receives Adverse Reactions: Judgement, Criticism, and Betrayal</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Financial Constraints/Legacies</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>No/Failed Attempt(s) to Self-Assert</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Encounters Abusive Characteristics in Others</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Aggressive Self-Assertion</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Continued Intrusions Perpetrated by Ex-Partner. (11 incidents) This category reflects the multiple ways in which an ex-partner continues to pose a real threat to a survivor. Perhaps as a way of working through his own abandonment anxiety (Farley, 1996; Landolt & Dutton, 1997), ex-partners continued to threaten, humiliate, assault, manipulate, harass, or intrude upon a surviving partner. Establishing boundaries around an ex-partner’s behavior, while endeavoring to create an independent life, consumes much of a survivor’s time, attention, and energy; it often appears to be a never-ending struggle, one which is exceptionally frustrating, discouraging and de-moralizing.

He moved into the neighbourhood, about three four blocks away, and that’s why he wanted to contact me, and let me know. [...] It was really, really uncomfortable. He didn’t know my address, which was a relief, but I was really uncomfortable. I would go to work, and I stopped going out to the mall. I stayed inside for the most part. I returned to where I was when we first split up. I was scared to go anywhere.

During the assault, being ex-[military body], I learned to protect my head. He kicked me in the stomach, and I have major stomach problems too, so I curled up into a ball, and protected my head. At that time I was also a model, so I had to protect my face. He would grab my hair, and nearly yanked out hands full of hair, and bang my head against the pavement. He was kicking my back; he
couldn’t kick my stomach. So when he came around to the back, and started kicking again, that’s when I was always watching—watching what he was doing. I knew what his next move was so I let him continue what he was doing, because I was waiting for that opportunity so that I could get away. I wasn’t struggling; I just let him go. Meanwhile he was punching me and all of that sort of stuff, and wacking my head on the pavement. [...] He did make a mistake; he tried to come around and kick me in the stomach. That’s when I freed my leg and kicked him in the knee. He went down and I pushed him over so that he would fall. I ran away and went to the police to file charges.

**Encounters Double-Standards Within Criminal Justice System.** (9 incidents) This category includes incidents where a survivor endeavored to get legal satisfaction; that is, to ensure protection, personal well-being, and/or seek compensation from his ex-partner. Survivors, who proceeded with legal action, did so with the understanding that such action might evoke further retaliation from an ex-partner, and/or anticipated that justifying intimate abuse in a same-sex relationship would be a difficult, lengthy task. But, much to their dismay, survivors soon realized that the judicial system is ill-equipped to process cases of same-sex intimate abuse.

Criminal code statutes, which relate to domestic violence, currently apply to heterosexual couples, and do not subsume gay relationships. Hence, survivors were confronted with a legal reality: One enforceable standard exists for heterosexual couples,
and another minimal standard exists for same-sex couples, as the following examples illustrate:

The police were getting really annoyed. There were nine breaches, and when it actually went to court, the judge laughed it off and didn’t take it seriously. They knew that he had five prior convictions of spousal assault, and he was supposed to go for anger treatment each time, but he didn’t. All he got out of it was a two-year no-contact order. It was just a slap on the wrist for assault number six. I was so frustrated with the legal system. They’re there for the ‘straights’, but not for the gay community. Spousal assault is spousal assault: It doesn’t matter whether you’re ‘straight’ or gay. We should be treated the same and it wasn’t.

The [lawyer] told me that it would have been better if I had dealt with it on my own terms, instead of dealing with it through the courts. In other words, take vengeance on him, because the courts aren’t there to help. It’s a real slap in the face when you think they’re not going to be there for you. You’re supposed to have constitutional rights, and be treated the same as everyone else, but it doesn’t happen that way at all.
Prematurely Dates or Enters into a Relationship. (8 incidents) Instances where a survivor gets quickly involved in an intimate relationship, following the dissolution of an abusive relationship, are included in this category. Each incident was reported as detrimental in that it either resulted in the continuation of a negative relationship pattern, or a participant recognized that he was ill-prepared to become emotionally intimate with or committed to another person so shortly after a break-up with an abusive partner. Subsequent relationships were motivated by a profound sense of isolation, and/or a disabiling sense of incapability: “I can’t do it on my own.”

One thing that hurt my recovery was getting involved in a relationship too soon: I got involved with [current partner] two months later. It was really too soon, and I knew it was too soon, but I have a fear of being alone. I’m alone and I can’t do this. […] [Current partner] talks about having kids, and having a union ceremony, and that scares me. That really scares me. The expectation is hovering in the air and I don’t know what to say to him. I don’t want to hurt him. […] I still have panic attacks sometimes; I get homesick. I freak out; I can’t breathe; and, I burst into tears.

I’m dating a couple of guys right now. One is ‘good’; the other is so ‘bad’. Three weeks ago, I’m out with the ‘bad’ one. We’re out driving around, and the next thing you know, he lights a ‘joint’
and I'm the passenger, [I'm] loaded, the music is cranked, and we're smoking this 'joint'; I'm having the time of my life! And I thought: 'Here you go again [name], you're doing it all over again. You're probably going to be dead some time tonight!'

**Reactive Strategies.** (7 incidents) This category encompasses a particular set of incidents related to intermittent exposure to varying degrees of violence in a significant relationship. Attempts to circumvent traumatic re-enactments, in subsequent relationships, merely perpetuated similar dysfunctional patterns. As van der Kolk (1989) notes, “responses to projective tests show that adults, too, are liable to experience a larger range of stimuli vaguely reminiscent of the trauma as a return to the trauma itself, and to react accordingly” (p. 389). These traumatic re-enactments are not conscious attempts to re-create abusive dynamics; rather, the development of traumatic bonds or attachments may pre-empt rational consideration of what is in one’s best interests, and consequently trap survivors in a cycle of self-destructiveness and re-traumatization (Dutton & Painter, 1981; Herman, 1997).

Traumatic attachment has also been used to explain why survivors remain with their abusive partner, repeatedly return to an abuser, continue to support abusive partners outside of a relationship, and/or continue to get involved in subsequent abusive relationships. The incidents in this category reflect participants’ conscious efforts to not repeat an abusive relationship pattern, but in so doing, inevitably create a self-fulfilling prophesy, which gets continually acted out with significant others (Herman, 1997).
I was more cautious; I had my barriers of course. Each time I go into a new relationship, the walls are up there and it generally takes quite a bit a time before they get lowered. I’m always self-conscious of what’s behind the scene, like what’s not really there. So I analyze the little things that they say. I don’t know if that’s a bad thing, but I do it to protect myself. I have a good memory of the little things they do. They may say one thing, and then they add something else down the road; or, they change the story a little bit. I call them on it all the time. It frustrates them but it protects me.

I usually tell people when I first meet them about my background: the drug addiction, the abuse, and, stuff. So they’ll have some sort of idea. Mind you, a lot of them don’t stick around after, but maybe that’s good. I’ve learned not to say everything at once because I scare people off. They become too afraid of me.

It wasn’t about the ‘joint’ [marijuana], it was about having control over my own things. So I wound up taking his glass and smashing it up against the wall. I found that I learned violence through the ‘red zone’ that we were talking about earlier [period of first abusive relationship on time line] and I’d better be careful. My mechanism for safety is, okay, if it’s going to happen, then I better quash it. My first instinct is to make it stop and make it go
away. I feel like I’m in this intense anxiety situation and I don’t
know what’s going on; I’m out of control.

**Escape and Avoidance Strategies.** (5 incidents) This category includes examples
of methods employed to ‘numb’ out intense emotional reactions in response to
maltreatment suffered in a relationship; examples include illicit drug usage, excessive,
habitual alcohol consumption, or engagement in frequent anonymous sexual encounters.
These strategies may be employed separately or in concert with one another, and may
have potentially fatal consequences not readily apparent.

Given the continued threat that HIV poses to the health and well-being of gay
men, survivors may not be inclined or even care about engaging in risky sexual behavior;
thus, survivors constitute a high-risk population for contracting HIV, the virus associated
with AIDS (Island & Letellier, 1991; Merrill, 1998).

Dissociative tendencies are also included in this category. Putnam (1997) suggests
that “dissociation involves a failure to integrate or associate information and experience
in a normally expectable fashion” (p. 7). Shirar (1996) describes dissociation as the
“ability to make unpleasant thoughts and feelings go away inside somewhere so one can
forget about them, at least temporarily”, in order “to separate certain information from
conscious awareness” (p. 3). Hence, survivors may endeavor to deliberately forget
traumatic experiences, and/or remove traumatic memories from conscious awareness as a
means of coping with the traumatic sequelae (Herman, 1997).
I do drugs right now unfortunately. I have a history of drug abuse and I've swept a lot of things out of the way because of it; it's a self-destructive behavior I guess. I seek it out in all my relationships. I realize that now. [...] I would use substances to block out and I wouldn't care what I was doing and it wouldn't matter. I would comply with what he wanted. [...] It blocks out everything, and it masks the intense pain that I'm feeling all of the time.

I'm a sex addict; I admit that totally. I go to the park and have sex continuously. It's just another way to escape.

**Inadequate Helper Response.** (5 incidents) This category reflects incidents where a survivor sought out professional mental health assistance and soon realized that the service was not satisfactory. Inadequate helper responses were identified by the following: unwillingness or inability to discuss same-sex intimate abuse; complete lack of or insufficient understanding of same-sex intimate abuse; reliance on psychotropic medication, as the primary form of treatment; or, instances where a survivor was put into a position to educate a helper. Survivors have sufficient burdens with which to contend and do not need the added responsibility of educating a helping professional on abusive dynamics in same-sex relationships.
I went to the [community agency]; they wanted to help but they didn’t know how. They wanted me to find paperwork and documents, stuff like that, so that they could understand gay relationships, and abuse in gay relationships. I didn’t do any of that, and I didn’t go back.

I did go in and see a psychiatrist, in that time frame. After seeing him on the third time, he looked at me and said: ‘The most cost-effective way for me to treat you is to put you on Prozac.’ I said: ‘But I just finished explaining to you that that’s not want I need. I need help in understanding and coping with what is going on. Drugs are not going to help.’ I had just explained what I had grown up with, which was a mother that was both emotionally and verbally abusive to my dad and who abused prescription drugs; hence, my aversion to any kind of medication. I didn’t go back to see him and I didn’t go on Prozac.

**Sense of Inadequacy.** (4 incidents) A survivor’s self-esteem and self-worth suffer greatly as a result of continual, persistent aversive exposure to an abusive personality. Overtime, survivors tend to internalize a self-image replete with failures and incompetencies. This perpetrator-defined constellation of inadequacies exerts continued influence well into the recovery period, and survivors perpetually face the challenge of
“changing the tapes” (Island & Letellier, 1991, p. 154); that is, counteracting self-
derogatory, or self-effacing statements and replacing them with self-affirmations.

This category includes examples where survivors were confronted with their own
sense of personal inadequacy, and low self-worth as evident by the following recurring
themes: minimizes strengths, competencies, and capabilities, questions credibility, and
fails to live up to perceived standards of being a socially marketable gay male. Some
participants were haunted with gay male stereotypes that promoted attractiveness,
intelligence, and affluence.

I had to write a resume, and I wrote it and I only identified three
or four things. I’m highly trained as a long-term care aid, and I
don’t even talk about that, or what I’ve accomplished. It’s crazy!
It’s about not having any self-worth.

I feel uncomfortable with being the [role] of this national
organization because I don’t feel I have enough of the skills and
background, and education. In the eyes of the public, I probably
look like an uneducated, ex-druggie.

I was walking down [street] and I was looking at other gay men
around me. In my head I was thinking: ‘You’re not good enough;
You’re not tall enough; You’re not well built enough’; or,
‘You’re not attractive enough’. All of which are more sexual put-downs.

Receives Adverse Reactions: Judgement, Criticism and Betrayal. (3 incidents)
This category is the counterpart to: Receives Support, Empathy, and Validation.
Specifically, instances where survivors were confronted with unsympathetic reactions from friends and family are included in this category. Negative reactions from significant attachment figures constitutes a major deterrent to further disclosure, and impedes a survivor’s progress through recovery. Messages such as, “I told you so”; “I knew it wasn’t going to work out”; or, “Why did you stay with him?” exacerbate a survivor’s sense of personal responsibility or culpability for the abuse.

Since maintaining attachment ties is vital to the treatment of post-traumatic stress disorder (Dutton & Painter, 1981; van der Kolk, 1989), criticism, judgement and betrayal fosters an abandonment anxiety, the degree of which may result in increased reliance on escape and avoidance strategies, or perpetuate a cycle of re-enactment, and re-victimization.

I was on UI (Unemployment Insurance), and I was staying with my Ex’s friend at the time. She wasn’t paying me anything; I was just staying there because I was looking for a job in [city]. She had told UI that she was paying me $500.00 per month, cash. So UI cut me off as well. I tried to explain to them what was going
on and they wouldn’t listen. They fined me so I have that to deal with that as well; it took three years to pay it off.

Everyone at work kept saying: ‘I told you it wouldn’t work out.’ And all my friends said that as well. I just shut myself out. […] They didn’t show any compassion, and I basically felt two inches tall. I thought I was stupid.

**Financial Constraints/Legacies.** (3 incidents) Financial hardship, whether it was attributed to an ex-partner’s inability to restrain or control his finances, which often resulted in the exploitation of his surviving partner’s financial resources, or to a survivor’s employment status, imposed multiple limitations and restrictions during recovery. Living autonomously necessitates adequate financial resources upon which to draw. Insufficient or depleted funds resulted in either the continuation of cohabiting arrangements, or prompted relocation to a temporary dwelling, usually with a friend or family member.

Inevitably, survivors were haunted with financial legacies incurred in the relationship, and were more likely to assume responsibility for payment, knowing that the chances of receiving money from an ex-partner were exceptionally slim. Three common patterns, which contributed to financial hardship, were noted: an ex-partner over-extended a survivor’s line of credit; costs involved in relocating created additional debt; and, in most cases, a survivor opted to leave personal belongings behind rather than engage in a dispute of ownership.
The collection agencies started coming after me. [Ex’s name] had racked up my credit cards and I was really pissed off about that. I had tried calling him, but he had just disappeared. [...] I couldn’t deal with it with him, so I wound up just paying off the bills because I just didn’t want to have to fight it.

I receive $490.00 dollars a month on which to live, and $200.00 of that is spent on rent, and the rest is spent on food and expenses. It makes things like getting a new place, and moving really tough. I don’t have enough money to get out, so I’m trapped with him!

No/Failed Attempt(s) to Self-Assert. (3 incidents) Incidents where a survivor either did not assert himself, when the situation demanded it or failed to follow through with an attempt at limit setting, are included in this category. Inability to be assertive was the result of apathy, fear or intimidation, or capitulation to an ex-partner’s persuasive ability. In retrospect, survivors described these “moments of weakness” as regrettable instances where competing needs collided, and desire for intimate contact supplanted any necessity for asserting one’s well-being.

I was confused and I didn’t want to see him [ex-partner]. It turned into a bad situation because I changed the locks to the apartment, and I was determined to stand firm with it, but after an hour
conversation on the telephone, I had a moment of weakness. He came over to spend the night and I gave him a new key.

I took some risks during casual sex. I was simply looking for any affection I could get. But with a couple of the people I had met, I really wasn't in the mind-set to think about protection, or even expect it because I really didn't care what happened to me. I guess I knew the risks, but it didn't matter; I really needed to be with someone. I found out later that one fellow I had sex with died of AIDS. I was really scared, and I went to get tested.

**Encounters Abusive Characteristics in Others.** (2 incidents) This category encompasses incidents in which traumatic responses such as, intense anxiety, flight or fight reactions, irritability, exaggerated startle response, hyper-vigilance, or emotional numbing have generalized to others with whom a survivor has contact. In the presence of harsh criticism, aggressiveness, or belligerence, stimuli reminiscent of originating traumatic events, a survivor may experience memory flashbacks; that is, repeatedly relive traumatic memories as if they are currently happening. Such experiences may be just as debilitating as the original traumatic event, and elicit comparable levels of hyper-arousal, helplessness, and distress (Dutton & Painter, 1981; van der Kolk, 1989).

I'm in a job situation where I'm subjected to the same emotional abuse. I was managing a company office in [city], and I was
working on a contract and the owner of the company started ranting and raving at me during a meeting. We were in an open section of the office and everyone could hear what was going on. It wasn’t the first time he had attacked me. Similar feelings were coming back as when my Ex would start using abusive language, rant and rave, and not hear what I was saying. I was shaking inside.

When I started at the group home, one of the clients verbally assaulted me. I had a lot of flashbacks of what had happened with [Ex’s name]. The client would say: ‘You’re stupid; you’re worthless’; and, ‘You’re no good’. So I decided it’s time to get out. I nearly had a nervous breakdown.

**Aggressive Self-Assertion.** (1 incident) This category includes a single incident where a participant had to diligently assert himself to the point of becoming increasingly distressed with a law enforcement officers’ apparent non-responsiveness to being brutally assaulted. From the participant’s perspective, he was confronted with a glaring discrepancy between assumed and actual legal rights.

After the assault I went straight to the police and filed a report. They took it down and sort of threw it on a pile. [...] I got really upset with them, and that’s when they pressed the charges. It took
while and it took a lot of yelling and screaming at them to file
the charges. It was really distressing that I had to push so hard for
something that I had a right to. I needed their help.

Category Validation

Methods of ascertaining category trustworthiness were outlined in Chapter 3. To
review, five methods were employed to test category trustworthiness or soundness:
withholding 20% of critical incidents to test tentative categorizations, inter-rater
agreement, establishing a participation rate, drawing upon expert commentary, and
triangulating results with existing literature. The results, of which, will be reviewed in the
following sections.

Category Comprehensiveness

Approximately 20% (n = 26) of the 131 critical incidents, were withheld from the
initial sorting process. As withheld incidents were introduced, they were either easily
incorporated into the category system, or necessitated consideration of a new category.
The process continued until all remaining incidents were incorporated. Once a new level
of stability was reached, the categories were reviewed at a later date, and subsequently
revised and refined.

With continued exposure, salient themes emerged in the groupings, which
contributed greatly to attaining further levels of category stability. As well, periods of
reflection, insight, thoughtful analysis played a key role in ascertaining the current
category system. Interview recordings were also revisited so that the categorization process did not stray beyond participants’ intended meaning.

Once the categories appeared relatively stable, and adequately mapped factors that facilitate and/or hinder recovery from intimate abuse with a gay male partner, the categories were then subjected to an independent assessment in order to determine whether the category system could be reliably used by others. Independent rater results are discussed in the next section.

Category Reliability

Two independent judges were invited to sort 64 randomly selected critical incidents, which approximated 49% of total incidents, in order to ascertain reliable usage of the category system. After a judge was provided with a brief description of the category heading, and offered non-leading examples of each, they proceeded to sort the incidents. Table 3 summarizes the degree of accordance between the student researcher’s category sort and those of the independent judges.

The Doctoral student required a half-hour to complete the sort, and differences in incident assignment were subsequently reviewed; specifically, the student was invited to explain her rationale for pairing an incident with an alternative category. In total, six incidents came into question. Once discrepancies were debriefed, it was noted that they could be attributed to two reasons: misunderstanding an incident; and, making judgements or interpretations that went beyond the scope of an incident. Thus, the reasons for the discrepant incidents did not provide any compelling evidence, which would necessitate a review of the category system.
Table 3

Reliability of Category Scheme

<table>
<thead>
<tr>
<th>Judges</th>
<th>Percentage Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctoral Student</td>
<td>91</td>
</tr>
<tr>
<td>Master's Graduate</td>
<td>94</td>
</tr>
<tr>
<td>Average Inter-rater Agreement</td>
<td>92.5</td>
</tr>
</tbody>
</table>

The second judge, a recent master's graduate from the University of Victoria, Department of Educational Psychology, required one hour and a half to complete the card sort. Four incidents were in question. As was the case with the previous judge, discrepancies were attributed to personal variables, and not the incidents in question; namely, over-interpretation of incidents, and mounting sympathy for a survivor interfered with accurate incident placement. Again, an examination of discrepant incidents did not warrant any revision of the existing category system.

At 92.5%, the average inter-rater accordance suggests that the existing category system can be reliably used, and comfortably exceeds the 75% minimum expectation (Andersson & Nilsson, 1964). It would appear that the current category system is relatively stable, and appropriately accounts for the range of critical incidents elicited from the interviews.
Participation Rates

Facilitating Categories. Table 4 summarizes the data related to participation rates for each of the facilitating categories. Again, the frequency identifies the number of participants who contributed incidents to a particular category; the frequency figure was then translated into a percentage or participation rate for the readers’ convenience. The participation rates are presented in descending order according to the number of participants.

The participation rate ranges from 100% (Receives Support, Empathy, and Validation; Implements Self-Help Strategies) to 14% (Resists Temptation to Capitulate; Acknowledgement by Ex-Partner) for facilitating events. These low participation rates are likely due to two reasons: small participant pool, and perpetrator pathology.

The category: Resists Temptation to Capitulate, is an identified struggle within the same-sex intimate abuse literature (Island & Letellier, 1991; Merrill 1998), and represents the successful counterpart to the hindering category: No/Failed Attempt(s) to Self-Assert. A survivor, who is either incapable of or reneges on attempts to establish personal limits or boundaries, is likely to reunite with an abusive ex-partner. Hence, this category was included because of its logical significance to the recovery process, and was not considered to be anomalous, nor a distorted participant account.

The low participation rate for: Acknowledgement by Ex-Partner, can be attributed to perpetrators’ chronic and habitual need to avoid responsibility by externalizing blame, or denying culpability for any maltreatment (Farley, 1996; Island & Letellier, 1991). In light of such profound defensive posturing, this category would be expected to yield a limited participation rate.
### Table 4

**Category Participation Rates: Facilitating Categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receives Empathy, Support, and Validation</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Implements Self-Help Strategies</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Insight and Understanding</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Acts of Self-Assertion</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Enacts Safety Strategies</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Learns Self-Help Strategies</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Benefits of Counselling</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Draws Upon Spiritual Practices</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Receives Appropriate Referral/Advocacy</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Assists Other Survivors</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Creates Social Connections</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Resists Temptation to Capitulate</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>Acknowledgement by Ex-Partner</td>
<td>1</td>
<td>14%</td>
</tr>
</tbody>
</table>
The low participation rate for: Creates Social Connections (29%), was surprising when compared to the high participation rate for: Receives Empathy, Support, and Validation (100%). Since the former category is interpreted as a pre-requisite for the latter, it would appear that isolation was not as problematic in this participant sample. For the most part, participants' social networks remained relatively stable over the course of the recovery period, and those who felt isolated in the abusive relationship were more likely to be plagued with loneliness during recovery. Again, this finding may simply be due to the small participant sample.

Hindering Categories. Table 5 presents comparable data for the hindering events. Again, hindering categories are presented in descending order according to the number of participants contributing incidents to a particular category. This figure was then translated into a percentage in order to provide a participation rate.

The participation rate ranged from 100% (Intrusions Perpetrated by Ex-Partner) to 14% (Aggressive Self-Assertion) for hindering categories. The category: Aggressive Self-Assertion, was retained as a separate category because it is qualitatively different from the category: No/Failed Attempt(s) to Self-Assert, both in terms of nature of the incidents, and their respective outcomes. The former category bears directly on survivors' capabilities, and the latter provides commentary on the receptivity of others. Obstacles, such as institutionalized homophobia, or failed appreciation of the legitimacy and severity of same-sex intimate abuse, create circumstances where survivors have to aggressively assert themselves in order to receive satisfactory service.

Low participation rates were noted for the categories: Encounters Abusive Characteristics in Others, and Encounters Double-Standards within the Criminal Justice
Table 5

**Category Participation Rates: Hindering Categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusions Perpetrated by Ex-Partner</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Financial Constraints /Legacies</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Reactive Strategies</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Inadequate Helper Response</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Prematurely Dates or Enters into a Relationship</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Escape and Avoidance Strategies</td>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>Receives Adverse Reactions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement, Criticism, and Betrayal</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Sense of Inadequacy</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Encounters Abusive Characteristics in Others</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Encounters Double-Standards Within Criminal Justice System</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>No/Failed Attempt(s) to Self-Assert</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Aggressive Self-Assertion</td>
<td>1</td>
<td>14%</td>
</tr>
</tbody>
</table>
System. Only two participants demonstrated continued acute post-traumatic symptoms, which had generalized to persons and situations beyond the context of the abusive relationship.

The low participation rate for: No/Failed Attempt(s) to Self-Assert was surprising given that self-assertion in an abusive relationship is typically punished by an abusive partner, and continues to be so after the termination of a relationship. Additionally, if writers such as Island & Letellier (1991) or Merrill (1998) were justified in suggesting that survivors are prone to over-responsibility, or have tendencies to deny personal needs, one would expect a higher participation rate in this category. One possible explanation, which might account for the low participation rate, might suggest that this is evidence of survivor embarrassment. This category plagues survivors with a haunting question: “Why did I allow this to happen to me?” Such a question implies self-blame. Therefore, participants may have preferred to avoid recalling incidents, which raised questions about their own intentions.

Alternatively, this category may also reflect the degree to which survivors’ self-silence (Gratch, Bassett, & Attra, 1995). That is, illustrate the lengths to which survivors’ continue to deny personal needs or intentions in favor of another persons’ desires, or refrain from acting due to a perception that nothing will change. The dynamics surrounding self-silencing would be another fruitful area of future exploration.

Since the prospect of litigation is intimidating at the best of times, it is not surprising that only two participants elected to file charges against their respective ex-partners, and were prepared to face legal challenges related to justifying intimate abuse in a same-sex relationship. The remaining participants were neither inclined, nor prepared to
subject themselves to additional emotional hardship; they had little confidence in the efficacy of the legal system.

**Expert Assessment**

Expert commentary and critique was sought out from two helping professionals, who provide counselling and support services to gay male survivors of intimate abuse. Development of support services for this population is relatively recent, and for the past three years, both experts sources have provided independent services or worked co-jointly to facilitate the only support group that exists within the geographic confines of this study. As one expert commented “a person working in this area is a pioneer”.

In response to the presentation of study results, which included an overview of the system of facilitating and hindering categories, and a proposed theory of recovery, which incorporates the categories, both professionals commented on the comprehensiveness of the categories, and their tendency to accurately reflect survivor recovery. When compared against their direct experience with this population, the categories were viewed as concise, informative, and useful.

One expert inquired if couples’ counselling was presented as an issue, which it was not. As she relayed different examples of difficulties experienced by her clients in this regard, it was noted that such instances might be easily incorporated in the hindering category: Inadequate Helper Response. Such inclusion would necessitate a revision in the category heading to one which would extend current category themes to include instances where helping professionals sided or identified with an abusive partner during the course of therapy, which consequently perpetuated subjugating dynamics within the counselling context.
The other expert inquired if the issues of mutual abuse arose in the results; that is, instances where survivors interpreted self-defence as being tantamount to reciprocating in an equally abusive manner. Only one incident of this occurred, and it was included in the category: Benefits of Counselling, because this issue was a segment in psycho-educational material presented in a therapeutic group context. The participant, who identified this incident, was greatly relieved that he did not have to wear the label: Abuser.

It was reassuring to note that the hindering category: Reactive Strategies, a category which left a residual uncertainty concerning its appropriateness, was clearly supported by one expert, who was able to provide even more dramatic examples of reactivity than the ones collected in participant interviews. As well, her examples really illustrated an additional professional consequence resulting from providing services to traumatized individuals: Helpers must be prepared for the possibility of intense, negative emotional transference reactions, where survivors unconsciously re-enact traumatized events within the helping relationship. Emotional intensity associated with transference issues would necessitate therapist vigilance: Countertransference issues may arise (Pearlman & Saakvitne, 1995).

Overall, the research findings were well received and experts acknowledged that it was also helpful for them because they were exposed to documented affirmation of their intuitive understandings and accumulated experiences.

Literature Verification

As an additional method of triangulating support for the generated categories (Kefting, 1990), a search was conducted in three related bodies of literature: development
of personal resiliency, effects of trauma, and mental health issues associated with being a member of a sexual minority. These sources were relied upon to account for categories that were not explicitly reviewed within the available domestic violence literature dealing with gay male couples. The following categories are consistent with those identified in the literature review, in Chapter 2: Resists Temptation to Capitulate; Enacts Safety Measures; Empathy, Support and Validation from Friends and Family; Continued Intrusions Perpetrated by an Ex-partner; and Encounters Double-Standards within the Criminal Justice System.

**Resiliency.** Personal resiliency, which Wolin and Wolin (1994) describe as a person’s “capacity to bounce back, to withstand hardship and repair” (p. 5) oneself, develops into an organized behavioral response set, intended to overcome adversity. Wolin and Wolin (1994) identify seven resiliencies: insight, independence, relationships, initiative, creativity, humour, and morality. Sears, Jennings, and Banks (1998) identify four focal capacities, which underlie resiliency: Interpersonal support; Anchor beliefs; Action experiences, and Attitude of hope. Each of these resiliencies will be examined in relation to the facilitative categories collected in this study.

The category: Insight and Understanding, reflects illustrative examples where participants actively incorporated and acted upon new personal insights. Insight, based on two developmental pre-requisites: sensing and knowing, refers to a survivor’s persistence in generating relevant information, which in turn, is used to fuel greater self-understanding. As Wolin and Wolin (1994) state: “In adulthood, the psychological awareness of resilient survivors ripens into a penetrating understanding of themselves and other people” (p. 67). The five participants, who contributed incidents to this
category, capitalized on insightful moments when self-defeating patterns became apparent, and were able to consider productive alternatives.

The categories: Acts of Self-Assertion; Resists Temptation to Capitulate; and Enacts Safety Strategies, exemplify participants' attempts to disengage from an enmeshed abusive relationship and reassert their autonomy. Independence, according to Wolin and Wolin (1994) involves the establishment and maintenance of personal boundaries. Respecting personal rights and needs, while respecting those of others, necessitates separating oneself from emotionally toxic relationships.

In family of origin terms, independence is synonymous with differentiation, which Nichols and Schwartz (1998) define as a person's ability to take "definite stands on issues because they're able to think things through, decide what they believe, and then act on those beliefs. This enables them to be in intimate contact with others without being reflexively shaped by them" (p. 145). Some participants in this study were able to momentarily overcome their fears of isolation and loneliness and appropriately establish limits with their ex-partner.

In this study, the relationship resiliency is reflected in the following categories: Creates Social Connections; Receives Empathy, Support and Validation; Receives Appropriate Referrals/Advocacy; and, Benefits of Counselling. Relationships, according to Wolin and Wolin (1994) reflect an "ability to form and keep mutually gratifying relationships" and "involves a balanced give and take and mature regard for the well-being of others as well as oneself" (p. 111). This resiliency is comparable to 'adult support' (Sears et al., 1998), and encompasses efforts to secure stable interpersonal relationships, or receive assistance from valued sources of support.
Additionally, this resiliency also reflects survivor-initiated attempts at accessing formal sources of support, such as legal advocates, counsellors, or health care professionals. Survivors, who drew upon this resiliency, were able to establish significant interpersonal connections and solicit support as required.

Two categories of incidents reflect significant agentic experiences: Learns Self-Help Strategies; and, Implements Self-Help Strategies. Initiative or ‘action experiences’ involves increasing mastery over challenges, and thus, directly relates to survivors’ ability to develop and refine adaptive coping skills. Wolin and Wolin (1994) suggest that “gratifications and self-esteem associated with completing jobs become a lifelong attraction to generating projects that stretch the self and promote a cycle of growth” (p. 136). With increasing competency, survivors play a vital, active role in their recovery. From the perspective of personal agency, survivors, who attribute success to hard work and determination, refrain from viewing themselves as victims of circumstance, and interpret setbacks as learning opportunities rather than personal defeats, are more likely to successfully adapt and overcome obstacles (Wolin & Wolin, 1994).

Assists Other Survivors and Draws Support from Spiritual Practices are two categories that illustrate the resiliency: Morality. Morality, which refers to survivors’ evolving social consciousness for the plight of others, overlaps with “Anchor Beliefs” and “Attitude of Hope” (Sears et al., 1998). Wolin and Wolin (1994) suggest that “[b]y serving or devoting time and energy to institutions, community, and the world, resilient survivors join their individual selves to the selfhood of humanity” (p. 184). In recognition for a need for systemic change, and empathy for others, who shared a similar fate, participants in this study valued the opportunity to assist others, in whatever capacity that
was deemed necessary. Reaching out to others meant that these participants had something of value to contribute.

Spiritual beliefs and practices constitute a related aspect to the morality resiliency. Attending to one’s spiritual well-being provided hope in the face of ongoing discouragement, and created a safe haven to which to retreat when emotional burdens appeared to dominate, or threatened to overwhelm a participant. Faith was an important lifeline in the midst of chaos and uncertainty.

The category: Acknowledgement by Ex-partner, appears to be a novel concept within the same-sex intimate abuse literature. The recommendation to sever all relationship ties with an abusive partner is clear within the literature (Island & Letellier, 1991). When personal safety is at issue, it is a reasonable recommendation and perhaps the only alternative. However, acknowledgement by an ex-partner may provide a modicum of relief to a survivor in that any abuse suffered in a relationship can potentially be de-personalized. A survivor no longer has to be plagued with feelings of doubt and guilt that the abuse was his responsibility. The benefits of abuser acknowledgement is an area for further research.

Trauma. Hindering categories such as Intrusions Perpetrated by an Ex-partner; Encounters Abusive Characteristics in Others, Escape and Avoidance Strategies, Prematurely Dates or Enters into a Relationship, and, Reactive Strategies are consistent with descriptions of survivor responses to intense, enduring abuse, and reflect interpersonal dynamics inherent in abusive relationships.

Dutton and Painter (1981) suggest that the relationship bond, which exists between an abusive person and the subjugated partner, parallels traumatic bond
development between “a captor and hostage or cult leader and follower” (p. 139).
Intermittent abuse, coupled with affection from an attachment figure, interact to create strong, albeit frictitious, emotional bonds, which encourage compliance, over-responsibility, and unfailing loyalty on the part of an abused partner (Dutton & Painter, 1981).

Van der Kolk (1989) suggests that traumatic bonds originate in early childhood, and adult re-enactments constitute a “repetition compulsion” (p.389); that is, adults are drawn to “situations reminiscent of the original trauma” (p. 389). Behavioral re-enactments may result in the adoption of an aggressor role, self-destructiveness, or re-victimization (van der Kolk, 1998). It is as if survivors are trapped in a cycle of re-traumatization.

Minority Stress. In this study, responses to minority stress and anti-homosexual prejudice were identified in the following categories: Escape and Avoidance Strategies; Sense of Inadequacy; Inadequate Helper Response; Encounters Double-Standards within the Criminal Justice System; and Aggressive Self-Assertion. Stigma, “a ‘mark’ that defines him or her a deviant, flawed, limited, spoiled, or generally undesirable” (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984), has a pervasive impact throughout the intrapersonal and interpersonal experience of gay men.

Internalized homophobia is defined as “the gay person’s direction of negative social attitudes toward the self, leading to a devaluation of the self, and resultant internal conflicts and poor self-regard” (Meyer & Dean, 1998, p. 161). Internalized homophobia has been identified as a major contributor to several mental health issues: depression and suicidal ideation (Remafedi, Farrow, & Deisher, 1993); intimacy problems (Isensee,
1990; Meyer & Dean, 1998); unsafe sexual practices (Herek & Gluct, 1995); and, drug and alcohol abuse (Ratner, 1993).

Although there is nothing inherently pathological to homosexuality (Gonsiorek, 1991), mental health issues are primarily manifestations of minority stress (Di Placido, 1998). Minority stress refers to anticipating or experiencing potentially dire repercussions of being gay within a dominant socio-cultural context that legitimizes oppressive views and practices (Di Placido, 1998).

Limited research has examined Financial Constraints/Legacies. Although financial hardship has been noted, Merrill and Wolfe (2000) is the only available study to identify specific forms of financial abuse. From a sample of 52 survey results, 67% of respondents cited damage to personal property, 60% missed periods of work or school, 56% succumbed to perpetrator requests for financial support, and 52% of respondents identified that their abusive partners refused to contribute to shared expenses. The degree to which survivors financially struggle, or career setbacks incurred as a result of an abusive relationship are possible topics for future study.

The category: Receives Adverse Reactions: Judgement, Criticism, and Betrayal, although noted in the literature (Island & Letellier, 1991), has not been formally investigated. Intuition would suggest that conditional or refusal of support by significant others would potentially pose serious emotional setbacks and hamper recovery. However, the specifics of this type of abandonment have yet to be articulated. For example, do friends and family members fall into a similar trap as some helping professionals? Are negative responses associated with a belief that a survivor implicitly agreed to being mistreated?
The third hindering category, which again has been overlooked, is: No/Failed Attempt(s) to Self-Assert. Failed or aborted attempts to self-assert may be the outcome of two opposing needs: continued hope that the relationship will prevail, and fear of isolation. Perhaps, as long as a survivor holds on to the possibility that a relationship will improve, he may be more willing to self-silence (Gratch, Bassett, & Attra, 1995); that is, refuse to assert his needs and thus not further jeopardize a relationship. Fear of isolation can be a powerful motivator.

Summary

One hundred and thirty-one critical incidents, which occurred during participants’ recovery, were sorted into 13 facilitating and 12 hindering categories. The existing category system appears stable and appropriately comprehensive. An inter-rater agreement of 92.5% suggests that the system can be used reliably by others.

Participation rates, which identify the degree to which categories are common across participants, influences the degree of confidence that can be placed in any given category. Eighteen of the 25 categories either approach or exceed 50%, and have triangulated support from experts, who provide counselling services to gay male survivors of intimate abuse. Additional support, for these categories, was garnered from three related bodies of literature: Trauma theory, resiliency, and minority stress.

The categories: Financial Constraints/Legacies, Receives Adverse Reactions: Judgement, Criticism, and Betrayal, and No/Failed Attempt(s) to Self-Assert have qualified support in the literature. Since the latter two categories identified and the category: Inadequate Helper Response have foil facilitating categories, Andersson and Nilsson (1964) suggest that the validity of such categories is established by virtue of their
logical connection. For example, if garnering support from friends and family members represent a facilitating condition, then it reasonably follows that any adverse reaction from attachment figures would interfere with recovery. Further research is required in order to examine how each of these incidents interferes with recovery efforts.

Three facilitating categories fall below 30%: Resists Temptation to Capitulate; Creates Social Connections; and, Acknowledgement by Ex-partner. Four hindering categories as similarly effected: Encounters Abusive Characteristics in Others; Encounters Double-Standards within the Criminal Justice System; No /Failed Attempt(s) to Self-Assert; and, Aggressive Self-Assertion.

It can be argued that low participation rates are due to the small sample of incidents; incident redundancy was not achieved. Although these categories have low participation rates, there is sufficient support within the literature, and from expert testimony to suggest that they accurately reflect the recovery experiences of gay male survivors. However, the specific influences that each of these categories exert on survivor experience is unclear and would require further exploration.
CHAPTER V
Critical Incident Timelines

In this chapter, critical incidents, for each participant, are chronologically sequenced and embedded in the participant's interview. Each timeline begins with a summary of participant characteristics: age and employment status. Since the focus of this study is on recovery from intimate abuse, the participants were invited to identify the type of abuse experienced, the length of the abusive relationship, the termination date so that the length of the recovery period could be ascertained, and the number of previous abusive relationships.

The critical incident timeline follows the participant introduction. The timelines are presented according to the length of the recovery period; that is, participants, who had recently left the abusive relationship, appear first, and those, with a longer recovery period, appear later. It is hoped that this presentation format will enable the reader to better appreciate the timing of critical events in a survivor's recovery, in response to survivor issues, over the course of the recovery period.

Participant: Dale

Dale is 31 years old, and moved to the West Coast because he wanted to create distance between himself and a previously abusive ex-partner. He hoped for a fresh start. He is currently unemployed, and has recently left an abusive relationship, which lasted 1½ years. The relationship ended a couple of weeks before this interview. He reports having experienced emotional, physical, and mental abuse. As well, he is experiencing financial hardship due to his ex-partner's spending habits. Prior to this relationship, Dale
has been involved in six abusive relationships, which has led him to question whether a healthy relationship, with another gay man, is even possible.

Dale still shares a living space with his ex-partner, and is eager to generate sufficient funds to find a place that he can call his own. As he reports, he just wants to "get out of there", because his ex-partner is a "control freak", who criticizes Dale's every move. Nothing that Dale does is up to his ex-partner's standards. In the face of constant criticism, which his ex-partner describes as "teaching opportunities", Dale feels overwhelmingly inadequate. He considers it to be harassment. He hears his ex-partner say that he "means well", but these reassurances appear hypocritical because they make him feel "an inch tall".

After another round of criticism for not cleaning the kitchen properly, Dale barricades himself in his room and begins to "scream and yell". It satisfies his need to express his frustrations, but the emotional intensity scares him. This prompts an apology from his ex-partner, but Dale no longer believes, nor trusts his sincerity. His ex-partner repeatedly asks Dale: "Do you accept it? Do you accept it? Do you accept it?" Dale acquiesces only to terminate the interaction. His sole objective is to get him out of his room.

Dale does not have any space that he can call his own. His ex-partner's presence permeates throughout the apartment. Dale abides by his ex-partner's expectations, around cleanliness and accomplishing household tasks, in order to pacify and appease him. But in doing so, Dale acknowledges there is a heavy price to pay: He grows increasingly isolated and distressed. As he reflects on this dilemma, he becomes very angry: Tears
well up in his eyes. He does not want to be in the presence of his ex-partner’s “negative energy”, nor does he want to be involved, in any way, in his ex-partner’s life.

He tries to move out, but his ex-partner pressures Dale into staying because of his ex-partner’s financial necessities. Even though he would rather leave, Dale agrees to stay for similar reasons: He does not have adequate income to live on his own. He feels resigned to the decision.

In order to cope with his distress, Dale resorts to drugs so that he can escape the emotional torment. He has a history of drug abuse, and recognizes that it is a component of other “self-destructive” behaviors. He also realizes that he seeks out destructive relationships, and relates this to his own family history. Taking drugs can have contradictory effects: His feelings are numbed out, but violence in the relationship will likely escalate. He and his ex-partner will engage in control-counter-control interactions, which escalate into a heated exchange.

On some occasions, Dale manages to extricate himself from these situations, but does so without any concern about what he might do: He “simply doesn’t care”. This typically means that he escapes to places where he can engage in unprotected anonymous sex, which helps to momentarily “mask all of the intense pain and emptiness” that he feels “all of the time”.

In despair, he asks himself how he managed to get himself back into this situation. He feels alone, scared, and trapped. The feeling of isolation haunts him: “I’m the only one.” He recognizes that living with his ex-partner has been “very harsh”; that is, his self-worth has suffered greatly. He tries as hard as possible to avoid contact, and since his ex-partner habitually stays home, Dale has no other apparent choice but to leave, without
any specific destination in mind. Sometimes, he simply rides the Skytrain from one end of the line to the other.

He feels discouraged at the prospect of moving. He has lost belongings, some of which have sentimental value, during previous moves. But the thought of conflict arising over ownership deters him from pressing the issue. Dale is on social assistance, and as a result of his limited financial resources, the practicalities of relocating create additional problems; that is, identifying affordable housing; convenient access to public transportation; and, finding a suitable roommate. An ex-partner provides him with minimal financial support: He purchases a bus pass for Dale so that he can get about.

Dale records his reflections in a journal as a way of alleviating the internal pressure he carries. One day he hopes to publish it for the benefit of other survivors. During a low emotional ebb, Dale candidly writes about his ex-partner, and the difficult experiences he has endured. His ex-partner discovers the journal, reads the entries, and confronts Dale: “This isn’t right, you can’t write that about me!” Dale indignantly thinks: “It is true.”

Dale has garnered important self-help strategies through books he has read. He discovers ways and means of participating in his own recovery. He feels excited and encouraged by these strategies because they have given him direction. He receives affirmation and hopes that things will get better one day. He describes one technique that he has learned: He repeats select words that he reacts to, which are often critical, judgmental words, so that they no longer evoke the same negative reaction. He hopes to neutralize the power that such words have over him. He is convinced that the process is valuable, and has witnessed positive results, but he has trouble sticking with it. He uses
positive affirmations to fuel his optimism, and to remind himself that he is a “good person, who deserves better”; they help to bolster his spirits.

Lucid dreaming and meditation are also helpful strategies, by which he can manage his anxiety and distress, and maintain his focus. Tasks become clearer, as do the means he can employ to accomplish them. Through the use of self-help strategies, Dale has learned a valuable lesson: “Believe in yourself”.

During particularly stressful times, Dale immerses himself into the characters of a novel so that he can escape the sound of his ex-partner’s voice. Sometimes he goes for long walks so that he can enjoy a period of peace and quiet, and allow himself to be distracted by the surrounding sights. Sometimes he imagines that he is someone else, living a life that bears little resemblance to his own. As he states, he uses these opportunities to “get out of [his] body”, and he worries that it is simply another way of escaping his problems.

Dale describes himself as a “sex addict”. Anonymous sex serves several purposes: It is another means by which he can escape reality; he is not alone; he receives attention and recognition; and, he feels in control. The satisfaction he experiences is bittersweet: He knows that they are not real; that is, they are simply impersonal anonymous encounters.

At this point he prefers taking drugs to anonymous sex because he is scared that he might get into another abusive relationship. He recognizes that fear of loneliness clouds his judgment: “Anything, even an abusive relationship, is preferable to being alone”. So he “pretends” and endures the abuse until he can no longer tolerate it. He has
become too familiar with despair and has contemplated suicide on occasion, but he reminds himself to “keep on going”.

Dale has sought out professional assistance. He is discouraged with psychiatrists he contacts because medication is typically recommended, and even if the medication improves his emotional state, he fears it would be ineffective in helping him understand and cope with what is happening. Medication would not eradicate his problems.

Dale recognizes a relationship pattern: He is aware that he has strengths and talents, but has deferred developing these in favor of supporting his partner at the time. Much of his time and energy is devoted to making a relationship work, and he equates this with unconditional support and self-sacrifice. He submerges his own needs, values, and interests. As a consequence, he has lost touch with himself, and has difficulty articulating who he is.

He notices he “under-sells” himself on resumes. Training courses, post-secondary education, and prior work experience are minimally represented, and he is baffled as to why he does it. He realizes that it decreases the possibilities of gaining employment in a competitive market.

In retrospect, Dale believes that his current dilemmas are related to his family of origin experience. He describes his father as someone who relied heavily on power and control. He was a very domineering man, who Dale believes, hated him long before Dale disclosed his gay identity.

Participant: Mark

Mark is 51 years of age and employed in a helping profession. Mark recently extricated himself from his fourth abusive relationship, which endured for six months. In
each of these relationships, Mark reports being emotionally, physically, mentally, and financially abused. Six months have transpired since the end of the abusive relationship.

Mark is appreciative of the support he receives from friends. Unconditional support and non-judgmental listening encourages him to talk about what has happened, and it reassures him that he is not alone. He is thankful for the suggestions, offered with both support and challenge, during moments of indecisiveness. For example, a friend tells him that moving only results in change of address, which encourages Mark to really think about his reservations, and examine the bottom line: He needs to pay attention to his own safety.

He feels confused because he had prior claim on the shared apartment, but he also suspects that his soon to be ex-partner is also trying to lay claim to it. Mark feels ambivalent about separating: He holds on to glimmers of hope the relationship will endure, and they will reconcile. But just as quickly, he feels disillusioned when things go awry. He still loves this man, but Mark realizes that hope only feeds the confusion.

He changes the apartment locks, but after a lengthy phone conversation with his ex-partner, although he is “determined to stand his ground”, he succumbs to a “weak moment”, and allows his ex-partner to spend the night. Against his better judgment, Marks gives him a new key to the apartment.

Mark is assaulted by his ex-partner. He calls the police, only to find that upon their arrival, they appear “judgmental”, and to “not take the situation seriously.” As a result, his faith in the police force is shaken, as is his sense of personal security. He becomes increasingly aware of the difficulties and hurdles present should he wish to pursue formal charges. He discovers that he is in a “catch 22”: He wishes to act on his
"human rights", but little legislated support exists to support his "civil rights". Filing criminal charges is a possibility, but the likely torment that would result in justifying a case of same-sex battering, coupled with the possibility of provoking another assault, deters Mark from laying charges. He describes his ex-partner as someone who is "predictably unpredictable", and feels wary of provoking him.

He visits his doctor to get a physical examination; he feels sore and stiff as a result of the assault. An x-ray examination reveals a fractured arm. Mark tries to tell the doctor about his "domestic situation", and it appears to Mark that he is not interested in "discussing the nitty-gritty" of his personal problems. Mark is infuriated that it amounted to a medical appointment, and the circumstances, which precipitated the fracture, are ignored.

Upon his return home, Mark conceives of three goals: go to a cruising area; ensure that his ex-partner is there to witness it; and have an anonymous sexual encounter. Mark is "pleased to report that all things happened" as he had envisioned them. His ex-partner "freaks out", and leaves. Mark takes satisfaction in seeing his ex-partner in such a distressed state. He wants his ex-partner to appreciate that he is "very much alive, and well, and that [he] didn’t need him". In part, it is also Mark’s way of reassuring himself that he is attractive, desirable, and free.

After the first assault, Mark’s hope for an enduring relationship, remains undiminished, even though he feels shocked and devastated. It takes him awhile to feel the strength, confidence, and the security necessary to face his partner to work things out. For the following month everything goes really well. But the honeymoon ends and Mark
receives more threats. He is faced with a stark reality: “It’s not about keeping anything alive (in the relationship), I have to keep myself alive”.

Mark is referred by a “bash-line” to a support group specifically tailored to the needs of gay male survivors. He is grateful to have a professional source on which to rely. The experience is beneficial; with the counsellor’s assistance, he remains focused on his priorities, and becomes more objective about the relationship. He becomes increasingly disentangled from the emotional knots that have clouded his judgment.

Distractions, such as work, hobbies, or other interests, are helpful in that he does not allow himself to ruminate over the failed relationship, nor feel sorry for himself. He holds on to the positive energy that is generated from simple accomplishments. Initially, it is a tough struggle to resist any temptation to slip into the pain and frustration. He pushes himself, and wards off mounting anxiety attacks, something with which he has lived with for most of his life. He is able to muster the strength and conviction to control his anxiety. He is shocked and pleasantly surprised that he is able to do it. In the past couple of days he has developed a “thicker skin”, which is a new experience, and a powerful one. He has spent considerable energy dealing with his “hypersensitivity”, and now a new perspective is emerging. He notices that he is not reacting as strongly as he once did.

In retrospect, the process of sorting through his feelings, and coming to grips with the changes has put him “more in tune” with himself. He draws a line: “This is not going to happen to me again”. He needs closure on the relationship, and decides to write his ex-partner a letter, one that is not filled with recriminations or criticisms; rather, he simply wants to “shake hands and say good-bye”. The letter represents an opportunity for him to
take responsibility for his part in the relationship's demise, and honor the "good times". The letter is sent without any expectation of reciprocation: He merely wants to put the issue to rest, and find closure.

Again, his emotional family helps him focus on what is important, and not get too wrapped up over minor issues. With their support, and suggestions, he turns his attention to a broader issue: The quality of living. He hopes to improve the circumstances in which lives. He feels very fortunate to have them, and the connection he has established feels "communal, almost spiritual".

Perhaps the most difficult thing for Mark has been holding on to "false hope". He feels disillusioned that the positive energy generated during times spent with his ex-partner has not developed into something more. His hope that the relationship will "one day get back on track" has gotten "in the way" of moving on with his life. He begins to accept that "it is just a matter of time", and the relationship will end.

During the "transition from hope to no hope", Mark continues to have sexual relations with his ex-partner. The last time they were together, Mark feels suspicious that something is about to happen; yet in spite of these apprehensions, he willingly participates in sex. But this time is different; he mentally steps out of the encounter and watches from a distance. He becomes a "voyeur". In retrospect, Mark thinks that this encounter was helpful in that it provides confirmation that his ex-partner's sole concern is about his sexual gratification, and not about interpersonal intimacy.

Mark feels conflicted: His hope for the relationship begins to fade, but he feels jealous when he thinks his ex-partner will have sex with another man, something which Mark has already done. He has trouble letting go of the "exclusive arrangement" to which
they had agreed. He thinks that this has become an issue for him because they continue to "live under the same roof". Living together has resulted in other significant difficulties: Mark lives in a constant state of apprehension; he is never alone; and as a result, repeatedly changes his daily pattern so that he can avoid his ex-partner.

Stress and uncertainty plague him as he tries to manage the practicalities of relocating. His time is absorbed with work projects and he has little time and energy to devote to "sorting things out and actualizing" his intentions. He feels overwhelmed, and discouraged that he has little time for himself. In addition to his current obligations, he has taken on a new task: To advocate for gay male survivors. He speaks to public groups, authorities, and helping professionals so that he can provide information and assist others. These opportunities are both satisfying and gratifying.

Within the past week, Mark has received a "death threat" from his ex-partner. He feels traumatized; this has been "a very dark, dark period" in his life. He endeavors to remain optimistic, focussed, and determined. He interprets this as "one of life's trials", one which he intends to successfully pass. He draws heavily from his spiritual beliefs as a source of guidance and solace.

Participant: Michael

Michael is 42 years old, and currently unemployed. He reports being involved in over 15 abusive relationships, all of which included varying forms of emotional, physical, mental, and financial maltreatment. The latest abusive relationship lasted for 2 ½ years, and ended over a year ago.
Michael’s first abusive relationship left an indelible memory. A stormy period of tension, arguments, and threats culminated in a physical altercation, which resulted in a broken arm and dislocated shoulder. His ex-partner used a baseball bat.

Michael contacts his father, who is quite alarmed, offers to pay for a hotel room so that Michael is safely out of the house. He declines: “No you told me not to let anyone walk over me”. He feels conflicted between his own need for safety and appearing weak: “It’s a macho thing”. He decides to stay, and terminate the relationship.

During this time, Michael relies heavily on emotional support from friends. He knows that he is not alone, and can stay with them if necessary. He feels embarrassed about what happened, but he realizes that he cannot shoulder the burden of this by himself. They motivate him to manage daily household tasks, go to work, and pursue interests.

For the first six months, Michael’s ex-partner stalks him. Harassing phone calls, threats, “chance” encounters are used to coerce Michael into reconciling. His ex-partner uses the ultimate threat: “If you won’t be my lover, then no one will have you”. Michael feels intense anxiety: He is easily startled. He feels anxious in crowds, or in unfamiliar or unpredictable surroundings. In order to cope with his intense feelings, Michael resorts to drugs and alcohol. He spends considerable time ‘high’ or under the influence. Worries and concerns temporarily fade away, and he gets a short respite away from the pain.

During this time, Michael engages in numerous anonymous sexual encounters. He craves affection and attention, but does not want any emotional commitments. He feels apprehensive about getting into another relationship, and worries about being betrayed yet again. In retrospect, he expresses trepidation for not using any protection with his
sexual partners. At the time, his feelings get in the way of caring about his own safety. To his amazement and relief, he tests negative for HIV. He interprets his behavior as reasserting his independence, even though it conforms to the “bad image” he acquired in the relationship. As he suggests, he acts out a “self-fulfilling prophesy”. He has a need to rebel.

He decides to move to a smaller community in the hopes that a contextual change will provide him with a fresh start, and create the possibility of developing healthy relationships. To his chagrin, familiar patterns begin to creep into his new relationships. He begins to think about what he does in relationships, and the men to whom he is attracted. Michael decides to move to another province so that he can increase the distance between himself and his ex-partner. He has a strong desire to get away and start over, and leave his struggles behind.

After the breakup of his latest abusive relationship, he finds a support group specifically for gay male survivors of intimate abuse. His search is both frustrating and illuminating. He has difficulty finding appropriate resources for himself, and is discouraged by the obvious lack of support services for any gay man seeking assistance. He feels relieved when he finally finds an appropriate resource, but he questions whether or not he is suitable for the group. He feels apprehensive because, in his mind, his self-defense strategies are tantamount to abuse; therefore, he thinks that he participated in a mutually abusive relationship, and that he is also an abuser.

After speaking to one of the group’s facilitators, he comes to appreciate that the group is not about being labeled a “victim” nor an “abuser”; rather as he discovers, the line between these two positions can be vague. He reflects upon a troubling question: Is
self-defense the same as perpetrating abuse? He is encouraged to attend, because his "input would be valuable to the group".

He recognizes that this is an opportunity to talk about the power struggles, violence, and control he suffered in his last relationship. It surprises him to think about how difficult these experiences have been for him. As he states, "My drug addiction, after the relationship, went right off the scale!" He loses weight, does not eat properly, and thinks he is abusing himself. In his head, he hears a litany of 'not's': Not tall enough; Not attractive; Not smart enough; and, Not well-built enough. He feels inadequate.

The group experience is challenging; Michael feels things that he “didn’t want to feel” and it made him “realize things that [he] didn’t realize before”. He becomes increasingly aware of the dynamics of intimate abuse, and the role he and his partner played that contributed to the creation of an untenable situation. He also comes to appreciate that “abuse doesn’t stop when [he] walk(s) out the door”.

In subsequent relationships, Michael becomes controlling in order to circumvent any disagreements or arguments. Memories of vicious arguments haunt him, and he does not want to repeat these experiences. He re-enacts controlling strategies that were once used on him: verbal abuse, silent treatment, or withholds sex, about which he feels embarrassed. He feels devastated and thinks that he is “really an awful person.” He feels discouraged because he thinks that he has far too much of his “own stuff to deal with”, which discounts the possibility of having a “functional relationship”. He is surprised that the effects of an abusive relationship, from thirteen years ago, are still present in his life today.
He decides to pursue formal counselling, and deal with his drug addiction, his history of abuse, and his gay identity. For two years, Michael gets to know who he is and what he wants. He comes to understand the image he portrays interferes with his ability to develop and maintain genuine interpersonal contact. He endeavors to experiment with adaptive interpersonal behavior and feels disoriented because he has a "new set of rules, guidelines, and boundaries", none of which are familiar to him. He feels caught in a double bind: He tries to experiment with new ways of relating to other men, ways that he learns in therapy, but the men, with whom he is in contact, do not share the same level of understanding. He feels continually challenged to hold on to and develop his new skills. But the temptation exists to use them as another means of interpersonal control. He tries to teach his partner at the time, but he realizes the power is still in his hands.

He is particularly vulnerable to safety issues: He feels very anxious in the presence of a perceived threat, and his reflexive response is to fight his way out. He wants to "make it stop", because he "feels trapped" in his anxiety; he does not know what is happening; and, he is terrified that he is losing self-control. He decides that it is best for him to "lay things out on the line" when he meets a man; that is, he discloses his drug addiction, and his history as an abuse survivor. It is his way of forewarning people, and possibly keeping others at a distance. Many men discontinue contact after this conversation. In time, he has learned to "not say everything at one time", because he scares people off. Just as his approach keeps others at bay, it also keeps him isolated.

Michael recognizes that he is attracted to men who are in need, and require "taking care of". In time, these relationships typically end as a result of his tendencies to be possessive, and protectively nurture. His latest partner, who is HIV+, insists on having
unprotected sex, which makes Michael feel incredibly uncomfortable. According to Michael, it is his partner’s way of fully offering himself, and it is Michael’s turn to reciprocate. Michael decides to terminate the relationship. He feels proud that he is able to appropriately assert himself, and say “no”, without compromising his own integrity.

Michael’s drive and determination to create a network of services for gay male survivors is fuelled by conversations with other men who have also experienced abuse. He wants to contribute to the community, but feels self-conscious about his own credibility. He sees himself as a “druggie”, and as someone without sufficient formal education; therefore, in the eyes of the gay community, he thinks that he is open to recrimination. He decides to commit himself to this project, for as long as he can, in spite of his second-guessing.

He is also scared about the degree of public exposure he receives, and in particular the attention he might receive from abusive men in the gay community. He questions whether or not he will become the focus of abusers’ “rage and attention” for having exposed a relationship, and ultimately a community, secret. In conversations with the police, it is suggested that he take reasonable precautions to ensure his safety. Michael reluctantly agrees.

Participant: Gerald

Gerald is 36 years old and self-employed. His latest abusive relationship, during which time included episodes of emotional, mental, and financial abuse, endured for 1 ½ years. At the time of the interview, Gerald’s recovery began 17 months ago when he terminated the relationship. Prior to this, Gerald reports being involved in 4 other abusive relationships, each of which left an indelible memory.
After the latest in a series of refusals to go to Alcoholics Anonymous, Gerald decides that he can no longer continue to be in a relationship with an alcoholic. As a result of his contact with A. A., Gerald is invited to attend AlAnon, and look after his own “growth and development”. As it turns out, it is a “key step” in his recovery. The program helps to focus Gerald on his self-worth, self-determination, self-development, and teaches him proactive steps to improve the quality of his life. He appreciates that this experience diverts his attention from his alcoholic partner, which can be a consuming, never-ending process, to the “wellness and balance of oneself”.

Gerald’s involvement with AlAnon begins on a “vengeful” note: He thinks that if he has to go to AlAnon because of his partner, then the relationship is over. Once he begins the program, he quickly realizes how “badly” he needs help. In retrospect, Gerald believes that his ex-partner actually did him a “major favor”. He probably would not have joined the program otherwise.

Between the books he has purchased to augment the program, the many meetings, and special events, Gerald is immensely grateful for the support, and guidance that he receives. As well, he really appreciates that this experience has extended his perspective beyond that of the alcoholic personality, into the “spiritual” realm, something which has been missing in his life. During “low points”, Gerald relies on the program for hope and affirmation.

At the meetings, he hears the trials and tribulations of those who are still in a relationship with an alcoholic, and feels relieved and reassured that he no longer has to endure it. It reminds him of why he left and “what [he is] missing out on”. 
Self-help books are helpful; they provide valuable information, and affirm what he already knows. He appreciates reading about peoples’ experiences, particularly when he needs guidance and direction, something that he did not receive in his family of origin.

Gerald’s ex-partner repeatedly attempts to make contact. Initially, Gerald is willing to entertain the possibility of friendship, but his ex-partner once again declines the invitation to attend AA; therefore, Gerald dismisses any likelihood of remaining friends.

During “bouts of missing him”, Gerald relives five traumatic memories that he despises. By the time he gets to the fourth memory, his urge to call his ex-partner subsides. He reports that it is easy to forget about the rough times, after “being out of it for awhile”, and “only the good memories” remain.

He spends time, alone in a quiet place, to reflect upon his situation, his needs, and decisions with which he is confronted. Staying on the “avenue” of recovery is important to him, and he appears determined to stay the course.

Gerald struggles with “co-dependency”, which he concludes is the result of being in a multigenerational alcoholic family system. As he suggests, it is indicative of the rampant lack of “self-worth” that runs through immediate and extended family members.

The most challenging struggle is to refrain from “falling into the same pattern with someone else”, which is tantamount to “taking another drink”. He has difficulty resisting the urge to be “around them”, which he acknowledges is an “unhealthy step backwards” in his progress.

He surrounds himself with people who are positive influences in his personal growth, and dissociates himself from those who do not compliment his personal journey. He is particularly appreciative of older, wiser friends, from whom he can learn and
receive guidance. He jokingly commits himself to adhering, without question, to the suggestions offered by an old friend: She will state her opinion, and he will comply. He is tired of learning things the “hard way”.

While in the relationship, some of Gerald’s friends avail themselves of services offered by his ex-partner, and after the break-up, they withdraw their support. Gerald interprets this gesture of support as a statement of disapproval over his ex-partner’s “disloyalty”.

During periods of emotional insecurity, Gerald feels vulnerable to the temptation to get “back into it again”. Yet he resists the urge by reminding himself of the “unhealthy pattern”, which was peppered with episodes of neglect and abuse.

His ex-partner calls recently and Gerald sets an expectation: If there is contact, Gerald initiates it. He establishes control of this decision. A friend suggests that if he does call, he may reconcile and find himself exactly where he was a year and a half ago. He pauses and reflects: She is right. He does not want to run the risk of “taking a few steps back” in his recovery. He calls again, and Gerald informs that he “doesn’t have anything nice to say”, so he promptly hangs up. A look of satisfaction washes over Gerald’s face as he describes the incident. In retrospect, Gerald chides himself for being so abrupt and rude, but he feels justified when he considers the misery that his ex-partner inflicted on him.

The ambivalence, with which he contends, is reflected in his current dating partners: “one [man] is so good, and the other is so bad”. Gerald describes the latest incident with the “bad” one: While driving around the city, with the “music cranked up”, his boyfriend lights a “joint”, and they proceed to get “loaded”. In spite of concerns for
his personal safety, he reports having the “time of [his] life”. Juxtaposed with this excitement is a voice of reason and responsibility: “There you are; you’re doing it again. You’re probably going to be dead sometime tonight”. He recognizes that the “awesome great time” is part of his attraction to “bad boys”. In terms of his recovery, Gerald hopes to get to the point where “bad boys” no longer have any appeal.

He admonishes himself: “Grow up”; and, “When are you going to grow up?” He struggles between a need for excitement and stability. As he states: “At what point does the pain exceed the pleasure?”

The “good” one is boring, but Gerald describes him as wholesome, warm, kind, secure, and nice, but “he seriously wants a relationship”. Gerald thinks that he is too serious, and “it’s too much, too quick”. Gerald feels pressure to commit to the relationship, something that he is not prepared to do at this point. Therefore, he will continue to date several men at the same time, and invest his energy in himself for the time being.

Participant: Geoff

Geoff is thirty-three years of age, and is self-employed. His first abusive relationship lasted for two years, during which time he endured emotional and financial abuse. The second abusive relationship lasted for a year. His partner was physically abusive. At the time of the interview, Geoff has been living on his own for nearly two years.

Geoff and his ex-partner live together in a small community, which is heavily influenced by military culture. His ex-partner continues to be in armed services, and Geoff recently resigned his commission. Due to the strong military influence, the small
gay community that exists, remains very low key. Even though the official military
position promotes tolerance, unofficially, the reality of adverse repercussions discourages
any open acknowledgement from gay members. Geoff escapes from his ex-partner, and
turns to a military community, which has strong implicit sanctions against
homosexuality, for support. The local gay community is small, and is comprised of a
network of social niches, where “everyone knows one another”, and personal information
is quickly spread. He feels isolated, and at a loss as to whom to turn for support.

Immediately after leaving his abusive partner, Geoff moves in with a friend of his
ex-partner. At the time, he collects benefits to support himself. The friend contacts the
funding body and claims to be paying Geoff a nominal amount of money. He is unclear
about her motivation; he speculates that she is aligning herself with Geoff’s ex-partner.

As a result, Geoff’s file is investigated: He is penalized, and his funding is cut off.
It takes him three years to pay off the fine. He feels betrayed, and endeavors to find
another place to live.

Geoff discloses the abuse to his sister. He reports that she is shocked, and blames
herself for his predicament; namely, she thinks that she is the cause of his gay identity.
She feels guilty that, as children, she had nicknamed him “faggot”. Geoff reassures her
that this is not the case. He feels unconditionally supported by her, and feels grateful
knowing that she would “drop everything” to be with him if he asked.

He contacts the police in response to his ex-partner’s claim that everything in the
apartment is his. His ex-partner changes the locks, and Geoff cannot access his
belongings. Unfortunately, Geoff does not have the necessary proof to verify ownership.
The police tell Geoff that they do not deal with “gay issues”, and he will have to “deal
with it” on his own. He feels angry at the obvious lack of support, and insulted by the officer’s demeanor. Geoff interprets it as “stay away you freaks”.

His other recourse is to contact the military police, but he gets a similar reception. Geoff gets the impression that they want to conduct an in depth investigation or “witch-hunt”, something which he is not prepared to do. Although he is very angry with his ex-partner, he is not interested in seeking revenge and ruining his ex-partner’s military career. He simply wants his belongings returned. He fears that pursuing the military’s line of investigation would only result in a “long drawn out affair”, which would further tax his emotional resources. He is also coping with the death of a family member. Rather than pursuing the issue further, Geoff decides to cut his losses, and take satisfaction in the knowledge that he was out of the relationship: “After all, material things can be replaced”. He withdraws the complaint, and focuses on how fortunate he is to be free of his ex-partner.

Fortunately, a friend offers a basement suite, rent free, in a house she shares with her mother. He lives there for six months, and is very appreciative of the genuine emotional support that he receives. Geoff appreciated that “they weren’t talking behind [his] back”, and trusted that they did not have any ulterior motive. He has an opportunity to get “himself together”. He was unemployed at the time, and was able to spend the time necessary to secure employment without feeling anxious about his dire financial situation. He values the unconditional support he receives: She listens to him without judgment, or without any hint of recrimination. Within that period, he is able to find a job, move to a place of his own, and financially get back on his feet. He was forced to be
independent at an early age, and therefore, had ample skills, and personal resources upon which to draw. He feels confident that he would "bounce back quickly".

He gets involved in a relationship, which lasts for two years. During this time, he feels cautious and self-conscious: He does not want to undergo the hardship of another abusive relationship. Uncertainty and suspicion pervade his experience. He carefully attends to everything his partner says, and any actions taken. He analyzes interactions in which his partner is involved, and collects information from friends and acquaintances. He recognizes that this is a protective strategy: He finds uncertainty very difficult to deal with, and he does not want to be unprepared in the event that something untoward should happen. He acknowledges that he feels suspicious about peoples' underlying intentions.

He goes for walks, which can last for hours, along the ocean: He finds the sound of the waves soothing. It helps him to "blank everything out" so that he can deal with things with a clear head. The pieces of information he has collected suggest the possibility that his partner has a gambling addiction. He gets a job at a local casino so that he can monitor his partner's gambling. Once this comes out into the open, both agree that the relationship is over, and it ends "cordially".

Little time elapses, and Geoff gets involved in another man, who he later learns, has five previous convictions for assault, one of which is for sexual assault. He also learns that his partner is an intravenous drug user. In retrospect, his suspicions and uneasiness, while in the relationship, are confirmed. Geoff reports that this partner was both physically and emotionally abusive.

After leaving this partner, Geoff seeks support and assistance from a community agency, but discovers they do not know anything about same-sex intimate abuse. They
are willing to help but do not know how to respond. They request that he collect relevant
documentation on gay male intimate abuse so that they can, in turn, support Geoff. Geoff
feels grateful that they are willing to help out, but feels discouraged because he has to
educate them first. He does not follow through with this arrangement.

Geoff is brutally assaulted by his ex-partner, and goes to the police to file a report.
He is accompanied with a close friend, who offers words of encouragement, while Geoff
responds to the officer’s questions. He is grateful that he is not alone during this process.
Geoff reports that he had to “yell and scream” before the officer took him seriously. He
feels very distressed. Geoff is left with the impression that the officer did not understand
the possibility of spousal assault, where two males are involved. Charges are laid, and his
ex-partner is arrested that evening. In spite of the aggravation, Geoff experiences a
modicum of relief. Geoff learns that his ex-partner is released a couple of days later, with
the expectation that he will not have any contact with Geoff.

To Geoff’s dismay, his ex-partner continues to harass him. He concludes: “No
contact orders really do not help at all”. Geoff feels anxious and lays additional charges
for breaching the ‘no contact’ order. Geoff turns to Victim Services for support and
guidance, and he is relieved at how helpful they are. Even though they do not fully grasp
the idea of gay male intimate abuse, they are able to advocate on Geoff’s behalf, and
liaise with both the police and court officials. They help Geoff understand and work
through legal processes, and they coach him through what to expect, how long it can take,
and how he can prepare himself for court appearances. In his dealings with Victim
Services, Geoff feels reassured that he is being treated fairly.
After his ex-partner is arrested, Geoff feels relieved and relatively safe. He stays with a non-abusive ex-partner, goes to school, and tries to resume a normal life, in which he feels grounded. His ex-partner's lawyer tries to persuade Geoff to drop the charges because “she didn’t want to deal with it”. He is adamant that he wants to pursue charges. Meanwhile Geoff's ex-partner continues to appear on the scene “so that he could apply pressure to drop the charges”, but the pleas and tears do not dissuade Geoff from taking action. The case is eventually dropped because Geoff fails to appear in court: He is not notified about the court date, and feels puzzled as to how that happened.

Geoff is physically assaulted again: He is repeatedly kicked and hit. He curls into a ball so that he can protect his stomach, and he puts his hands over his face. His ex-partner grabs Geoff by the hair and proceeds to bang his head into the pavement. He has patches of hair missing from his scalp, and is covered with bruises. Geoff lets him “continue what he is doing” because he does not want to struggle thereby eliciting a harsher response from his ex-partner. While this is happening, Geoff is keenly aware of his ex-partner’s movements. He looks for an opportune time to respond and flee. He gets his chance, disables his ex-partner, and runs to the police station.

He attributes his patience and clarity to the abuse he suffered, as a child, at the hands of his father. At that time, if he showed any signs of pain, his father would get angrier and Geoff would receive more intense/severe physical punishment. He hears his father’s voice: “Men are not supposed to show emotions”. Later, he is able to manage the intensity of the pain through a process of self-hypnosis, which he learned in childhood. He asserts that he can positively influence his body’s ability to repair itself, and he
emerges from the experience well rested and energized, without any noticeable discomfort.

Trial postponements are difficult: He feels frustrated with the length of time it takes to proceed through the courts. He recites to himself: “It’s just a year; It’s just a year” so that the time spent waiting does not wear on his patience. His ex-partner continues to apply pressure to drop the charges, and Geoff responds each time by filing breach of ‘no contact’ charges. In total, he files nine breaches, and he gets the impression that the police feel annoyed with him. He changes his schedule at school, ensures that he is never alone, and changes his daily routine so that he becomes less predictable, and less accessible to his ex-partner.

Eventually, after a difficult and unsettling year of looking over his shoulder, Geoff appears in court, and is disturbed by the judge’s reaction: “He appears to laugh it off and not take it seriously”. For the second assault, his ex-partner receives a two-year no contact order: An apparent “slap on the wrist” from Geoff’s perspective. Geoff feels very distressed, and is left with the impression the “judicial system is there for the benefit of ‘straights’”.

Victim Services advocates, on Geoff’s behalf, and secures the funding necessary to relocate. He is informed that there is a high probability that he continues to be at risk; therefore, he is encouraged to “disappear”. He learns from a lawyer that his case would have been treated differently if it had been a case of heterosexual intimate abuse. It is also suggested that it would have been better if he “took matters into his own hands”, rather than dealing with the matter through the courts. He is shocked at the suggestion, and
troubled by the implication. He interprets this experience as a “real slap in the face”, and resigns himself to the moral of the story: “As a gay person, don’t rely on the courts”.

In retrospect, Geoff appreciates his ability to decipher the meaning or experiential “lesson” to be learned. As he says, “life is too short to dwell on the negative; otherwise you would go bonkers”. It is important for him to progress through life, and not get “stuck with leftover baggage” because it infects subsequent relationships.

Participant: Paul

Paul, a program coordinator for a community-based agency, is 25 years of age. He recently extricated himself from an emotionally, mentally, and financially abusive relationship that lasted for three years. He was involved in only one prior abusive relationship. At the time of the interview, two years have transpired since the abusive relationship ended.

In the course of socializing with friends, Paul is devastated when his partner approaches him to say that the relationship is over. His initial urge is to leave, and be by himself, but he receives an invitation from a fellow: “Do you want to come over to my place?” They spend the weekend together talking about everything that Paul has undergone in the relationship: financial pressures, emotional turmoil, and constant criticism. He feels relieved that he has this opportunity to “vent” to an apparently sympathetic individual. During that weekend, he knows that he is not alone.

He receives an invitation from his mother to visit over lunch, during which time she inquires about his emotional well being, and upon learning the scope of his distress, encourages him to seek professional help. He is emotionally overwhelmed with everything, and does not know where to begin to pick up the pieces. His mother suggests
that he move home again so that he can take the time he needs to think things through. He
takes advantage of the opportunity, and feels relieved that his parents do not question, nor
pressure him about what had happened. He has so many things on his mind, and cannot
cope with any additional demands.

Initially things are awkward for Paul. His ex-partner works in the same building
and he repeatedly attempts to make contact, which Paul tries to avoid. His ex-partner
shows up in person, or leaves messages at Paul’s work. Paul does not reciprocate, but this
does not deter his ex-partner from continuing. Paul feels scared; his ex-partner had
exerted substantial control in Paul’s life, and the mere possibility of contact terrifies him.
His friends offer their opinions about the failed relationship: “I knew it wasn’t going to
work out”; and, “I told you so.” He feels ashamed and embarrassed: He wants to crawl
away and hide from everyone. He feels stupid, and questions whether or not he is to
blame.

Feelings of intimidation, anxiety, and apprehension overtake him: Memories
flood into his awareness. He is unable to concentrate at work, and endeavors to keep his
employer and co-workers out of it. No one knows that he is gay and he feels concerned
about the possibility of anyone finding out, for two reasons: it is his business; and he does
not want to jeopardize his job. He maintains an image of being totally unaffected by what
is happening. He awakes in the morning, goes to work, and then returns home. He
continues to spend time with his new boyfriend, and refrains from discussing anything.
He tries to keep his fears and anxieties contained. He tries as much as possible to “close”
himself off to others, as a way of protecting himself from further harm.
His mother and step-sister, through sincere concern, attempt to line Paul up with blind dates. He has mixed feelings: On the one hand he appreciates their gestures of support, but on the other hand, he does not think that he is ready to begin dating so shortly after his relationship ended. These reservations do not stop him from accepting an invitation. The first date is fine, but on the second, the fellow begins to get affectionately physical, and Paul feels extremely uncomfortable: He feels imposed upon. On the third date Paul attempts to set limits, and expresses a need to simply be friends, but the other fellow does not “appear to comprehend”. Paul discontinues further contact.

Paul gets reconnected with a group of friends, from whom he had drifted while he was in the abusive relationship. They are not acquainted with his ex-partner, and thus, Paul feels relieved that he can start out on a fresh note, and not fear any recrimination: He can simply enjoy himself, without having to “explain” himself.

A couple of months after the termination of his relationship, Paul decides to date. Initially, he feels hesitant and anxious about becoming intimate, so he allows himself the time to get fully acquainted with his date, and establish a friendship first. On one occasion, they have a few drinks, and they become sexually involved, something which Paul had not planned, nor intended, “but it was nice”. In retrospect, Paul recognizes that his need to be physically intimate is related to the way he currently feels: lonely and depressed. But he prefers it when there are “no strings attached”. He can feel safe in the arms of another man without any fear of expectations to commit.

Paul resumes a drinking pattern established in adolescence. He drinks heavily and “really doesn’t care what happens”. He has many casual sexual encounters, the memories of which are blurred by an alcohol induced haze. He craves “any kind of affection
without getting really close to anyone”. As he states, “I really wasn’t in the mind set to think about protection; I just wanted attention without any emotional connection”. He is scared when he discovers one of his sexual partners tests positive for the HIV virus. As soon as he can muster the courage, he gets tested himself, and to his relief, the test is negative.

Anonymous sex makes it possible to forget, and become anyone else: “I really didn’t want to be me”. After escorting his latest sexual partner out the door, he is confronted with a difficult realization: He has become like his father, who, under the influence of alcohol, would find a woman to have sexual relations. These encounters would typically coincide with a conflict that he and Paul’s mother were trying to resolve. Paul’s worst nightmare is realized: “I’ve become like my father, and I swore I didn’t want to be like him”. Upon further reflection, Paul recognizes there are additional similarities between his parent’s relationship and that of his abusive relationship. His anxiety concerning intimidation, control, hostility, and conflict appear to be rooted in his familial experience. Eventually, anonymous sexual encounters become “boring”, and Paul realizes he needs affection and attention from someone who is consistently in his life. His hope is that in amongst all of the uncertainty, he can find at least one source of stability.

Paul begins to explore casual relationships via the internet. He is thrilled that he can anonymously talk to men. He is free to say whatever he wants, or be whomever he chooses. The people, with whom he corresponds, do not have any prior knowledge of Paul, and it resembles a “completely fresh start”. This is important to Paul because he wants to try to get his life in order, without being haunted by memories of past experiences.
He arranges a meeting at a restaurant with a “good Christian boy who doesn’t smoke nor drink”. Later in the evening, they decide to go to a gay venue, where they accidentally meet Paul’s ex-partner. In the midst of conversation, his ex-partner approaches the couple and spills a drink over Paul. Paul is really scared because his partner has proven to be unpredictable, and Paul cannot take any consolation from the fact that they are in a public venue. His ex-partner does not appear to display any self-control, even in the presence of others. At the same time however, he feels a sense of satisfaction, because he knows that his ex-partner has seen him in the company of another man. It sends the message: “I don’t need you”.

He continues to date the same fellow, and spends considerable time with him. Paul enjoys his company, but he feels homesick if he spends too much time at his friend’s place, because his apartment is his safe place: It is his safe haven.

Collection agencies begin to phone, and demand payment on purchases made by his ex-partner. Paul is furious because his ex-partner disappears, and he is left to be responsible for the accumulated debt. Paul endeavors to locate him, but his ex-partner does not respond to any of Paul’s attempts to discuss the matter. Rather than feel continually frustrated with his ex-partner’s avoidance, Paul decides to arrange a payment schedule with the collection agency, for which he is solely responsible: “I didn’t want have to fight with him; I didn’t want to see him”. Paul regrets feeling any sympathy for his ex-partner’s financial distress because it has come back to haunt him. Paul manages to connect with his ex-partner over the phone, and tries to discuss the debt, but to no avail.

His ex-partner telephones him, and sounds really depressed. His ex-partner tells him that they should not be separated: He is happier with Paul. In spite of the temptation
to acquiesce, Paul musters the courage and strength to decline any invitation to reconcile. He has to say ‘no’ because, in the relationship, he was not able to assert himself, and now that he is out, he seizes the opportunity: “I don’t want to talk to you anymore.”

A year later his ex-partner starts to call again, just prior to Paul’s birthday. By this point, Paul is living with his current boyfriend, who intercepts a call and says: “He doesn’t want to talk to you.” His ex-partner is persistent, and continues to call Paul at work and at home. At either location, phone messages await Paul, who feels increasingly angry that this man is intruding in his life once again. In spite of the anger, he still feels sorry for his ex-partner, who again suggests reconciliation. His ex-partner acknowledges the bad treatment through which he had put Paul, and he profusely expresses remorse for having done so. Paul has mixed feelings about his ex-partner’s acknowledgement: He feels gratified that the truth is out, but he feels suspicious that the apology is not sincere; rather, Paul fears that he is being manipulated, just as he had been in the relationship. He hears a request for forgiveness, but Paul is unwilling to accommodate him.

The calls continue, each accompanied with an “I love you”, and an invitation to get together. Paul declines each offer, and feels stronger with each ‘no’. At the same time however, Paul still feels scared that each refusal might prompt retaliation. Once again, he becomes preoccupied with his safety, and fears that any ‘coincidental’ meetings might escalate into an embarrassing or humiliating situation.

Paul postpones telling his current partner anything about his ex-partner, and the abuse he endured in the relationship. After repeated invitations by his current partner, Paul reveals “sugar coated” details because Paul does not know how he is going to react, and is scared that he would “run off” if he knew the whole story. Paul feels leery about
being vulnerable. He reflects on times when someone important has left him behind, and he does not want to experience that level of pain. So he remains “stand-offish” when he thinks that he is getting too close to someone. With each moment of contact with his ex-partner, Paul is reminded of his need to be separate from others. Both his current partner and his mother have been very supportive and have been taking him “by the hand” when he goes through a rough period.

His mother takes the opportunity to talk about her first husband, who was also abusive. This conversation helps Paul because he realizes that he has a lot in common with her, and he uses her experience as a model of hope and possibility: It is possible to feel safe and close to another person. But before becoming intimate with someone else, Paul feels the need to build himself up because his ex-partner “took so much” of his “personality away”. He regrets that he got involved a relationship so quickly after his breakup with his ex-partner: “It was way too soon, but I had a fear of being alone”. His current partner talks about children, a union ceremony, and Paul is feels terrified because he is not ready to make that degree of commitment, but he is unsure of how to tell his partner that without hurting him. As a result, he feels panic: He can’t breathe, and bursts into tears. He begins to “freak out”.

He recognizes personality changes since the termination of his abusive relationship: chronic depression, reclusiveness, and emotional flair-ups. He reports that his ex-partner wanted to mold Paul into a person of his liking, and Paul complied, but in doing so, lost himself in the process. He struggles with differentiating the false self from the true self because he has played the role so well, and for such a long time. He feels unable to stop and control in the influence of the false self, particularly during moments
when he feels really angry. His "short fuse" elicits a reaction from others, which serves to cue him, and remind him about the intensity and appropriateness of his reactions.

At work, Paul is verbally assaulted by a client, and has “flashbacks”. He feels paralyzed, overwhelmed, and depressed. The verbal assaults continue for months, and it feels as though he is back in his abusive relationship. The client’s statements: “You’re stupid; You’re no good”, echo and blur with the sound of his ex-partner’s voice. He becomes suicidal, and decides it is time to seek medical attention. He receives a prescription for anti-depressants, which have helped manage his depression.

He tries counselling, but feels really uncomfortable with the presence the counsellor creates. Paul thinks that he is aloof, and possibly “homophobic”. The atmosphere in the room is notably uncomfortable. As a result, Paul feels inhibited and cautious about what he talks about. After the third session, he does not return. Instead, Paul returns to journal writing, something that he had avidly done after the breakup with his abusive ex-partner. Maintaining a journal is really helpful: He is able to simply release whatever he feels and thinks.

Paul attempts to reconnect with old friends with whom he has lost contact, and feels sad that no one is returning his calls. He wants to return to a previous time in his life that seemed comparatively simpler, and innocent. He spends time reminiscing through a family photo album reviewing different times in his life. He gets reacquainted with himself through the pictures.

Paul’s ex-partner finds out where Paul and his current partner are living, and moves into the same neighborhood. He hears promises of money, respect, reparations, and Paul is tempted to feel pity for him, but the feeling is only temporary. He reminds
himself about how manipulative his ex-partner can be. Paul feels really anxious now that his ex-partner is living in such close proximity. He becomes a shut-in.

In hindsight, he wishes he would have considered the possibility of relocating because he would have preferred a fresh start, one that would be free of reminders, accidental meetings, or persistent phone calls.

Participant: Allen

Allen is forty-five years old, and works in a paralegal capacity. He has been separated from his abusive partner for five years, a relationship that lasted for fourteen years, during which time he experienced emotional, mental, and financial abuse. Prior to this relationship, Allen reports involvement in two abusive relationships.

Allen’s recovery begins on a dramatic note: In the process of searching for a basement ceiling beam from which to suspend a noose, he momentarily “awakens” to consider what he is about to do. Rather than carry out his intentions to commit suicide, he decides to face the pain and grief that he been enduring for fourteen years. His fears, which have prevented him from leaving the abusive relationship, although present, pale in comparison to death’s finality. Thus, he embarks on a tumultuous healing journey, which has dominated the last five years of his life.

The first three years, after the breakup, were the most difficult for Allen. During this period, he would quickly dissolve into tears, for no apparent reason. Bouts of anger, triggered by seemingly irrelevant events, recede just as quickly as the onset. He is beset with fears of being alone, not having sufficient money, being incapable of looking after himself, and uncertainties about his career. To add to his emotional turmoil, he still loves his ex-partner and hopes to reconcile with him.
He has trouble sleeping at night and often cries into the morning hours. He feels torn between thoughts of self-recrimination, and loyalty to his ex-partner: “How could he hurt me?” He feels isolated and depressed, and these feelings are punctuated by thoughts of suicide. He becomes emotionally debilitated: He is unable to work, or manage simple daily self-care tasks. As a result, he decides to return to his father’s home, where he stays for the next two years. He experiences stability, support, and validation: He is not alone, and he feels loved.

He seeks support from friends and discovers that the examples of abuse he discloses are not a surprise to them. He reluctantly acknowledges that he is the “last to see it”. At the same time however, he defensively defends his ex-partner because they could not “see what was happening inside of him” (ex-partner). He feels guilty and embarrassed, and decides to selectively disclose his experience to those who will simply listen and not judge.

Suicidal thoughts continue to haunt him, and he fears that he is nearing the precipice. He enacts safety measures he has learned from previously attended suicide prevention support groups. The safety plan promotes control over his suicidal impulses, and provides him with temporary relief. He survives another emotional storm.

He visits his family doctor, who then refers Allen to a local mental health unit. He becomes involved in an art therapy program so that he has “something to do”. After a few sessions, he recognizes value to the process. It has provided him with a medium through which to express his feelings. The burden of memories that he has been carrying on his shoulders seems lighter now that he has begun to share them with the therapist. He
continues to see his doctor twice weekly to talk and provide updates, and is appreciative of his doctor's time and caring attention.

He makes an appointment with a psychiatrist, and after the third visit, medication is suggested as the most "cost-effective" form of treatment. He has strong aversions to psychotropic medication, and declines the recommendation. He expresses a need to understand his situation and learn adaptive coping strategies, and he is not convinced that medication will do this. He presses the psychiatrist about the therapeutic process, and is discouraged when he discovers that the extent of his sessions will focus on monitoring the dosage of Prozac. Once he hears the psychiatrist refer him to a counselling resource, he decides to terminate contact.

Allen participates in a day program offered by the mental health unit, and feels increasingly discouraged when medication is once again suggested. He reluctantly agrees, and acknowledges the Prozac levels off his emotional state, but after three months, he feels anxious and uncomfortable: His "body does not feel right". He discontinues the medication, but continues with the group sessions. Shortly after the sessions terminate, he feels suicidal, and decides that the only way to cope is to accept that he will eventually kill himself. Rather than fight against these impulses, he decides to postpone the "inevitable" from day to day. This strategy affords him some control over his feelings. He can decide when, where, and how.

He attempts psychiatry again, and medication is suggested as the preferred mode of treatment. He tries a third psychiatrist, and receives the same response. He feels frustrated and discouraged that he is unable to find professional resources to whom he can simply talk, and know that he is being heard. He is motivated by a pressing need to
understand what has happened to him, and make sense of his experience, but this need fails to be addressed.

He is amazed at his "level of incapability" in managing his own affairs. Through the use of self-help books and strategies he learns through various treatment groups (Adult Children of Alcoholics, and Suicide Prevention), Allen decides to create his own treatment program. He identifies different troublesome aspects of his life, prioritizes the list, and then develops specific coping strategies. He develops a sense of personal control. His top priority is his emotional/spiritual health.

In the evening he listens to a Christian radio station. It gives him hope and inspiration, and he does not feel lonely. Commercial radio stations distress him: Songs of failed or unrequited love, and romantic disasters exacerbate his emotional turmoil, and mirror the "dysfunction" in his relationship.

One evening, while listening to the Christian radio station, he hears a program that "denounces anything associated to being gay". He hears homophobic statements: "Gays should not be teachers; Gays should not have anything to do with young children; They have their own agenda; and, It's a recruitment thing". He phones the station to say that he is offended, and complains that the program is very "un-Christian". He feels satisfied that he speaks out against obvious "hate" messages. He phones on two consecutive evenings, and to his surprise, he develops a telephone relationship with the woman to whom he had initially complained. Their conversations increase to 6-7 times per week, and he is charmed by her gentleness. He decides that the personal benefits to listening to spiritual music outweigh his negative reactions to the homophobic content.
After two months of contact, she informs him that she has a stopover in the city, and asks if he would like to meet at the airport. He is ecstatic. They meet and he purchases an angel pin for her, which becomes a metaphor of what she has meant to him.

Again he contemplates suicide, and decides to carry out is plans. His father serendipitously inquires if Allen has seen a advertisement for a support group for gay male survivors of intimate abuse. On his way home after work, he “unconsciously” finds himself in the doorway of the agency offering the group. He speaks to the director, and dissolves into tears. He continues with counselling for a period of three months, during which time, he learns several important things: definitions of verbal, physical, and emotional abuse, nature and impact of abuse in relationships, abuse cycle, and intergenerational transmission of abuse.

He appreciates the opportunity to share his experiences in the group. His feels validated, and he no longer feels isolated: He is not the only one. He discovers the “power” of describing his experience in a new vocabulary, one with which he can identify. He feels excited that he is acquiring a language that reflects his experience as a survivor. The pieces of information he has collected to this point begin to merge with experience and it precipitates a cascade of insight or “aha’s”.

It becomes increasingly clear to him that he has been re-enacting the dynamics of parental intimate abuse. He recognizes that the familial pattern of abuse was re-enacted in his relationship because, in hindsight, it was something with which he was “familiar”. He had carried most of the responsibility for what had transpired, but now the fights, episodes of nagging, threats, and flying objects take on a different meaning. He becomes sensitized to the power and control his ex-partner was exercising over him.
After a couple of years, he reconciles with his ex-partner for a period of fourteen months, which he jokingly interprets as one month for each year that they were previously together. He recognizes the old familiar abusive patterns, and decides to terminate the relationship. In spite of promises to change, Allen believes that his partner really cannot help himself. Allen feels relieved, and for the first time, experiences a sense of closure to the relationship. In retrospect, Allen is able to recognize the abuse for what it is, and feels proud that he did not lose himself. He feels an internal strength. It is clear to him that battering reflects his ex-partner’s struggles and he refuses to take it personally any more. He realizes that he can be “complete” as an individual, and he does not need a relationship to be happy. He is able to find sources of satisfaction in his own life. He draws strength from the knowledge that “angels” have been “looking after” him throughout his recovery.

He feels at peace with himself, his family experience, and his ex-partner. This new perspective helps him confront his tendency to “deny” his needs, and avoid facing sources of displeasure and distress. He becomes an ‘agent’ in his own life, and actively generates steps to correct deficits. Now he gives himself permission to feel without sanction: “It’s okay to be sad, depressed, or lonely.” He feels confident that his feelings will not overwhelm him.

Once he feels emotionally stable, he begins to work on the second item on his list: His career. He enrolls in a career exploration program offered by a local College, and becomes sensitized to other career possibilities that he had not previously considered. This experience also connects him with other people with whom he probably would not have had contact. His professional and social circles begin to expand. He begins to date
again, and enjoys opportunities to be “spoiled”. Although he has lingering fears of getting involved in another abusive relationship, he is confident that he can take of himself.

A fellow co-worker begins to “rant and rave” about something with which he feels very dissatisfied. Allen sees the similarities between him and his ex-partner. Rather than acquiesce, as he has done on previous occasions, Allen states, “I'll talk to you when you've calmed down”. He feels scared and anxious, but he manages to appear composed. It is gratifying that he is able to assert himself before things “get out of hand”.

He accepts opportunities to be a guest speaker to audiences of other gay male survivors so that he can help others out. He finds these sessions gratifying because he knows only too well how isolating and depressing it can be. These sessions are challenging of late because life has become more “natural without thinking about it”. He muses that perhaps this is an indication of his progress: The experience of being a survivor has less of a presence in his current life.

Timeline Analysis: Proposed Theory of Recovery

A proposed theory of recovery, which incorporates critical incidents and survivor recovery issues, was developed to account for underlying commonalities in the preceding survivor narratives. The proposed recovery theory, which is summarized in Figure 1, begins with the termination of the abusive relationship, and proceeds through the following stages: Stabilization, Psycho-emotional Sequelae, Engagement, and Closure.

A survivor, who successfully negotiates the recovery process, which involves neutralizing traumatic attachment bonds (Dutton & Painter, 1981; van der Kolk, 1989),
then resumes interpersonal relationships based on self-affirming and self-derived criteria. He ceases to identify with the victim or survivor role, and establishes himself as an autonomous, resilient individual, who does not rely on others to be a source of happiness or satisfaction.

Survivors who are trapped in a vicious cycle of re-enactment and self-deprecation, proceed in a different manner. They experience three inter-related processes: Pseudo-stabilization, Re-traumatization, and Reactivity. This cycle inevitably results in a continued pattern of abusive relationships, which necessitates on-going crisis management.

Immediately after the termination of an abusive relationship, the content of a survivor's self-concept, mirrors an abusive ex-partner's sentiments. That is, survivors internalize critical messages, and act upon them as if they are valid. Gradually, through the recovery process, survivors struggle with the incongruity between abuser-defined, and self-defined versions of the self. This struggle is resolved when survivors consistently rely upon a self-valuing system, against which determinations of personal adequacy are made.

The following discussion will begin with a review of the stages involved in successful recovery, and subsequently contrasted with its counter-productive counterpart. Although categories are associated with a specific recovery stage, their effects are felt throughout recovery. Additionally, Figure 1 represents a simplified illustration of the recovery process, which should not be interpreted as a linear progression from one state of survivorhood to another. Rather, the stages indicate significant transitions, which may either promote or interfere with a survivor's recovery.
Figure 1: Recovery Stages

Crisis Management

- Stabilization
  - Psycho-emotional Sequelae
    - Engagement
      - Closure

- Pseudo-stabilization
  - Re-traumatization
    - Reactivity

Figure 1. Proposed recovery stages underlying elicited critical incidents.
Adaptive Recovery

The following section reviews stages reflective of adaptive recovery, which includes successful strategies employed to ensure physical safety, and emotional well-being. Each stage incorporates salient incident themes.

Crisis Management. The termination of an abusive relationship typically begins on a dramatic note, for example: a suicide attempt, an assault, or a serious altercation between partners. As a result, survivors are thrust into a short, emotionally intense period, which requires crisis management responses. If a survivor has escaped from an abusive partner, he has the added burden of fearing potentially lethal retaliation, which requires special contingencies.

Stabilization. During the first recovery stage critical incidents, falling within three facilitating categories, assist in stabilizing a survivor: Enacts Safety Strategies, Resists Temptation to Capitulate, and Receives Empathy, Support and Validation. Participants, who identified incidents in these categories, felt safer when they moved to locations outside of an abusive ex-partner’s reach, and/or changed personal routines, which decreased the likelihood of accidental or deliberate encounters.

Terminating contact with an abusive ex-partner was viewed as essential because participants could move forward in their lives and were not caught up in a progression-setback cycle, which often resulted when participants experienced continued intrusions by an ex-partner. With each successive contact with an ex-partner, it was as if survivors were starting the recovery process all over again.

Resisting any temptation to capitulate or reconcile with an abusive ex-partner is another significant step towards successful recovery. Guilt, remorse, loneliness, or
sympathy for an ex-partner can propel survivors into a disorienting, reconcile-separation cycle. Those participants, who were able to fend off any urge to reconnect with an ex-partner, were more likely to feel increased self-confidence and self-reliance; albeit a struggle, resistance was also indicative of decreasing hope that a relationship would or should continue.

Although receiving support, empathy, and validation are important throughout recovery, during the stabilization phase, survivors were primarily reliant on significant others for emergency shelter, financial assistance, and crisis support. Physical safety was a first and foremost consideration.

**Psycho-emotional Sequelae.** Once the precipitating crisis, which heralded the termination of a relationship had subsided, survivors were left with a plethora of contradictory feelings, and hindsight impressions of their respective relationships. Survivors typically blamed themselves for allowing the abuse to happen, or reproached themselves for continuing a negative relationship pattern, which occurred over successive partners.

The extent to which participants were emotionally and mentally burdened depended on four factors: length of an abusive relationship, severity of abusive acts committed, personal resiliencies, and social connections. Participants, who acted as agents and strove to remain socially connected to friends, family, or other sources of informal support, were more likely to develop faith in their ability to address and overcome obstacles.

Incident categories, which facilitate movement through this stage, include, Draws Upon Spiritual Practices; Learns Self-Help Strategies; Creates Social Connections; and
Receives Empathy, Support, and Validation. Some participants drew inspiration, hope, and reassurance from spiritual practices. Whether they were rituals associated with traditional religious denominations, or ‘New Age’ approaches, spiritual healing was just as important as mental, physical, and emotional recovery.

Participants, who wanted to be an agent in their recovery, sought out and became familiar with self-help strategies. Two primary sources were accessed: self-help books, and audio-tapes, the content of which ranged from coping with trauma, to identifying self-care methods. As survivors became equipped with various strategies, they increasingly viewed themselves as actively engaging and participating in their recovery, which consequently promoted a sense of personal power and control over events.

Establishing or re-establishing social connections were instigated shortly after a relationship dissolved, in recognition that a survivor could not carry the emotional and financial burden alone. Whether it was to fend off loneliness or isolation, to begin anew, or, to reclaim a prior existence, survivors, who were integrated into a sympathetic and supportive social network, were less likely to succumb to the debilitating effects of depression or anxiety associated with traumatization.

Incidents, within the category: Receives Support, Empathy, and Validation, re-emerge during this stage, in response to survivors’ unraveling emotional state. Sharing emotional burdens, through affiliation with important attachment figures, also enabled participants to rally against self-defeating self-talk. Through support and challenge, friends or family members were a source of objectivity and clarity, which helped survivors remain focussed on priorities, and maintain a realistic appraisal of their abusive relationship.
Participants also benefited from coaching and encouragement as they endeavored to manage daily tasks, and work-related responsibilities. Support from others helped to counteract the effects of lethargy and apathy, symptoms associated with depression. As well, survivors required the opportunity to share their experiences with someone, who provided unconditional positive regard.

Engagement. Commitment to the recovery process is the central theme of this stage. Once a survivor acquired various self-help strategies, established a reliable social safety net, and felt increasingly self-confident, determination to overcome personal obstacles was fueled. Survivors, who actively participated in their recovery, were able to develop a momentum, which helped to lay a foundation for future successes.

Facilitative categories, which appeared to be significant at this stage, include Implements Self-Help Strategies; Insight and Understanding; Assists Other Survivors; Acts of Self-Assertion; Receives Appropriate Referrals/Advocacy; and, Benefits of Counselling. Participants employed a range of self-help techniques, for example: journal writing, walking along the ocean, self-hypnosis, meditation, visualization, reassuring self-talk, or immersing oneself in daily tasks or hobbies. For the most part, these strategies were employed to counteract the psychological aftermath associated with being a survivor of intimate abuse.

During moments of self-reflection, some survivors became sensitized to personal issues and themes, which extended beyond the period of the abusive relationship, in their personal history. Two themes became apparent: Recurring negative relationships, and Family of origin re-enactments. The link between these two themes was abundantly clear to some participants. Several participants quickly drew parallels between their parents'
relationship dynamics and the dynamics that characterized their adult relationships. As participants became aware of additional personal issues, which were outside the scope of self-help strategies, they sought out professional assistance, largely through an efficient referral source.

Participants, who eventually found an appropriate counselling resource, expressed gratitude for the experience, and identified the following primary benefits: greater self-understanding; affiliated with other survivors; learned about abusive dynamics; and, instilled hope for the future. With the assistance of competent helping professionals, and support from other survivors, participants were able to revise their self-perceptions; specifically, survivors could convincingly state that they were not responsible for the abuse, but recognized that they did not always act in their own best interest. Self-defeating interpersonal patterns came to the fore, and highlighted the importance of investing time and energy in oneself, rather than over-focusing on an ex-partner.

As participants came to appreciate themselves more, they were more inclined to pursue or create opportunities that benefited other survivors. For example, some participants took advantage of invitations to be a guest-speaker, and one participant became a founding member of a national ‘grass-roots’ organization, whose mandate is to establish a country wide network of services to gay male survivors of intimate abuse.

Participants, who in part, dedicated time to assist others, felt gratified that they were contributing to a larger cause: Combating intimate abuse in gay male couples. Helping others also redefined hindsight evaluations of their abusive relationships; that is, something productive grew out of pain and misery.
During the engagement stage, it became abundantly apparent that in order to maintain commitment to the recovery process, survivors had to establish clear and firm limits when dealing with an ex-partner. As participants were able to generate the strength and courage necessary to decline invitations to re-connect or reconcile, they became increasingly focussed on self-relevant priorities, en route to establishing an autonomous, self-directed life-style.

Closure. Throughout the previous stage, the primary challenge is to acknowledge personal issues, and work them through to a satisfactory resolution. The closure stage begins when a survivor is able to put his abusive relationship in perspective, and ceases to identify further with the survivor role. The abusive relationship became comfortably integrated into his personal history. Only a single participant had reached this stage of recovery.

Significant incidents include Implements Self-Help Strategies; and Insight and Understanding. The theme of the former category was self-development. The participant was keenly aware that he had sacrificed much during his time in his relationship, and recognized that he had unfulfilled career aspirations, to which to attend. The theme of the latter category was self-satisfaction. The participant realized that he could be a source of his own happiness and contentment. A relationship did not make him complete; rather, a relationship complimented his life, but was not a defining feature.

Cycle of Re-enactments

Although the three central themes: pseudo-stabilization, re-traumatization, and reactivity typically interfere with adaptive recovery, for some participants, they dominated the recovery experience. As a result, an affected participant was trapped in a
vicious re-victimization cycle, characterized by escape and avoidance strategies, interpersonal reactivity, and subsequent attachment to yet another abusive personality. Rather than viewing them as independent stages, they are interdependent processes, around which hindering factors are organized. Each theme will be described in the following discussion.

**Pseudo-stabilization.** Immediately following a relationship crisis, some participants engaged in counter-productive coping strategies. For example, excessive drug usage or alcohol consumption provided temporary relief. But with continued usage, a survivor's recovery was compounded with a substance abuse addiction, particularly when a survivor contended with a pre-existing condition. In other words, participants, who had a history of substance abuse, were more inclined to rely on drugs or alcohol as a primary coping strategy.

Although frequent anonymous sex is typical for some gay men, for the participants of this study, it was not for the purposes of sexual gratification. Rather, it was a method to alleviate distress and isolation. As some participants reported, the need for physical reassurance pre-empted any consideration for personal safety. In fact, some participants clearly stated that they did not even care about the possibility of contracting HIV.

In addition to the aforementioned escape and avoidance strategies, one participant also relied on dissociative methods as a way of alleviating his distress; he would imagine that he was an entirely different person living a life far removed from his own. During these times, he would "leave [his] body" so that he did not have to confront his pain.
Although escape and avoidance strategies have the appearance of providing temporary relief, participants were inevitably faced with an undeniable reality: Nothing changed. The emotional aftermath, which they sought to avoid, remained, and demanded their attention.

Re-traumatization. Participants, in this study, identified four potential sources of re-traumatization: continued harassment by an ex-partner; involvement in another abusive relationship; derogatory or minimizing reactions from persons within the criminal justice system; and, abusive contact with non-significant individuals. The first two sources may, in fact, be apart of a single phenomenon: Traumatic bonding (Dutton & Painter, 1981; van der Kolk, 1989). The third source of re-traumatization is a consequence of being a member of a sexual minority, and the fourth is the result of generalized post-traumatic stress.

Perpetrators continued to harass and threaten their partners as a way of working through their abandonment anxiety (Farley, 1996; Landolt & Dutton, 1997). From a survivor’s perspective, van der Kolk (1989) suggests that continuing a pattern of abusive relationships is reflective of a “repetition compulsion” (p. 389). That is, a recurring, perhaps unconscious, need to re-enact prior traumatic events; the effects of which may be just as debilitating as the originating traumatic event (Herman, 1997).

In response to chronic anxiousness, some participants began to date or get involved in a committed relationship immediately following the termination of an abusive relationship. A relationship appeared to be the only recourse to resolving pervasive self-doubt and isolation. Survivors, who quickly re-coupled, were more likely
to perpetuate the abuse cycle: Subsequent partners were also perpetrators of intimate abuse. This was the case for six of the seven participants.

The remaining participant became involved with a non-offender, who communicated increasing expectations of commitment and exclusivity. Emotional intimacy evoked intense feelings of vulnerability and anxiety. Given the raw emotional state with which he exited the abusive relationship, fear of being betrayed, yet again, was a foremost apprehension.

Survivors, who endeavored to seek legal redress, quickly encountered ambivalent or openly hostile reactions from either law enforcement officers or court officials, which reinforced anti-gay assumptions about the legal process. In one case, a lawyer openly confirmed a participant’s fear that ‘justice’ would best served if he had “taken matters into his own hands”, rather than pursing the matter through formal channels. The participant became distressed at the suggestion, and was thrust into a position of judge, jury, and executioner; that is, meting out a ‘sentence’, and ascertaining the means by which the ‘sentence’ would be carried out.

Generalized post-traumatic anxiety constituted another source of re-victimization. Two participants encountered abusive personalities, through their place of employment, and in both cases, experienced recurring post-traumatic reactions: intrusive flashbacks, exaggerated startle response, helplessness, and bouts of intense anxiety and psychological distress (American Psychiatric Association, 1994).

Reactivity. Reactivity refers to a particular constellation of related vulnerabilities, which continue to exert influence in interpersonal relationships. As Nichols and Schwartz (1998) describe, “[w]herever we go, we carry unresolved emotional reactivity to our
parents, in the form of vulnerability to repeat the same old patterns in every new relationship we enter into” (p.142). Often elicited by specific personal or contextual triggers, which resemble early family experiences, reactive responses are characterized by exaggerated reactions, or utilization of extreme measures designed to contain intense anxiety (Isensee, 1990; Nichols & Schwartz, 1998).

A significant majority of the participants made unsolicited references to unresolved family of origin issues. Six of the seven participants were raised in family systems in which verbal abuse, sexual abuse, alcohol or prescription drug abuse, or family violence was a pressing issue. Early coping patterns, which addressed their distress at the time, were subsequently re-enacted in significant adult relationships. The following are some examples of reactivity provided by the participants: utilizes the silent treatment; withholds sex; verbal abuse; retaliation; hypervigilance; discloses entire personal history on first contact; actively watches a partner’s every move; and antagonizes an ex-partner.

These self-defeating patterns contributed greatly to the perpetuation of interpersonal stress. As participants endeavored to rectify problematic interpersonal issues, they eventually discovered that they were playing out the same relationship dynamic.

Summary

Timeline narratives, which situated critical incidents within participants’ recovery story, were generated for each participant. Common themes were extracted and served as a template for a proposed theory of recovery. Incidents clustered around two central themes: adaptive recovery and cycle of re-enactments.
Adaptive recovery is comprised of four phases: Stabilization, Psycho-emotional Sequelae, Engagement, and Closure. Progression through these phases is not linear; rather, successful resolution of phase-specific tasks increases the likelihood that a survivor will stay the course of recovery. Success fosters personal agency and enables survivors to exert power and control over events that directly effect them.

The cycle of re-enactments, which is characterized by re-victimization and self-destructiveness, involves three inter-related dynamics: Pseudo-stabilization, Re-traumatization, and Reactivity. It is suggested that the phenomenon of traumatic bonds underlies and maintains the cycle of re-enactments (Dutton & Painter, 1981; van der Kolk, 1989). Participants caught up in this vicious cycle were more likely to establish a pattern of serial abusive relationships.
CHAPTER VI

Discussion

Summary of Results

Seven gay male survivors of intimate abuse were interviewed using Flanagan’s (1954) Critical Incident methodology. One hundred and thirty-one unique incidents were collected in response to the primary research question: What are the factors that facilitate and/or hinder recovery from intimate abuse with a gay male partner?

Incidents were extracted from audio-taped interviews, and subsequently sorted into 13 facilitating and 12 hindering categories. The seventy facilitating incidents were sorted into the following categories: Resists Temptation to Capitulate; Enacts Safety Strategies; Creates Social Connections; Receives Empathy, Support, and Validation; Draws Upon Spiritual Practices; Learns Self-Help Strategies; Implements Self-Help Strategies; Insight and Understanding; Acts of Self-Assertion; Receives Appropriate Referral and Advocacy; Assists Other Survivors; Acknowledgement by Ex-partner; and, Benefits of Counselling.

Sixty-one hindering factors were sorted into the categories: Reactive Strategies; Prematurely Dates or Enters into a Relationship; Escape and Avoidance Strategies; Receives Adverse Reactions: Judgement, Criticism, and Betrayal; Inadequate Helper Response; Encounters Abusive Characteristics in Others; Encounters Double-Standards within the Criminal Justice System; Continued Intrusions Perpetrated by Ex-partner; Sense of Inadequacy; No/Failed Attempt(s) to Self-Assert; Aggressive Self-Assertion; and, Financial Constraints/Legacies.
Methods employed to establish data trustworthiness suggest that the existing category system can be used reliably by others (92.5% inter-rater agreement). Differences of opinion were attributed to sorter variables, which did not warrant subsequent revision of the category system. Since incident redundancy was not achieved, the current category system is still in development, and would require additional incidents to further challenge its stability and inclusiveness.

Resulting participation rates indicate that sufficient confidence can be placed in the appropriateness and relevance of the categories; they appear to comprehensively cover the content domain reflected in the participant's timelines. Participation rates range from 100% to 14%, with a majority approaching or exceeding 50%. Rates falling below 50% can be attributed to insufficient interviews, participant or perpetrator characteristics, or socio-political barriers, which limit access to supportive resources or the legal process.

Further support was sought out from expert testimony. The feedback on both the categories and the proposed theory of recovery was favorable: Experts commented on the utility, comprehensiveness, and applicability of the results, which appeared to accurately reflect their experience with this population.

Triangulation, with three complementary literature sources: Personal resiliency, recovery from trauma, and minority stress, suggests that the facilitating and hindering categories have broader support, and reiterate salient themes or issues related to recovery from intimate abuse. Clearly, personal resiliency accounted for the majority of facilitating factors. Remaining categories focus on severing relationship ties with an abusive ex-partner and ensuring personal safety. Hindering categories are organized around the
following themes: Post-traumatic reactions, repetition compulsion, social stigma, and attributions of culpability for abuse suffered in a relationship.

Narrative timelines were constructed for each participant, which permitted an analysis of incidents in relation to recovery progression; that is, a determination of significance could be ascertained between a discreet incident and the entire recovery experience. Essentially, the timelines made it possible to examine the relationship between incidents, and to investigate the possibility that some incidents were pre-requisites to others. For example, the category: Creates Social Connections contains pre-requisite incidents for the category: Receives Support, Empathy, and Validation.

A tentative theory of recovery was proposed. Adaptive recovery includes the following phases: Stabilization, Psycho-emotional Sequelae, Engagement, and Closure. Participants, who at some point drew upon personal resiliencies and support from significant others during their recovery, felt better equipped to manage challenges and obstacles with which they were confronted. The proposed theory of recovery is unique in that it attempts to describe recovery outside of the therapeutic context.

Herman (1997) outlines a five-stage theory of recovery, which includes the following stages: Healing relationship, Safety, Remembrance and mourning, Reconnection, and Commonality. Although there is considerable overlap with the theory proposed in this study, Herman’s (1997) stages are confined to a survivor’s experience in therapy, but unlike the proposed theory of recovery, it fails to articulate recovery experiences of non-clinical populations. The proposed theory of recovery highlights the centrality of personal resiliencies and personal empowerment in the recovery process.
Some participants found themselves caught up in a vicious cycle of traumatic re-enactments, which includes three inter-related phases: Pseudo-stabilization, Re-traumatization, and Reactivity. These phases are likely symptomatic of traumatic bonds established in early childhood, with significant attachment figures (Dutton & Painter, 1981; Herman, 1997; van der Kolk, 1989). Although this is clearly reflected in the experience of the participants in this study, traumatic bonding may also result from continual disruption in relational processes attributed to stigmatic reactions to one’s sexual orientation.

**Study Limitations**

A number of considerations must be taken into account when interpreting the results of this study. First, incident redundancy was not achieved; the collected incidents reflect the experiences of seven participants, but do not delineate the complete range of possible critical incidents characterizing recovery from intimate abuse with a gay male partner. Participant recruitment was challenging. Intimate abuse is a very sensitive subject, which is exceptionally difficult to talk about, and may deter potential participants from voluntary participation in any research. Further interviews would need to be conducted in order to achieve a point of incident satiation, which would facilitate further refinement of the existing category system and the proposed theory of recovery.

Secondly, this study attracted seven Caucasian participants, and therefore fails to represent the cultural diversity that exists in the gay male community. The recovery experiences of men of color would greatly contribute to the comprehensiveness of the existing category system, and provide valuable insight into another possible source of stigmatization. Men of color are potentially thrice burdened: Oppression based on sexual
orientation and ethnicity, and stigma associated with survivorhood. Each of these would likely elicit additional incidents not accounted for in the current category system.

Thirdly, although it is typically not the intent of qualitative research to produce generalizable findings (Valle & King, 1978), it is important to reiterate that the analysis and conclusions are confined to the seven participants in this study. In qualitative terms, where exploration and description of phenomenon are emphasized, generalizability is satisfied if other survivors were to read the narrative timelines and, at some level, identify with the participant’s stories; that is, readily empathize and identify shared experiences (Colaizzi, 1978). Unfortunately, this was not accomplished because of recruitment difficulties.

Fourthly, self-reports are subject to two sources of interference: inability to accurately recall personal experience, and impression management (Chell, 1998). Inviting participants to identify specific facilitating and hindering events assumes the ability to clearly articulate precise events, in detail, from memory. The collected incidents may merely represent those that were remembered. This introduces the possibility that significant incidents were omitted because they had been forgotten. Additionally, reported incidents may differ from actual incidents; with each successive review, memory and perception interact to create a dynamic story line. Over time, a single story may have a differing emotional valence and salient elements of a narrative may change.

Impression management is another source of interference (Anastasi & Urbina, 1997). The interview occurs within an interpersonal context, and typical social forces may exert undue influence on participants’ presentation during the course of the interview. Although measures were taken to encourage a candid discussion of salient
recovery incidents, subtle interpersonal expectancies may have interfered with accurate recall.

Another important issue related to impression management deals with the possibility that participants' had self-imposed expectations of how to appear during the interview. For example, if an interviewee was perceptually entrenched in a victim role, facilitating events were more likely to be over-looked or dismissed. Subsequent review of these incidents proved to be beneficial, both in terms of adding to the study and extending a participant’s perspective beyond that of a problematic story line (Freedman & Combs, 1996; White & Epstein, 1990).

Finally, the proposed theory of recovery was generated from participant timeline narratives, but was not subjected to empirical scrutiny. Thus it is a proposed theory only, and requires further examination in order to establish its coherence and validity.

Implications for Theory and Research

The results of this study represent a clear contrast to established theories that focus on power differentials between intimate partners; that is a partner is subjugated by a dominant partner. Standard socio-political theories suggest that power imbalances result from differing social privileges based on gender. In the case of same-sex couples, gender influences arising from socialization patterns are conceivably nullified: Both partners are exposed to similar social influences.

Merrill (1996) provides evidence that abuse can occur in reasonably egalitarian relationships, and perpetration may be motivated by a survivor’s unwillingness or inability to report, or from a belief that reporting will have no effect. This begs the question: If power and control over intimate partners is a dynamic of relationship abuse,
and not solely dependent on gender socialization, then what drives the need to control or exert power over others? The answer to this question may shed light on not only abusive dynamics in same-sex couples, but may also extend theoretical perspectives of abuse, occurring in heterosexual couples, beyond gender-based explanations.

The results of this study suggest that power differentials alone is an insufficient explanation for instances of intimate abuse in gay male couples. Although abusive control is clearly evident, it may not be a means to end in and of itself; rather, it may be, in part, symptomatic of an underlying condition: Traumatic bonding. As van der Kolk (1989) notes, repetition compulsion, a dynamic of traumatic bonding, “has received surprisingly little systematic exploration during the 70 years since its discovery, though it is regularly described in the clinical literature” (p. 389). Exploration in this direction would necessitate an examination of possible predisposing factors: disrupted attachments, family of origin dysfunction, traumatic re-enactments, and in the case of gay participants, the impact of internalized homophobia, and minority stress.

As well, examination of self-silencing techniques and their underlying rationale would prove beneficial (Gratch, Bassett, & Attra, 1995). Gay men potentially have an extended history of self-silencing due to adversities related to their minority status, the influence of which has yet to be charted when it involves intimate abuse.

Again, this is not to suggest that survivors actively seek out abusive relationships, nor desire maltreatment from an intimate partner. It does raise the possibility that survivors have unresolved issues connected with prior traumatic events, and are unconsciously endeavoring to resolve any unfinished business in their adult relationships.
Rather than simply view the predicaments of survivors as being the result of being at the wrong place, at the wrong time, with the wrong person (Island & Letellier, 1991), attention to personal variables can be achieved without intimating culpability. In fact, it would be beneficial to survivors and practitioners alike to examine critical relationship processes and survivors’ attachment history so that traumatic re-enactments could be averted or circumvented before becoming entrenched.

**Implications for Counselling Practice**

The results of this study suggest several important considerations, which practitioners should take into account when working with this population. The following discussion will outline key therapeutic approaches and guidelines to effective professional practice.

The two categories: Inadequate Helper Response and Benefits of Counselling alert helping professionals to hindrances to the therapeutic encounter and facilitative counselling processes. Before working with gay male clients, counsellors must first reflect upon and clarify their counselling orientation and practice as it relates to homosexuality and intimate abuse. Davies (1996) recommends practitioners adopt a gay-affirmative approach, which “affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity” (p. 25). Since the therapeutic relationship is the cornerstone to a successful therapeutic encounter, unresolved issues, related to sexual identity, may pose insurmountable barriers to a client’s progress. As the category: Sense of Inadequacy suggests, the corollary is also relevant. Clients may express varying degrees of self-hatred associated with their sexual identity, which may necessitate appropriate therapeutic attention.
Island and Letellier (1991) encourage practitioners to articulate a personal position on the nature of intimate abuse in part to take stock of practical implications to working with clients, and secondly, to apprise clients of associated therapeutic techniques. The authors suggest that it is important to make clients aware of a practitioner’s theoretical perspective so that they, in turn, can make informed choices about the therapeutic process.

The proposed theory of recovery provides some guidance as to the determination of focal treatment aims. Initially, practitioners should clearly focus attention on a client’s safety as indicated by the following categories: Resists Temptation to Capitate; Enacts Safety Strategies; Continued Intrusions Perpetrated by an Ex-partner; and, No/Failed Attempt(s) to Self-Assert. Therapeutic emphasis should focus on negotiating mutually agreed upon means of ensuring a client’s continued well-being.

Crisis management support is vital during the early phases of treatment. This may necessitate the development of self-assertive behaviors so clients can begin to delineate personal boundaries as suggested in the category: Acts of Self-Assertion. Continued refinement of the proposed theory of recovery would be beneficial in mapping out the recovery landscape of survivors.

As well, the hindering categories: Reactive Strategies; Encounters Abusive Characteristics in Others; and, Receives Adverse Reactions suggest that practitioners should be alert to a client’s presentation of post-traumatic reactions or generalized post-traumatic reactions. Intense anxiety can be debilitating, and can thwart a client’s natural tendency to heal. Since post-traumatic stress can also be alleviated by the maintenance of significant social ties, identification of significant people in a client’s life, and from
whom they can garner support, should occur early in the therapeutic process. The benefits of accessing interpersonal resources is indicated in the following categories: Creates Social Connections; Receives Support, Empathy, and Validation; and, Assists Other Survivors.

In addition to screening for post-traumatic symptoms, clients should also be screened for excessive or habitual drug and alcohol usage, suicidal ideation, and unsafe sexual practices as suggested in the category: Escape and Avoidance Strategies. Gay male survivors of intimate abuse, during a time of crisis, are vulnerable, and may actively seek out counter-productive escape or avoidance contingencies in order to cope with intense isolation and pain. Therefore, referrals, contractual agreements, or psycho-educational interventions may be necessary to provide temporary relief.

The categories: Encounters Double-Standards within the Criminal Justice System; Receives Appropriate Referral/Advocacy; and, Aggressive Self-Assertion highlight the importance of providing ongoing support in the event a survivor attempts to seek legal redress. Survivors may need assistance in negotiating the legal system, and become forearmed with coping strategies if obstacles are encountered along the way. The two participants in this study, who did receive assistance in this area, appreciated being-oriented on inter-agency relationships. As well, they valued being informed of procedures to be followed and their respective timelines. This information was helpful in that it took the edge off of waiting for results, and made a seemingly confusing process manageable.

The middle phases of recovery necessitate exposure to or a review of self-help strategies as indicated in the categories: Learns Self-Help Strategies and Implements Self-Help Strategies. Practitioners are encouraged to elicit personal resiliencies, which
clients employ to manage their distress. Facilitating empowerment is essential during the course of treatment, particularly with a client population that has endured brutal subjugation. Hence, fostering individual autonomy and independent decision-making is an important therapeutic goal.

As the category: Prematurely Dates or Enters into a Relationship indicates, counsellors should be familiar with the dynamics of repetition compulsion, an indicator of traumatic bonding, so that a client’s need to reconcile with an abusive partner, or premature involvement with another abusive gay man is contextualized. Dutton and Painter (1981) suggest that client ambivalence or apparent continuation of an abusive relationship pattern erroneously lead practitioners to believe that clients are satisfying a sado-masochistic need. Failure to understand traumatic bonding fuels the misconception that survivors are responsible for their plight.

The dynamics of traumatic bonding also have clear implications for the quality and nature of the helping relationship. Counsellors must be continually aware of client transference and possible counter-transference reactions. Traumatic re-enactments may occur within the helping relationship. For example, client dependency needs or intense emotional reactions may be projected on to the counsellor. Therefore, counsellors would have to be vigilant in separating client thematic material from issues related to professional efficacy and respond accordingly.

Finally, when considering group treatment approaches, screening procedures should be implemented (Johnson, 1999). Johnson (1999) describes essential selection criteria: implement assessment strategies to differentiate survivors from perpetrators; establish commitment to timelines; and, exclude potential participants demonstrating
mental health issues. Admittedly, it is difficult to devise and successfully implement screening procedures that are fail-proof. Ultimately, the group experience should not, in any way, be detrimental to participants (Yalom, 1995).

Summary

This research project represents an attempt at delineating facilitating and hindering factors in the recovery from intimate abuse with a gay male partner. Due to recruitment challenges, incident redundancy was not achieved; therefore, the present results are qualified, and require additional input from a diverse range of gay male survivors in order to establish comprehensiveness and stability of the existing category system. Notably, volunteering for such as a project is difficult for gay male survivors because of various levels of vulnerability associated with coming forth to participate.

Self-report data raises the possibility of additional limitations: impression management, inability to accurately recall events, or biased presentation of events. When considering the participation rates, it appears that sufficient commonality exists between interviews to suggest that the collected incidents are, in fact, congruent with survivor recovery issues. The collected range of incidents is also supported by four sources of literature: Gay male intimate abuse, trauma, personal resiliency, and social stigma.

The results of this study suggest that, at least from the perspective of survivors, intimate abuse theory extend beyond traditional gender-based explanations, which emphasize power differentials. Traumatic bonding, and its indicators, is a significant focus for future research. A greater understanding may help to promote long-term recovery in that it may delineate specific procedures to circumvent an establish pattern of abusive involvement.
Practitioners, who provide services to this population, must be cognizant of inherent issues, which dominate the lives of survivors. First and foremost, counsellors must adopt a gay affirmative therapeutic approach. As well, practitioners must have a clear conceptualization of abusive relationship dynamics in order to articulate treatment procedures to gay male clients.

Shortly after contact, gay male clients should be assessed for post-traumatic reactions, substance abuse, suicidal ideation, and unsafe sexual practices. Stabilization is the primary aim: Crisis intervention support is paramount.

During the working phase, client resiliencies should be drawn upon in order to build clients’ sense of self-efficacy and self-determination. As well, during this treatment phase, counsellors should be alert to possible transference and countertransference issues. Processes associated with traumatic bonding can be re-enacted within the helping relationship. Given this likelihood, it is important the counsellors engage in self-care strategies in response to the possibility of vicarious traumatization (Saakvitne & Pearlman, 1995).
References


Appendix A:

Recruitment Notice
Appendix B:

Recruitment Notice Submitted to

XtraWest and Outlooks Publications
Appendix C:

Second-Hand Referral
Appendix D:

Study Description
Study Description

Dear Participant,

Through the interview process, I hope to gain insight into the recovery experiences of gay men who have been previously involved in an abusive relationship (emotional, mental, physical, and/or financial) with another gay man. Specifically, this study explores critical events that either helped or interfered with your recovery. As well, I am interested in examining any relationships that might exist between the identified incidents. My interests in this subject reflects my need to examine and articulate facilitating and hindering factors inherent in the recovery from same-sex intimate abuse. I am keenly interested in getting your first-hand accounts.

Your participation in this research project will involve three interviews: an orienting interview, data gathering interview, and a verifying interview. During the orienting interview, I will explain the nature and purpose of this research study, provide you with preparatory instructions, and respond to any questions that you might have about this study. This initial meeting will also give us the opportunity to get better acquainted so that the actual interview becomes an easier process for you.

Before our second interview (data gathering), I would like you to spend time reflecting on your experience and identify specific examples of events that either helped or interfered with your recovery process. As you identify specific examples, please indicate them on a time-line, ensuring that they are in chronological order. You need only identify each incident by a couple of words that adequately capture the event. We will be exploring each of them in detail during the interview. I will show you an example during our initial meeting.

Do not worry about whether or not the incident would be relevant to others who have been in your position. I am interested in exploring this issue from your perspective; therefore, I am interested in examining what has and what has not been helpful to you personally. During the interview, I will ask you to describe what lead up to the incident, the incident itself, and what outcomes resulted. The order in which we review the incidents will be left to you: It will be your choice. As you reflect on your experiences over the next period, you may want to capture any important ideas on paper so that you can refer back to them during the interview.
During the second interview, I will ask you to describe the events on your time-line in as much details as possible. It will be a semi-structured interview, which means that it does not follow a standard format; rather, the interview progresses based on the identified incidents. It is important that you describe your actual experience, as the incidents occurred. Remember, there are no ‘right’ or ‘wrong’ answers: I am looking for complete honesty. Do not tell me what you think I want to hear: I want to learn about your experiences, whatever they may be for you. The interview will be approximately one hour in length. Another short interview may be necessary in the event that further clarification is required.

After I have created the categories of facilitating and hindering factors, we will get together for a third meeting, during which time, I can share my findings with you. If during this session you have differing opinions or questions about my analysis, I welcome the opportunity to explore these with you.

I want to mention again that your participation in this study is completely voluntary. Also, all information will be kept strictly confidential and you can withdraw from this project at any point without penalty. If you decide to discontinue, all information about you will be destroyed. If you have any further questions, or are in need of clarification, please feel free to contact me.

Regards,
Craig Gnauck
Student Researcher
Dept. of Counselling Psychology
The University of British Columbia
Appendix E:

Participant Consent Form
Name of Participant: 
Address: 
Telephone Number: 
Signature: 
Date: 

Student Researcher 
Craig Gnauck 
M.A.(Student) 
Counselling Psychology 

Human Learning, Development, & Instruction