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Relationship Power Among Same-Sex Male Couples in New York and San Francisco: Laying the Groundwork for Sexual Risk Reduction Interventions Focused on Interpersonal Power

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Research is clear that power differentials between women and men shape women's human immunodeficiency virus (HIV) risks; however, little research has attempted to examine power differentials within same-sex male (SSM) couples and whether these influence sexual risk outcomes. To produce the first quantitative scale that measures power in SSM relationships, the current work was a Phase 1 qualitative study that sought to understand domains of relationship power and how power operated in the relationship among 48 Black, White, and interracial (Black–White) SSM couples recruited from San Francisco and New York. Interview domains were focused on definitions of power and perceptions of how power operated in the relationship. Findings revealed that couples described power in three key ways: as power exerted over a partner through decision-making dominance and relationship control; as power to accomplish goals through personal agency; and as couple-level power. In addition, men described ways that decision-making dominance and relationship control could be enacted in the relationship—through structural resources, emotional and sexual influence, and gender norm expectations. We discuss the implications of these findings for sexual risks and HIV care and treatment with SSM couples that are focused on closing gaps in power.

Research among heterosexually active couples demonstrates that structural and interpersonal power imbalances between women and men shape both relationship power and human

immunodeficiency virus (HIV) risk outcomes (Amaro, 1995; Dworkin & Ehrhardt, 2007; Logan, Cole, & Leukefeld, 2002; Pulerwitz, Amaro, Jong, Gortmaker, & Rudd, 2002; Pulerwitz, Gortmaker, & DeJong, 2000). In particular, women's risk of HIV can be negatively influenced by lower social status, lower levels of education and income relative to men, economic dependencies, gender

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norms, and “other-oriented” stances (whereby women take care of their partners’ needs over their own) (Bowleg, Belgrave, & Reisen, 2000; Ehrhardt, Exner, Hoffman, Silberman, Leu, et al., 2002; Ehrhardt, Exner, Hoffman, Silberman, Yingling, et al., 2002). In addition, physical and sexual violence or the perceived threat of violence influences women’s ability to initiate and negotiate condom use with male partners (Dunkle et al., 2004; Exner, Dworkin, Hoffman, & Ehrhardt, 2003). Violence is strongly associated with HIV seropositivity (Jewkes, Dunkle, Nduna, & Shai, 2010; Machtinger, Wilson, Haberer, & Weiss, 2012; Sareen, Pagura, & Grant, 2009). In terms of validated measures of relationship power, women with less decision-making ability and less control in the relationship (i.e., ability to control one’s mode of dress, interactions, or relative freedom) have been found to be at greater risk for HIV (Pulerwitz et al., 2002; Pulerwitz et al., 2000). HIV prevention interventions with women have thus shifted over the past decade from gender neutral to gender sensitive and empowering, and have intervened on constraining gender norms, economic empowerment, and couple-level power relations (Dworkin, 2015; Exner et al., 2003; Gupta, 2001; Pronyk et al., 2006; Wingood et al., 2004).

Power differentials are generally viewed as characterizing male–female relationships. Some scholars have theorized that same-sex partnerships are erroneously thought to be egalitarian (Brown, 2008; Landolt & Dutton, 1997); in particular, men in same-sex relationships are frequently viewed as being “two people who are assumed to be basically physically and socially matched in terms of power” (Brown, 2008, p. 459). In reality, however, because there are far fewer same-sex individuals in the population compared to heterosexuals, they face a constrained dating pool relative to heterosexuals; this makes homogamy (similarities in dating or marriage based on age, gender, race, social class, etc.) far less likely in the selection of a partner (Rosenfeld & Kim, 2005; Schwartz & Graf, 2009). As a result, men in same-sex relationships often date across age, race, gender expression, and occupational status (Gates, 2012; Jepsen & Jepsen, 2002; Schwartz & Graf, 2009). Thus, there are ample structural and interpersonal factors that may shape the production of power-oriented disparities in same-sex male (SSM) couples.

How do Gender, Race, and Sexuality Shape Power Differentials in SSM Couples?

Research both within and outside of the field of HIV prevention has shown that there are numerous facets of SSM relationships that are potentially conducive to the production of power differentials. For example, age and income gaps (Harry, 1982; Harry & DeVall, 1978; Oreffice, 2011), race (Nemoto et al., 2003), degree of effeminacy (Carballo-Diequez, Remien, Dolezal, & Wagner, 1997), and the interaction between gender norms and economic resources have been theorized to shape decision-making power in relationships among gay men and men who have sex with men (MSM)

(Henderson, 2012; Henderson & Shefer, 2008; Howard, Blumstein, & Schwartz, 1986; Kubicek, McNeeley, & Collins, 2015).

HIV researchers have highlighted how age differences may lead to relationship dynamics that can influence both violence and HIV risks (Campbell et al., 2016; Newcomb & Mustanski, 2016). Several studies have shown that older men may have more power in relationships, are more likely to assume the sexual position of penetrator, and are viewed as having higher status by their primary partners (Almaguer, 1991; Henderson, 2012; Henderson & Shefer, 2008; Kubicek et al., 2015; McLean & Ngcobo, 1995). Previous studies have also found associations between increased HIV risk and age discrepancies of varying magnitudes, including four or more years (Joseph et al., 2011), five or more years (Bingham et al., 2003), and 10 or more years (Berry, Raymond, & McFarland, 2007). Among HIV researchers, very few have explicitly examined whether differences in income or structural factors (such as owning a home) between partners influence HIV risk; one study did find that men with lower income broke their sexual agreements more often than did the partner in the couple who earned more income (Perry, Huebner, Baucom, & Hoff, 2016).

HIV serostatus has also been found to influence relationship dynamics in ways that can affect HIV risk, although existing literature does not focus explicitly on serostatus and power. In some serodiscordant SSM relationships, unprotected sex has been reported to be a sign of emotional intimacy and an expression of love (Davis & Flowers, 2011; Theodore, Duran, Antoni, & Fernandez, 2004). Some researchers have also highlighted protective factors within serodiscordant SSM relationships, such as strong investment in and commitment to sexual agreements (Darbes, Chakravarty, Neilands, Beougher, & Hoff, 2014) and the establishment of agreements that reduce the likelihood of HIV transmission between partners (Beougher et al., 2012).

Race-based factors can contribute to the production of power differentials in SSM couples that may also shape HIV risks. Nemoto et al. (2003) found that White men fetishize partners of color, with men of color reporting that they felt “looked down upon” by White male partners, as if they were “never an equal” with them. More broadly, a number of studies have reported racism within the White gay community. In qualitative interviews with U.S. Black gay and bisexual men, Bowleg (2013) found that many men perceived White lesbians, gays, and bisexuals (LGBs) to be uncomfortable with and discriminatory toward Black LGBs. In addition, Han (2007) has discussed processes of racial exclusion that are practiced in gay communities. In Battle, Cohen, Warren, Ferguson, and Audam’s (2002) survey conducted among LGBT African Americans in nine U.S. cities, one-third of the respondents reported negative experiences with White LGBT persons in bars and clubs, and these experiences may translate into relationship dynamics that shape power and HIV risks. In addition to reports of interpersonal power differentials in SSM relationships, there are structural discrepancies between the dominant White majority and ethnic minority communities.

For instance, African Americans disproportionately occupy the lowest income and occupational strata and Whites disproportionately occupy the highest (Blauner, 1989; Oliver & Shapiro, 2006). Thus, structurally induced power differentials may be more pronounced between White and Black members of a couple versus same-race couples. In addition, researchers have argued that because of racism, Black MSM are viewed as the “least desirable” partners for MSM, while White men are viewed as “most” desirable (Raymond & McFarland, 2009).

Race-based power differentials can shape HIV risks. While not explicitly focused on power, in one cross-sectional study of 566 gay male couples, Perry et al. (2016) found that White men break their sexual agreements more so than do minority men. There is also a large literature that examines how structural oppression creates lower social valuations of individuals and leads to minority stress, which negatively shapes MSM mental health outcomes and their HIV risks (Díaz, Bein, & Ayala, 2006; Díaz, Peterson, & Choi, 2007; Meyer, 1995, 2003). While this literature is not focused on power in couples, it influenced our choice to sample between races in the current study. Finally, Tan, Pratto, Operario, and Dworkin (2013) found that gay men who adhere to beliefs that reinforce dominant social hierarchies based on race tend to have race-based sexual attractions. That is, these authors found that one’s preference for social dominance and hierarchy in broader society explained differences in race-based sexual preferences for sex partners, raising important questions about how power shapes race-based sexual attractions. The social and cultural valuations that are derived from differences in structural and social power by race likely shape power differentials between men in cross-race relationships.

Masculinity and gender norms can also produce power differentials in SSM relationships. While gay men may have transgressed certain dominant notions of masculinity, they still must negotiate masculinity in the broader social context of heteronormative gender norms. This can lead to the more masculine partner devaluing femininity in himself or in his partner. It can also lead both men to feel pressure to fulfill male norms of strength, control, and dominance to bolster a self-conception as masculine (Connell, 1992; Connell & Connell, 2005; Cruz & Firestone, 1998). Studies have found that gay men tend to be viewed societally as men who are “not masculine,” and thus some men may be particularly attuned to male socialization and may experience a heightened, not minimized, need to enact masculinity through actions that signify power, dominance, and control (Connell, 1992; Connell & Connell, 2005; Landolt & Dutton, 1997).

Masculinity and gender norms have been found to shape whether men view themselves as “top” or “bottom” and can be linked to the sexual power dynamics between MSM whereby men who identify as bottoms may be viewed as being in a less powerful position (Díaz, 1998; Johns, Pingel, Eisenberg, Santana, & Bauermeister, 2012). Several scholars find that those who identify as “being the man” in the relationship equate this with having more power (Carballo-Díez et al., 2004; Johns et al., 2012; Kubicek et al., 2015). However, some scholars argue that gender norms in

sex may not neatly reflect power in sexual relationships because of the fluid nature of gender roles among MSM (Johns et al., 2012; Pulerwitz & Dworkin, 2006), and that versatility in sexual positioning can lead to sharing power in sex within MSM relationships (Johns et al., 2012).

Numerous studies have also found that gay men experience high levels of physical and sexual violence from their partners and that power and control is common among batterers, regardless of sexual orientation (Burke & Follingstad, 1999; Island & Letellier, 1991; Lobel, 1986; Waldner-Haugrud, Gratch, & Magruder, 1997). Several reviews of the literature show rates of violence in gay couples that are as high as or higher than that found in heterosexual couples (Burke & Follingstad, 1999; Heintz & Melendez, 2006; Island & Letellier, 1991; Merrill, 1998; Stall et al., 2003; Turell, 2000). Unequal power and control has been reported to facilitate violence and abuse in gay male relationships (Berger, 1990; Kubicek et al., 2015; Lundy & Leventhal, 1999; Niolon, 2002; Toro-Alfonso & Rodríguez-Madera, 2004). Some authors report that such violence and abuse is due to adherence to traditional masculine norms (Cruz, 2000; Cruz & Firestone, 1998; Kubicek et al., 2015), while others report that internalized homophobia (Meyer, 1995) is a contributory factor. For example, the degree of “outness” (i.e., how much a partner is out about his gay identity) may also shape power differentials among gay male couples (Lundy & Leventhal, 1999; Niolon, 2000).

Despite recognition both within and outside of the HIV literature that masculinity, age, homophobia, and race may influence power differentials in couples, only two National Institutes of Health (NIH) grants have been funded in the United States that are focused on U.S. populations and explicitly measure power differentials within SSM couples and examine whether and how these impact HIV risks. One focused on power in SSM relationships, particularly whether couples agreed on which member of the couple had greater power (Mitchell & Sophus, 2015). These authors found that greater concurrence about whether one partner had more power than the other in the relationship led to more unprotected sex outside of the relationship but not within the relationship.

Our team was also funded to explore the topic of measuring relative relationship power (one partner’s power relative to the other partner) and HIV risk within SSM couples. Given the increasing emphasis in the literature on both the importance of same-sex relationships and the role of power in understanding HIV risk, we sought to (a) qualitatively explore what power is and how it operates in SSM relationships and (b) develop and validate a quantitative scale to examine whether power influences HIV risks in SSM couples. Our work drew explicitly on the structural theory of gender and power (Connell, 1987) to recognize how power differentials between partners may be shaped by patterns of power in broader society. We also drew on social exchange theory (Emerson, 1976) to recognize how power operates at the interpersonal level. To produce the quantitative scale, we utilized the Sexual Relationship Power Scale (SRPS) (Pulerwitz et al., 2002; Pulerwitz et al., 2000), a validated

scale that has been used to measure power with heterosexual populations; in this work, relationship power was found to be associated with violence and condom use. We modified this scale for use with SSM couples, and a separate article that is currently under review (Neilands et al., 2016) examines our new power scale and tests whether relationship power influences unsafe sex among same-sex couples. The current article emerged directly out of our stated qualitative aim, in which we sought to understand how SSM couples defined power and how power was perceived to operate in their relationships. In the Discussion and Conclusions section, we discuss the implications of these findings for future HIV prevention, treatment, and care interventions with SSM couples that are focused on closing gaps in relationship power to reduce sexual risk.

METHOD

Participants

In this qualitative substudy, we conducted semistructured, in-depth, qualitative interviews with both partners of 48 SSM couples ($N = 96$) in the San Francisco Bay and New York City metropolitan areas. Using stratified, purposive sampling, we recruited equal proportions of Black ($N = 16$), White ($N = 17$), and interracial (Black–White) ($N = 15$) couples. Of these, 26 couples were concordant HIV negative, and 22 couples were HIV discordant. We recruited participants using both passive (e.g., placing posters around the community and recruitment cards in community-based organization) and active (e.g., venue-based, face-to-face recruitment at locations frequented by gay men) strategies. We also placed advertisements in local newspapers and on social networking Web sites.

Initial contact with potential participants occurred when subjects called our recruitment line or contacted us by e-mail through our Web site, or during venue-based outreach. Both partners in each couple were individually screened by phone. Eligible participants were cisgender males over 18 years of age, had a primary identity of Black or White, had lived in the United States since age seven, and knew their own and their partner's HIV status. This age cutoff was selected to ensure that Black men had led the majority of their lives as a Black male in the United States; this allowed those who may have been born in the Caribbean but moved to the United States as children to be included in the study. Eligible couples had to have been in their relationship for at least six months, and at least one partner had to report anal sex with a man within the previous 90 days. HIV status was self-reported by participants during the screening process. Interviews were carried out separately but simultaneously with each member of the couple.

Data Analysis

We digitally recorded and transcribed, verbatim, all interviews. Using a grounded theory approach (Denzin &

Lincoln, 2003; Strauss & Corbin, 1994), members of the study team conducted an initial analysis of 24 transcripts to inform the development of the codebook. Eight members of the study team were each the primary reader for two couples' interviews (four transcripts), and the secondary reader for two additional couples' interviews (four transcripts). There was overlap in the initial analysis of transcripts across the readers to ensure that the codebook was set on 50% of the couples, leaving 50% of the transcripts for independent coding. The primary reader summarized the interviews and led a discussion that underscored primary and secondary themes with the research team. The secondary reader also read the interview in detail and made additions and edits to the summary. All other members of the study team read the interviews before each in-depth team discussion. During these discussions, the team came to agreement on common primary and secondary themes, from which the initial codebook was developed. Four master's-level research staff members applied the codes to a transcript to verify code definitions and application consistency. This process was repeated twice until agreement was reached among research staff. Four research assistants independently applied codes to all interview transcripts using Transana qualitative analysis software (Woods & Fassnacht, 2007). One-quarter of the transcripts were randomly selected and independently coded by a second coder and verified by senior staff members to ensure consistency and accuracy in the application of codes. Decision trails were also kept to ensure rigor and consistency throughout the coding process.

Interview domains included sexual behavior, decision making, relationship agreements, masculinity, experiences of racism and homophobia, HIV risk reduction, definitions of power, perceptions of power, and relationship dynamics. The current article focuses on the latter three codes. In the results that follow, we describe the ways that SSM couples defined what power is and how they perceived power to operate in their relationships. Quotes are identified by the race, age, and HIV status of the participant, and by the type of couple: Black/HIV discordant (B/D), Black/concordant HIV negative (B/N), White/HIV discordant (W/D), White/concordant HIV negative (W/N), interracial/HIV discordant (I/D), and interracial/concordant HIV negative (I/N).

RESULTS

Participant Characteristics

Of the 48 SSM couples in this qualitative sample, approximately equal proportions were Black (33.3%), White (35.4%), and interracial (31.3%). Over half (54.2%) of the couples were concordant HIV negative, and the remaining 45.8% were HIV discordant. Among couples, the mean relationship duration was 4.8 years (range 0.5 to 36 years), and the mean age difference between partners was 5.9 years (range 0 to 30 years). Couples were recruited from the San Francisco Bay Area (52.1%) and New York

City (47.9%) through flyers and print ads (25.0%), Craigslist (18.8%), recruiter outreach (18.8%), a Facebook ad (12.5%), word of mouth (12.5%), and other sources (12.5%). Among individual men, the mean age was 33.9 years (range 18 to 66 years). Most men had completed some higher education: One-quarter (25.0%) attended some college, nearly one-third (32.3%) earned a bachelor's or associate's degree, and 17.7% earned a master's degree. Over half (58.3%) of the men were employed; 25% had an annual income of less than \$10,000, and 5.2% made \$100,000 or more per year (see Table 1).

How Do Men Describe Power in Intimate Relationships?

Decision-Making Dominance. Many couples in the study described power as a “zero-sum game” in which the expression of power by one person takes away from the

power of the other person in the couple. We have defined this as “decision-making dominance” or having the final say in decisions that were made in the relationship. For example, when asked how he defines “power,” a participant said, “Power? I guess it’s, you know, who has more authority, decision making ability” [Black/32/HIV negative/(I/N)]. Another man explained, “When I think of power I think of, you know, influence over decisions or influence over the way we’re going to do things” [White/43/HIV negative/(W/N)]. Some men pointed to their own decision-making dominance as a sign that they had more power than their partners. A man who claimed to have more of the power in the relationship stated, “Whatever I say sort of kinda goes” [Black/30/HIV positive/(B/D)], and another man described that he had more power in the relationship because sometimes he “just wants the last word” [Black/20/HIV negative/(B/N)].

When couples described this form of power, they specifically highlighted who has the final say in decisions. For instance, in this couple, one man highlighted how one partner would often prevail in conflict over decisions by raising his voice: “I like talking in calm, quiet tones, but if you can’t hear that, I will raise my voice until you do hear it... . I don’t like to yell, but I don’t mind doing it, you know” [White/29/HIV negative/(I/N)].

Table 1. Demographic Characteristics of Same-Sex Male (SSM) Couples

Characteristics	n	(%)	Years	(Range)
Couples	48			
Race				
White	17	(35.4)		
Black	16	(33.3)		
Interracial	15	(31.3)		
HIV status				
Concordant HIV negative	26	(54.2)		
HIV discordant	22	(45.8)		
Location				
San Francisco	25	(52.1)		
New York	23	(47.9)		
Mean relationship length			4.8	(0.5–36)
Mean age difference			5.9	(0–30)
Recruitment source				
Passive recruitment (print ads, flyers)	12	(25.0)		
Craigslist	9	(18.8)		
Recruiter	9	(18.8)		
Facebook ad	6	(12.5)		
Word of mouth	6	(12.5)		
Other	6	(12.5)		
Individual characteristics	96			
Mean age			33.9	(18–66)
Educational attainment				
Less than high school	6	(6.3)		
High school or GED	18	(18.8)		
Some college	24	(25.0)		
Bachelor’s or associate’s degree	31	(32.3)		
Master’s degree	17	(17.7)		
Employment status				
Employed	56	(58.3)		
Unemployed	40	(41.7)		
Income				
Less than \$10,000	24	(25.0)		
\$10,000–\$19,999	14	(14.6)		
\$20,000–\$29,999	12	(12.5)		
\$30,000–\$39,999	15	(15.6)		
\$40,000–\$59,999	13	(13.5)		
\$60,000–\$79,999	7	(7.3)		
\$80,000–\$99,999	6	(6.3)		
\$100,000 or more	5	(5.2)		

Controlling Partner. In addition to defining power as decision-making dominance, many couples also discussed power as one partner using controlling tactics to control the other partner or a situation, which we have termed relationship control. For example, one man described power in the following way: “Power is control, so controlling the situation, controlling the person” [White/38/HIV negative/(W/N)]. Another defined power as “whether or not somebody has more control than the other person. If you’re doing something strictly because they told you ... you have to do it” [Black/43/HIV negative/(B/N)]. A few men compared being in a controlling relationship to being in a “prison” in which they were unable to act as they wished. One man expressed, “I feel a lot of times I don’t really have a say, so I feel like I’m in prison” [Black/49/HIV positive/(B/D)]. This was because his partner, whom he described as a “drill sergeant,” exerted control over the types of clothes he wore and the things that were done in the house. When asked how he and his partner decide what to do together, another man described, “You know, if it was up to [his partner], he would have me chained up and I couldn’t leave; he had me in a prison. So I go out a couple times a week, you know” [Black/54/HIV negative/(I/D)]. His partner confirmed this characterization, admitting that if his partner goes out too much he “puts the brakes on” [White/64/HIV positive/(I/D)].

Some men perceived that they derived power from their ability to exert control over how their partners acted. One man used what he called “positive reinforcement behavior” to control his partner’s behavior: “You know, like teaching kids to act right and training men is like training a dog ...

you know, when they do something right you reward them; when they do something wrong, you take something away” [White/29/HIV negative/(I/N)]. A man reported that he had more power and control in his relationship and stated that he was also a “control freak” who liked to have his “finger on things” to ensure they were done correctly [White/23/HIV positive/(I/D)].

For couples with an age discrepancy, relationship control would sometimes be attributed to the older partner. Often this was due to the perceived maturity and experience that came with their older age, but it was also described as having to do with control of the younger partner. A man who was older than his partner explained how his age gave him more control over his partner: “If I want something, I can make him like give it to me ... maybe ’cause I’m older than him, maybe ’cause I’m like a little bit more mature” [White/20/HIV negative/(I/N)]. Similarly, another man who was older than his partner explained:

Power, well, I suppose if it is control to some extent I think I have to exercise some control, because I have the experience and I have the awareness of what I think a given situation may need or require. [White/57/HIV positive/(I/D)]

Not all men perceived a partner’s control or decision-making dominance to necessarily indicate a loss of power. Some men didn’t perceive themselves to lose power even though their partner had the final say in decisions. For example:

I guess he can see things in terms of, like, he is powerful in making decisions in certain ways, like things like, “We’re doing things my way.” Whereas, to me, with certain things, when he could see things those ways I could see it as, you know, I’m indifferent about that, and it’s not like you’re taking power away from me in any sense. And I could see myself more powerful in certain ways. [White/23/HIV negative/(I/N)]

How Was Decision-Making Dominance and Controlling Partner Enacted in Relationships?

Men described a number of ways that decision-making dominance and relationship control could be enacted in their intimate relationships. First, men drew on financial or material resources to exert power over their partners. Next, sexual and emotional influence enabled men to have more power and control in the relationship. Finally, gender norm expectations structured the level of power each partner was understood to have in the relationship.

Structural Resources. Often a partner’s ability to exercise power in the relationship was perceived to be a function of having more structural resources. For example, partners with more decision-making dominance and relationship control were frequently described as having a job, more income, or more savings, as well as having ownership of the home, car, or

furniture. One man observed that “whoever has the money has the upper hand” [White/40/HIV negative/(W/N)], and another said, “I don’t think of myself as in power, but I guess I do hold the power since I have the job and savings and the lease is in my name; I’m not in debt” [White/43/HIV positive/(W/D)]. Having more financial or material resources could enable one partner to weigh in more on decisions. One man who was previously incarcerated and struggled to secure employment found himself dependent on his partner, though he preferred not to be:

He makes the money so if ... there’s a decision that I want done and he doesn’t agree with it, you know, it’s his money, so he has more power. I mean, it’s his house, it’s his car, it’s his stuff, so I think he has more power than me... I mean I might have influence, but I don’t have the final power ’cause it’s his still. [Black/32/HIV negative/(I/D)]

Another man who had more financial resources than his partner observed how this affected the decision making in his relationship:

I’ve saved more money than he did so ... pretty much now it’s like I think the only money left is my money, so that sort of plays like a weird power thing... I try not to make him feel that way, but at the same time we’re trying to save money. So if it’s something that I don’t really want to do I’m more apt to ... want to play the “we should save money” card. [White/26/HIV negative/(I/N)]

A few men also remarked on the power differential that emerges when one partner owns a home or pays rent on an apartment and the other lives with him. One man whose partner lives with him said he has more power because, when they argue, if he wants his partner to go, he’s “gonna go” [Black/19/HIV negative/(B/N)].

Sexual Influence. In addition to structural resources, another mechanism through which power was achieved was through sexual means. In most cases, men described the partner who identifies as the “top,” or the person who often penetrates during sexual activities, as the one with more power because they associated this role with dominance and control. Attractiveness, above-average sexual performance, and ability to decline or withhold sex were also perceived to exert influence over the other partner. For example, a man described “being able to use sexuality and physicality ... to get what you want” as a way to wield power in a relationship [White/27/HIV negative/(I/N)]. Another man stated that his partner has more power in the relationship because if the partner doesn’t want to have sex, then he’s not “getting any” [White/40/HIV negative/(W/D)]. A man in a relationship with someone older said that he knows his partner “adores” him so he’ll “play into that” and “cater to [his partner] sexually” to get what he wants. When asked what he gets in return, he replied:

Just like maybe like money, maybe, or maybe he'll buy me something or maybe just do little things. I mean, he would do them anyway; I don't necessarily need to do the sex. But he'll do them with pleasure when the sex is involved. [Black/31/HIV positive/(B/D)]

Some men described how the roles of top versus bottom structured the sexual power dynamics in their relationships. For example, this man described why his partner had more power:

If I was to top him, I've said to him that when I've done it before, "I've noticed that you're uncomfortable because you feel like your power has been removed and the roles have been switched." And he of course immediately denies that and laughs a little bit, and then I think that he says, "Maybe you're right, maybe there's some element to the fact that I lose a sense of control or a sense of power, and then because of that loss of control and that loss of sense of power I lose sexual interest, and I think that therefore I don't want to have sex." So—but I understand what he says, because if I top him I feel more charged, I feel more masculine, I feel more in control, and that's a fun kick sexually, and so that gets me off. So I think ... I get off on being passive and dominated ... but [it's] a one-way street for him. [White/24/HIV negative/(W/N)]

Contrary to this narrative, a few men did not believe that being the bottom took away from one's power. One man wondered whether one actually had to be more powerful to be the bottom since "you have to feel that pain" [White/24/HIV negative/(W/N)]. In another case, while a man who identified as a bottom did see his partner has having more power, he did not believe this emanated from sexual roles but rather from his willingness to give his partner power:

People think, like, "You the top, he the bottom, oh, you have the most power, [B]." And I'll be telling them straight up, no, most of the time I let [B] have the power because I'm his man. I want him to have the power sometimes. [Black/20/HIB negative/(B/N)]

A few men who spoke of sexual influence discussed how they derived power from their partner viewing them as an object of desire. This was more often discussed among couples with an age discrepancy where the younger men described themselves as more powerful than their older partner because of sexual power:

To me, power is sex. I'm young, attractive; I'm kind of like a trophy wife syndrome type of thing, and it makes him feel good. It makes him feel like the man... . It's kind of like a weakness for him, I think, a vulnerability. It's like if I was a mean person I could take advantage of him. [Black/31/HIV positive/(B/D)]

A few couples also spoke of power as having outside partners and as having a greater selection of sexual partners than their partners. For example, in two serodiscordant couples, the HIV-positive men highlighted that their HIV-

negative partner had more power than they did because of the stigma of having HIV. This HIV-positive man in a serodiscordant relationship explains:

In regards to having an open relationship, [B] had a lot of power over me in that, you know, he could go and have sex with just about anybody, you know, negative, positive, you know, as long as he's safe. Whereas, you know, for me, it was difficult, because if I go find somebody who's negative and I tell them I'm positive and they're not comfortable with it, you know, they don't want to have sex with me, so there was kind of a power dynamic ... that kind of put the power in his court. But then he was the one who got to have sex with just about anybody he wanted. And so I think there was a lot of issues with power. [White/26/HIV positive/(W/D)]

He acknowledged that his concern over this power imbalance eventually drove him to have unprotected sex with another HIV-positive man:

Once I kind of recognized those factors and started to address them in my own life, I think that lessened the differential and then, you know ... I went and had sex with somebody who was positive and didn't use protection and [B] got really jealous and upset that I was gonna, you know, leave him. And that gave me more, you know—gave some of the power back to me, and that made it more balanced for me to see that, oh yeah, he goes through the same feelings and emotions that I go through. [White/26/HIV positive/(W/D)]

Emotional Influence. A third way that men described power being enacted in relationships was through emotional influence or the ability to affect one's partner emotionally. Typically the partner who was more emotionally dependent on or invested in his partner or who wanted more from the relationship was described as having less power in the relationship, such as a man who felt his partner had a lot of control because he was a "sucker" for his partner [Black/24/HIV positive/(B/D)]. Some men also described a partner as having more power if he was able to leave the relationship more easily and be less affected by a breakup. For example, when asked about his views on the balance of power in his relationship, a man noted that he immediately thought of "who would be more devastated by the breakup, who would get the short end of the stick" [White/25/HIV negative/(W/N)].

Some men described the partner with less power as more likely to capitulate to keep the other partner happy. This couple agreed that their relationship was imbalanced in how each partner responded to emotional conflict: "I feel like it bothers him a lot more when I'm upset than it bothers me when he's upset, so he's very eager to resolve things, which gives me a little bit of power; if I stay angry it really bothers him" [Black/25/HIV negative/(I/N)]. His partner explained: "I don't really get angry usually, so I'm usually trying to like fix it. So he sort of has more power because I just want to fix it" [White/26/HIV negative/(I/N)].

Similarly, a man observed that he could get his partner to do what he wanted because his partner feared that otherwise he'd become unhappy and leave the relationship:

Any time we get into a fight or anything he'll always think I'm going to break up with him so if ... we get into an argument because he didn't wash the dishes, he sees the seriousness on my face, he'll just go and wash the dishes, just because he thinks I'm gonna [leave]... 'Cause like he'll try to talk to me, have a different conversation with me. and I'll just ignore him... He'll get upset and then he'll go and do anything, whatever it is that I ask him to do. [Black/22/HIV negative/(B/N)]

Another man observed that he was able to retain more control and power in his relationship because his partner feared him leaving:

I have the control and I have the power, and I think he's afraid to take any control from me. I think that he thinks I will leave. I think that he thinks big picture, that if our relationship were ever to end that I would be the one to end it, and it wouldn't be him. So I think that he is afraid of me for that reason, you know; I think that he's afraid of being ... left or afraid of me leaving. [White/23/HIV positive/(I/D)]

A minority of men spoke of the impact of emotional influence on sexual risk. For example, one man believed that trusting someone enough to have unprotected sex opens one up to a potential abuse of power. He explained:

Like both of us have expressed the insecurities of being in a relationship and like getting vulnerable and like, you know, there is power in trusting somebody, like we're not using condoms, and I trust him. Like there's a ton of power in that, you know. Like I trust him, but like ... that gives him power over me just as much as it gives me power over him, in that sense. [White/25/HIV negative/(W/N)]

Not all men perceived their partners' emotional power over them negatively. A couple of men acknowledged that though they might prioritize satisfying their partners, they were simply making an effort in their relationships. One man explained:

I don't know. Like definitely I don't like seeing [D] upset or disappointed or whatever, so I guess that would be, you know, what I'm saying—the power that he has over me. But I don't know, like, anybody that I'm with, like I feel that I have to put forth a certain level, you know what I'm saying, or else like why waste my time? [Black/37/HIV negative/(B/D)]

Gender Norm Expectations. A final mechanism through which power was perceived to operate in the relationship was through gender norms. Men in interviews explained that the partner who appeared or identified as more “masculine” was perceived to have more dominance and control and, hence, more power. Some men perceived

masculinity to predispose a partner to have more decision-making ability in the relationship. For example, a man explained that his partner “has power in the sense of he's more masculine, he has like control of what we do and often makes suggestions about where we go and what trips we should go on” [White/24/HIV negative/(W/N)]. In describing his partner, another man said:

We have certain struggles, we have power struggles sometimes where, you know, he feels he's more masculine and ... I let him know like, you can't judge masculinity by the physical appearance, because he's physically more appearing masculine than I am... I understand it perfectly well, but I don't think he seems to be understand it the same way I do, the difference between masculinity and femininity... A lot of power struggles because he feels like he has more say in certain things because he's more masculine appearing than I am. [Black/18/HIV positive/(B/D)]

In addition, a few men felt that playing the “man” or “husband” role gave a partner more power. One man said that his partner has more power in the relationship because “he's the husband, I'm the wife” [White/51/HIV positive/(W/D)]. However, a small number of men expressed a divergent view about gender roles by either ascribing more power to the “wife” role or by renouncing roles altogether. A few men saw the “wife” role as having more behind-the-scenes power, similar to what they saw with their own mothers. For example, one man explained, “I'm like my mother, you know what I mean? Like I just wear the pants, like he just doesn't wear the pants like I just do” [White/23/HIV positive/(I/D)]. On the topic of gender roles in the relationship, one man noted:

I don't want to be called the man in the relationship or the woman in the relationship, even though I'm fine with you calling me the woman in the relationship. I don't give a shit, because it's my relationship, not yours... So yeah it's an interesting concept, two men who are passionate in desires of love and to be loved being kind of interpreted as masculine, feminine, power, passive, whatever, aggressive, whatever, I'm striving not to have that kind of relationship. [White/32/HIV negative/(W/N)]

Other Descriptions of Power in Relationships

Opposition to Power in Relationships. While most men defined power as decision-making dominance or relationship control and viewed this as inevitable in relationships—and a minority even claimed that they were satisfied with having less power—many responded negatively to imbalanced power. These men often expressed their opposition to power differentials by emphasizing what a relationship should be in ways that contrasted with dominance and control and instead emphasized equality between partners and personal autonomy. Sometimes an equal relationship stood in opposition to power entirely; for example, a man described his relationship in the following way: “I don't think it's

about power. I think we've worked on being about love and support and being a resource" [White/45/HIV negative/(W/N)]. Equal relationships were commonly defined by characteristics such as open communication and respectful engagement between partners. One man said he and his partner were in an equal relationship because "there is ... a really good balance of power in all of [their] communication" since they were able to both "strongly project but also receive" [White/55/HIV negative/(I/N)]. Some men who reported being in an equal relationship made a special effort to not let imbalanced financial resources undermine a partner's power. This man, for example, explains the importance of shared material and financial resources in maintaining an equal balance of power in his relationship:

I never wanted to have that kind of relationship or dynamic with [partner], which is why we now have a car. We have an account with both our names on it. He'll say, "hey I need to spend X amount of money" only because he doesn't know if the money's already been spent or if it's been you know predesignated for something... . I make sure to not let finances be the thing that allows me to always have the final say. So even if he's not making any money, this isn't my money to dictate; this is our money. [Black/34/HIV negative/(B/N)]

Some men perceived that equal relationships had balanced emotional intensity and commitment; one man explained that his relationship was "about loving, sharing, giving, and taking, so it's equal" [Black/66/HIV negative/(I/D)]. Men also described equal relationships as being defined by respect for each partner's autonomy and freedom, such as a man who said of his partner: "He doesn't have dominance over my life and my decisions; he has recommendations that I take to heart. But I did choose something that he told me not to choose or would rather me not, and there's no repercussion for that, there's no punishment, there's no—he honors my opinion and my choice" [White/24/HIV negative/(W/N)].

Power Defined as Personal Agency. While dominance and control were frequently spoken of in the interviews, some men also conceptualized power as the capacity of a person to think and act on his own without necessarily infringing on the power of another. This type of power was frequently articulated as internal qualities, such as confidence, self-worth, and personal assets, which contribute to a person's agency. One man expressed, "I don't like the concept [of power]. I like to empower someone or feel empowered—but not at the expense of somebody else, in other words, because then it becomes abuse and I don't like that" [White/48/HIV positive/(I/D)]. He further explained:

But forgive me; power starts from within. It's going to affect your self-image... . Certain things may make you feel this

way, that way, but if you don't stop and think you can always assign it to this or that on the outside, but it's within you, how you choose... . So I constantly feel power inside or if I connect myself to that source of awareness to empower myself all the time it's an endless source of empowerment... . I can always empower myself.

Men also labeled personal assets, such as personal strengths, having experience and knowledge to handle a situation, and personality traits like assertiveness and extroversion, as sources of power. For example, a man felt he had more power than his partner because he was "smarter" and "more current on, like, events, technology, worldviews, current events" [Black/31/HIV positive/(B/D)]. Another man described his partner's strength of personality: "I think he has power of his personality ... can talk to anyone and [is] very vivacious, and that's an asset to him, which makes him powerful" [White/43/HIV positive/(W/D)]. Some respondents, however, did not associate personal strengths with power and simply saw them as things a person is good at.

Participants also described power as an individual's capacity to make his own decisions and to act as he chooses to without being unduly influenced by another person. Often this was described in the context of a person "being able to do things," especially to end a relationship. One man perceived his partner's power as rooted in his ability to leave: "Well, I'm sure that if he wasn't happy and he didn't want to be around, he would just leave. So it's not like I have ultimate power" [White/57/HIV positive/(I/D)]. Another man attributed his relationship's equal power to both him and his partner having this type of autonomy, saying, "If he wanted to up and walk, he has the power to do so. And if I want to up and walk, I also have the power to do so" [White/30/HIV negative/(I/N)]. His partner agreed that neither partner has power over what the other partner says or does.

Power Defined as Couple-Level Power. Some men felt that their power was strengthened by being in a loving and supportive relationship that increased their confidence and enabled them to accomplish more as part of a couple than alone. Some used the words *empower* or *empowerment* to describe this process of channeling power in positive ways in relationships. For example, one man said that he and his partner "both have the power to hurt each other" but that they also had "that same power to make each other feel good and make each other feel empowered" [Black/35/HIV positive/(B/D)]. His partner agreed that being a couple increased their power.

Men also appreciated that their partners championed them to do things in their personal and professional lives, which led some to feel that their power as an individual came directly from their relationship. One man explained, "When I think of power I do think about our relationship because we ... make sure that both of us get everything done, we make sure that we do the things that we need to do" [Black/30/HIV negative/(B/N)]. A couple of men used the term *power couple* to describe partners who were able to

complement each other and use their power in productive ways. One man used a battery analogy to describe this, saying of his partner: “Like, he’s the positive to my negative” [Black/22/HIV negative/(I/N)]. He further explained: “When people say power in the context of a relationship, I think about the power than can be generated by the two people to do something else... . These two people together ... they’re better together than they are apart.”

DISCUSSION AND CONCLUSIONS

Power is seen as central to heterosexually active relationships and shapes both women’s and men’s HIV risks (Amaro, 1995; Dworkin, 2015; Logan et al., 2002; Pulerwitz et al., 2002; Pulerwitz et al., 2000). Few studies, however, have provided an in-depth opportunity to qualitatively explore how SSM couples define power and how they perceive power to be enacted in their intimate relationships. The current study sought to fill this gap and lay the groundwork for a future intervention that is focused on power among SSM couples and how this impacts HIV risks and treatment and care outcomes. The men in our study described power in three key ways: as power exerted over another person, primarily through decision-making dominance and relationship control; as power that contributes to an individual’s personal agency; and as power generated at the couple level to strengthen an individual’s personal power. Men also described the ways that individuals enacted power in their relationships by using various mechanisms (e.g., structural, sexual, emotional, and gender norms expectations) to exert decision-making dominance and relationship control.

There are several critical implications of our study. First, it will be necessary in future work to determine whether power imbalances influence the probability of unsafe sex and/or unwanted sex and whether power imbalances influence HIV treatment outcomes. Some existing studies are suggestive in terms of HIV risk. Data from a small qualitative sample in South Africa (Henderson, 2012) found that unequal power relations among gay male couples led to the more powerless person (in that sample, the person thought to be more feminine) experiencing a higher risk of violence, coerced sex, and HIV risks. Other research in South Africa confirms this trend, where in-depth interviews with Black Zulu men and isiXhosa-speaking gay men revealed that the more masculine partner had power in the relationship, although no quantification of relationship power was offered (McLean & Ngcobo, 1995; Rankotha, 2005). These two studies, and a third one (Henderson & Shefer, 2008), argue that although there is some flexibility in gender roles among MSM couples, many men report that more masculine gay men retain power and control over more feminine men. Of interest, Rankotha (2005) found that more feminine men with greater financial means had greater status and decision-making power relative to their more masculine partners than did feminine partners without greater financial means. These findings reveal the interactive nature of gender and economic forms of power, which is

somewhat reaffirmed by our own findings that men in our sample with more structural power reported being able to wield decision-making dominance and relationship control over their partners. We also did note that the White partner in some interracial couples reported more structural or interpersonal power. While we did not have enough men in our sample by race and serostatus to make definitive comparisons about how couples differed along these important social axes, we are exploring this explicitly in our quantitative scale to test whether racial and other axes of privilege and oppression influence relationship power and sexual risk. Our preliminary qualitative findings do implicate partner race and demonstrate that social inequality can affect the production of power. Future research should continue to explore these issues, particularly the impact of race on relationship power, and to quantitatively focus on whether the intersection of structural and interpersonal power influence SSM couples in terms of their HIV risk and treatment and care outcomes.

Second, there is no reason to believe that these power differentials have implications only for sexual risk and not for HIV treatment and care outcomes. Among heterosexual couples, women’s lower levels of relationship power have negatively impacted their HIV treatment and care outcomes (Machtinger et al., 2012; Siemieniuk, Krentz, Miller, Woodman, Ko, & Gill, 2013) due to lower levels of anti-retroviral therapy (ART) adherence, a lower likelihood to test for HIV, reduced ability to attend clinics, and the negative impacts of trauma. While few studies have focused on power in SSM relationships and how power may influence HIV care and treatment outcomes, the research is certainly clear that relationships matter for HIV medication adherence outcomes (Conroy et al., 2016). For example, research on gay male couples reveals that social support, commitment, and positive appraisals of the relationship may assist people living with HIV to achieve higher levels of ART adherence and/or lower viral loads (Johnson et al., 2012; Stumbo, Wrubel, & Johnson, 2011; Wrubel, Stumbo, & Johnson, 2010). In addition, research finds that partners are a critical resource for people living with HIV in terms of receiving informational, tangible, or practical support for medication adherence (Stumbo et al., 2011). Relationship factors such as commitment levels and having a “we” orientation rather than an “I” orientation have been found to positively impact retention in HIV care (Goldenberg, Clarke, & Stephenson, 2013), while others have found that an orientation to HIV medication rooted in a sense of “personal responsibility” (individual) or a “mutual responsibility” (couple) can result in positive impacts on adherence (Wrubel et al., 2010). At the same time, while it remains unexplored in the literature, it may be the case that power differentials between partners may allow one partner to coerce the other into treatment and care when he is not ready to enter into it.

Given that the literature shows that numerous dimensions of relationships shape HIV risks (Hoff, Campbell, Chakravarty & Darbes, 2016) and HIV treatment outcomes, it may be the case that power imbalances between partners may shape the relationship factors that people living with

HIV experience that influence HIV care and treatment outcomes. In addition, because we found a range of power relations among SSM couples linked not just to gender relations but to age, serostatus, and economic and sexual resources, future research should nuance our preliminary understanding of how power differentials and varying levels of power and privilege may shape same-sex couples' relationships, particularly in ways that affect HIV treatment and care outcomes across all phases of the treatment cascade.

Third, gay male couples are more likely than other couples to form sexual agreements regarding whether or not they are allowed to have sex outside of the relationship, as well as the types of sex they allow each other to have with outside sexual partners (e.g., protected versus unprotected; in the home versus outside of the home; with or without emotional commitments). Researchers find that broken agreements have implications for HIV risk (Gomez et al., 2012; Hoff & Beougher, 2010). In our own data, we found that one man who was living with HIV had an open agreement with his HIV-negative partner, and he felt that his own sexual prospects were more limited than his partner's given that his partner's HIV-negative status allowed him to have sex with whomever he wanted. This led to jealousy in the relationship, which led to the man living with HIV to have unprotected sex with an outside HIV-positive partner. Future research with larger samples clearly needs to focus on whether and how power influences the formation of and maintenance of sexual agreements. Research already shows that sexual agreements matter for HIV risks, and studies in the future could focus on whether power dynamics intersect with agreements in critical ways that impact HIV prevention, treatment, and care.

The main strengths of our study included the fact that we interviewed both partners of couples in committed relationships. In addition, due to the stratified design of our sample, we could capture input from couples spanning a variety of race (Black; White; interracial Black–White) and HIV status (concordant HIV negative; serodiscordant) configurations. However, there are several limitations to our study. First, our sample consisted of men in the New York City and San Francisco Bay metropolitan areas, both of which are large, progressive areas with substantial LGBT communities, which likely influences couple dynamics in ways that are different from other locales. Second, we recruited mostly from gay venues, which limited our recruitment of men who may not frequent gay establishments and may not self-identify as gay. Third, HIV status was self-reported by participants and was not confirmed through testing during our study. Nonetheless, our study is among the first designed to characterize power relations among SSM couples and to draw on this preliminary work to create new measures that will allow us to test the relationship with HIV prevention, treatment, and care outcomes in the future.

An especially interesting finding from our study is that some men described harnessing power to better their own circumstances without necessarily disadvantaging others, including their romantic partners. Moreover, another small

subset of men viewed their relationship as an opportunity to empower themselves and their partners simultaneously. An important line of future investigation will be to assess the linkages between empowerment-based power and positive self-care, whether this is applied to sexual risk or HIV treatment and care, and how these associations may be potentiated by being in a romantic partnership.

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