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Gay, Bisexual, and Queer Men's Attitudes and Understandings of Intimate Partner Violence and Sexual Assault

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Abstract

Gay, bisexual, and queer (GBQ) men experience significant rates of intimate partner violence (IPV) and sexual assault (SA); however, there is limited research into their attitudes and understandings of IPV and SA. This article presents the findings of a 2018 survey of 895 GBQ men currently residing in Australia, focused on their views and experiences of healthy and unhealthy relationships. The survey included quantitative and open-ended qualitative questions. The findings presented in this article are primarily descriptive, with cross-tabulations and *t* tests to demonstrate significant differences between groups and correlational statistics to outline associations between variables. Qualitative data were coded under broad themes. The study found a considerable proportion of men (three in five) identified that they had

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experienced an unhealthy or abusive relationship in the past, with minimal disclosure to police or health services. Men with a history of partner abuse or violence were more likely to report binge drinking or drug use and more likely to know a friend who had abused his partner. 40% of the sample had witnessed an incident of relationship violence between GBQ men, and two-thirds intervened in the violence in some way. The findings of this study underscore the need to engage GBQ men in discussions about respectful relationships, address the role of alcohol and drugs in GBQ socialization and relationships, and provide bystander skills for men to intervene in situations of aggression or violence between men in relationships.

Keywords
domestic violence, lesbian, gay, bisexual, and transgender, sexual assault, alcohol and drugs, violence exposure

The prevention of intimate partner violence (IPV) and sexual assault (SA) before they occur are national and international policy priorities (García-Moreno et al., 2015). Prevention efforts have focused on the promotion of respectful relationships and sexual consent, with the aim of providing skills for the negotiation of conflict and desire in relationships, as well as bystander intervention programs, in which community members learn to identify and intervene in problematic behaviors and attitudes (Jewkes et al., 2015). These developments are critically important for gay, bisexual, and queer (GBQ) men.[1] Although the majority of research and intervention efforts have focused on violence in heterosexual relationships, a range of research studies have documented similar or higher rates of IPV and SA among men who have sex with men compared with heterosexual populations (Messinger, 2017). However, there is limited research into GBQ men's attitudes and understandings of IPV and SA to inform primary prevention efforts, particularly regarding their attributions of responsibility and blame, and their willingness to seek help or intervene as bystanders.

This article presents the findings of a 2018 survey of 895 GBQ men currently residing in Australia, focused on their views and experiences of healthy and unhealthy relationships. The survey measures these men's attitudes and understandings of what constitutes abusive or unethical behavior in relationships, their awareness of abuse and violence in their social networks, and their willingness to intervene as bystanders. The findings of this study offer a unique insight into the ways that IPV and SA are constructed and acted upon by GBQ men in Australia. The men's understandings and attitudes were informed by

their own lived experiences but also of their observations of their social circles and community, and their increased awareness of IPV and SA through public campaigns. The findings presented here are intended to inform ongoing scholarly conversations and community development to promote safe and healthy relationships among GBQ men and to identify opportunities for their proactive intervention as bystanders into IPV and SA in their own communities.

IPV and SA Among GBQ Men

Research and intervention efforts into reducing and treating the effects of IPV and SA have predominantly focused on heterosexual women, the largest population most impacted by this violence. However, it is evident that intimate and romantic relationships in sexuality- and gender-diverse communities can also be marked by violence and coercion. Research has consistently concluded that lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) people are at an increased risk of IPV and SA compared with heterosexuals (Messinger, 2017). This disparity is evident among GBQ men in Australia. A large national survey of approximately 5,500 LGBTIQ people found that 27.9% of gay or bisexual men, 36.4% of intersex men, and 61.8% of trans men reported being victims of IPV (Pitts et al., 2006) compared with one in 16 Australian men as a whole (Australian Institute of Health and Welfare [AIHW], 2019). Reports of SA ranged from 19.6% in cisgender gay men, 14.3% in trans men, to 25% in men with sexual characteristic variations (Pitts et al., 2006), compared with 4.7% of all Australian men (AIHW, 2019).

GBQ men's experiences of IPV and SA have similarities and differences in patterns of violence to cisgender heterosexual populations. Rates of IPV and SA against women have been widely linked to gender inequality and sexism, including cultural norms of aggression and dominance (Herrero et al., 2017). Similarly, in GBQ relationships, men who perpetrate IPV are more likely to endorse stereotypically masculine ideologies and roles (Stults et al., 2016), whereas the cultural normalization of male aggression camouflages or trivializes patterns of violence and control between men (Bartholomew et al., 2008; Oliffe et al., 2014). A recent survey of college students by DeKeseredy et al. (2018) suggests that LGB cisgender young people are significantly more likely to experience IPV victimization if their close friends engaged in IPV, underscoring the role of broader peer support for abuse and coercion in LGBTIQ communities. Some risk factors for IPV and SA are elevated within sexuality- and gender-diverse communities. For example, alcohol and drug use increases the prevalence and severity of IPV and SA and occurs at a higher rate among LGBTIQ people (Bacchus et al., 2017; Buller et al., 2014; Stephenson et al., 2016; Stults et al., 2016). It

should be noted that similarities and differences in rates and patterns of IPV and SA between queer men and women are frequently not disaggregated in survey research; however, qualitative research suggests some specific considerations among men. For instance, in queer male sexual subcultures and spaces where illicit drug use is widespread, the negotiation of sexual consent can be complicated, with some men reporting SA while being incapacitated due to substance use (Bourne et al., 2015).

The broader social context to GBQ relationships includes pervasive homophobic and transphobic attitudes and discrimination, producing forms of internalized homophobia, anxiety, and depression that has been linked to IPV between men (Kimmes et al., 2019; Spencer et al., 2019; Stephenson et al., 2016). Homophobia and transphobia feature prominently in research as drivers of GBQ relational abuse and sexual violence. Some studies suggest that violence in GBQ relationships is linked, in part, by the reaction of some men against the stereotype of a subordinate gay masculinity (Kay & Jeffries, 2010). GBQ men may also instrumentalize homophobia and transphobia against their partners, through homophobic and transphobic insults, forcing partners into the "closet," threatening to "out" them to others, controlling clothing, gendered appearance, and medication, such as hormone therapy or HIV medication (Messinger, 2017).

It can be difficult for LGBTIQ victims of IPV and SA to identify patterns of abuse and violence outside of the most commonly recognized heterosexual context (Messinger, 2017). Help-seeking and service responses represent a particular challenge for GBQ men (Oliffe et al., 2014). In a survey undertaken by Pitts et al. (2006), less than one-fifth of men reporting IPV or SA reported the offense to police. When victimization is disclosed, some GBQ men have reported homophobic or heterocentric responses from police and others (Oliffe et al., 2014). A survey conducted in the United States found that LGBT IPV is viewed as less serious compared with cisgender heterosexual IPV among IPV crisis center staff (Brown & Groscup, 2009). GBQ men experiencing IPV or SA most often have limited or no access to specialist resources or services (Bacchus et al., 2017; Hester et al., 2012; Kimmes et al., 2019).

LGBTIQ experiences of IPV and SA are attracting increasing attention from policymakers and service providers, with an eye to improving responses to victims and perpetrators, and engaging LGBTIQ communities in prevention conversations and interventions to reduce the prevalence and impact of IPV and SA. Research to date has focused on the experiences and characteristics of LGBTQ victims and perpetrators and the responses of agencies, such as police and IPV shelters (Messinger, 2017). There is limited social scientific research regarding the social construction of IPV and SA among GBQ men and their prevailing attitudes and beliefs about relational violence and

abuse. In the absence of such data, it is unclear how intervention efforts, such as bystander programs and other primary prevention initiatives, can be tailored for GBQ men. The aim of this study was to gather national data on Australian GBQ men's understandings of IPV and SA for the purpose of informing community-based interventions that support GBQ men who have experienced IPV and SA, and encourage GBQ men to intervene as bystanders to prevent IPV and SA between men.

Method

Sample and Recruitment

This research was a collaboration between Western Sydney University (WSU) and ACON, a statewide LGBTIQ health and advocacy organization in Australia. Ethics approval for the study was obtained from the Human Research Ethics Committees of both organizations involved in the research (WSU ethics approval no. H12464). ACON circulated the online survey to potential participants via Facebook and Twitter, resulting in a sample of 1,072 GBQ participants who met the research participant criteria (i.e., aged 18 and more, and identified as a gay, bisexual, transgender [transmasculine], intersex, and/or queer man). A total of 177 participants (16.5%) were excluded from the dataset as they did not answer questions beyond the initial screening questions. Thus, the final analytic sample was 895. This was an Australia-wide sample with participants required to identify the state or territory they were living in for participation.

The participants' ages ranged from 18 to 85 years. The mean age was 35 years (SD = 11.7). Overall, 848 participants (94.9%) indicated that they were assigned male at birth, 41 (4.6%) female, and 5 (0.6%) "preferred not to say." One participant did not answer this question. Most participants identified as male (N = 857; 96.3%), and a smaller number identified as "nonbinary" (N = 23; 2.6%) or a "different identity" (N = 10; 1.1%) (which included transgender, genderqueer, and questioning). Five participant responses were missing. The large majority of participants self-identified as "homosexual/gay" (N = 794; 89.2%). The majority of men identified their predominant ethnic background as Anglo-Australian (74.6%), followed by European/Mediterranean (18.1%) and Asian (5.5%). When asked about whether they had Aboriginal or Torres Strait Islander origin, 30 participants (3.4%) identified as Aboriginal, one (0.1%) participant identified as Torres Strait Islander, and one (0.1%) participant identified as both Aboriginal and Torres Strait Islander. When asked about predominant ethnic background, eight participants (0.9%) indicated Aboriginal or Torres Strait Islander.

Measures

The survey included items on demographic characteristics, sexual and gender identity, GBQ community connections, alcohol and drug use, experiences of IPV, attitudes to violence, and bystander awareness and willingness to intervene. The survey was focused on GBQ men who have sex with men and did not ask questions specific to the experiences of heterosexual trans men or nonbinary people who have sex with women.

Demographic and Background Characteristics

Participants were asked basic demographic questions including year of birth, the state or territory in which they lived, job status, level of education, ethnic background, and if they were from an Aboriginal or Torres Strait Islander background. Gender identity and sexual orientation were measured by items asking about current gender identity (male, female, nonbinary, different identity), gender assigned at birth (male, female, prefer not to say), intersex status (yes/no/prefer not to say), and sexual orientation (homosexual, bisexual, queer, heterosexual, pansexual, asexual, other). Although the survey instrument referred to GBTIQ (gay, bisexual, trans, intersex, and queer) men, data are reported in this article under the label "GBQ" after subsequent consultation with intersex human rights organizations. The term "GBQ" is inclusive of all people who identify as men who have sex with men, recognizing that many trans men and men who have sexual characteristic variations are heterosexual in orientation.

GBQ Community Connection

Level of GBQ community connection was assessed by two questions asking men how many of their male friends are gay or homosexual and how much of their free time was spent with gay or homosexual men (from 1 = *none* to 5 = *all*).

Personal Experience of Unhealthy or Abusive Relationships

Participants were asked whether they had been in a "relationship where your partner physically, verbally, or emotionally abused you" (yes/no, prefer not to say). If so, they were asked to identify how recently the abuse occurred and who they discussed the abuse with: family or relative, friend or neighbor, doctor/hospital, police, counselor/psychologist, LGBTIQ service, or telephone helpline.

Alcohol and Drug Use

Alcohol use was assessed according to three questions, asking how many days per week that participants drank alcohol in a typical week (from 1 = *never* to 5 = *everyday*), how many standard drinks were normally consumed when drinking (from 1 = *1–2 drinks* to 5 = *13+ drinks*), and how often participants had more than four alcoholic drinks on one occasion in the last 6 months (from 1 = *never* to 4 = *every week*). Drug use was assessed with 14 items that asked whether/how often participants use recreational drugs or party drugs in the past 6 months (from 1 = *never* to 5 = *20+ times*). The 14 drugs listed included benzos/valium, amyl/poppers, marijuana, Viagra/Cialis/other, ecstasy, speed, cocaine, crystal meth, LSD (lysergic acid diethylamide)/trips, GHB (gamma-hydroxybutyric acid), Special K, heroin, steroids, and any other drug. The mean of the 14 items was used as a measure of overall drug use.

Vignettes of Relational Abuse and Control

Survey participants were provided with six short vignettes describing scenarios of abuse and violence. The vignettes addressed issues including alcohol-related violence, threats to "out" a partner's HIV status, coercive sex, financial abuse and monitoring a partner's phone and email, and the possible effects of hormone therapy. Participants were asked what advice they would give to the victim in each situation and could endorse several options in order of importance: nothing, talk to his partner and sort it out between them, talk to friends/family, separate or leave the relationship, go to relationship counseling, call ACON or an LGBTIQ community service, go to the police, and other (please describe).

Attitudes to Violence

Attitudes to violence were assessed using five statements asserting victim-blaming myths, such as "If a partner only gets abusive when he is drunk or high, it's not really domestic violence" (from 1 = *strongly agree* to 5 = *strongly disagree*). Participants were provided with a list of abusive or controlling behaviors and asked "is it okay for men to engage in the following behaviors in a relationship with another man," with the caveat that "These questions do not relate to BDSM or consensual play" (from 1 = *never* to 3 = *always*).

Bystander Awareness and Willingness

Participants were asked to respond to two general questions about their views on the health of GBQ men's relationships: "The majority of my GBQ male friends are in healthy and respectful relationships" and "I believe that sexual

coercion and pressure is common among GBQ men" (from 1 = *strongly agree* to 5 = *strongly disagree*). They were also asked two questions about whether they know of GBQ male friends *currently* in abusive relationships, or have been in abusive relationships in the past (yes/no/not sure). They were then presented with nine statements (with yes/no/not sure as options) about witnessing GBQ male friends engaging in abusive behaviors such as putting down his partner in front of others, threatening his partner with violence, getting physically violent with his partner, stalking or following his partner, forcing/pressuring a partner into sex, controlling a partner's access to money, threatening to disclose his partner's HIV status, threatening to "out" his partner, hurting a pet to get back at his partner, and withholding treatment or essential medicines.

The next set of questions examined men's experiences of intervening or not intervening in violence and abuse between men in relationships. Participants were asked whether they had "witnessed a situation of violence or abuse between men in a relationship." If they answered no, the survey finished. If they answered "yes," they were asked to describe the most recent situation. They were then asked the question, "The last time you witnessed violence/abuse, did you do or say anything or take some other form of action?" They could answer that they intervened verbally, intervened physically, did not intervene, sought help, did not know what to do, or other (please describe). They were then asked why they did or did not intervene and provided with a text box to write a response.

Data Analysis

The findings presented in this article are primarily descriptive, with cross-tabulations and *t* tests to demonstrate significant differences between groups and correlational statistics to outline associations between variables. Responses to the open-ended questions were imported into the NVivo software. The qualitative data were then coded under broad themes. Given the volume of the qualitative data collected, only specific excerpts under relevant sections are included in this article. Demographic information was often limited to ensure the anonymity of participant responses. There were limitations to the research, such as small samples of GBQ Aboriginal men, trans and gender-diverse men, and men with sexual characteristic variations.

Results

Personal Experiences of Abuse and Violence

When asked about their personal experiences of abuse and violence, three out of five men reported having experienced physical, verbal, or emotional abuse in an intimate relationship at some point in their life (Table 1).

Table 1. Experience of Physical, Verbal, or Emotional Abuse in a Relationship.

Survey answer	*N*	Percentage
Yes	556	62.1
No	326	36.4
Prefer not to say	13	1.5
Total	895	100.0

Table 2. Time Since Last Experience of Physical, Verbal, or Emotional Abuse in a Relationship.

Survey answer	*N*	Percentage
In the last year	138	25.6
In the past 2 to 4 years	158	29.3
In the last 5 years	62	11.5
In the last 5 to 10 years	88	16.3
10+ years ago	94	17.4
Total	895	100

More than half (55%) of respondents indicated that they had experienced relational abuse in the last 4 years, and, for one-quarter (25%) of the participants, relational abuse had occurred within the previous year (Table 2).

Survey respondents were reporting on their views of the overall health of a relationship and were not asked specifically about criminal abuse. Therefore, their responses are likely to be situated on a spectrum from verbal conflict to more serious or criminal behaviors. When asked about reporting or disclosure, it was apparent that men preferred informal channels: One-third (35%) discussed their relationship problems with a friend or neighbor and 18% with a counselor/psychologist or a family member (17%). One in six (17%) did not discuss their relational abuse with anyone. Rates of reporting to medical services, police, or other agencies were low: 6% disclosed abuse to a doctor/hospital representative, 5% to a police officer, 3% to an LGBTIQ service worker, and 1% to a telephone helpline (see Table 3).

The survey found a significant difference between the frequency of alcohol consumed in the past 6 months and the experience of violence and abuse in a relationship, $t(574) = 2.07$, $p = .039$. Specifically, participants who had a history of physical, verbal, or emotional partner violence had higher levels of heavy drinking frequency ($M = 2.92$, $SD = 0.92$) than did those who did not have history of partner violence ($M = 2.76$, $SD = 0.86$) (see Figure 1).

Table 3. Reporting Experiences of Abuse to a Third Party.

	Family or Relative	Friend or Neighbor	Doctor/ Hospital	Police	Counselor/ Psychologist	LGBTIQ Service	Telephone Helpline	No One	Other
N	156	310	54	47	165	25	12	153	11
Percentage	17.4	34.6	6.0	5.3	18.4	2.8	1.3	17.1	1.2
Percentage	17.4	34.6	6.0	5.3	18.4	2.8	1.3	17.1	1.2

Note. Participants could choose more than one response. LGBTIQ = lesbian, gay, bisexual, transgender, intersex, and queer.

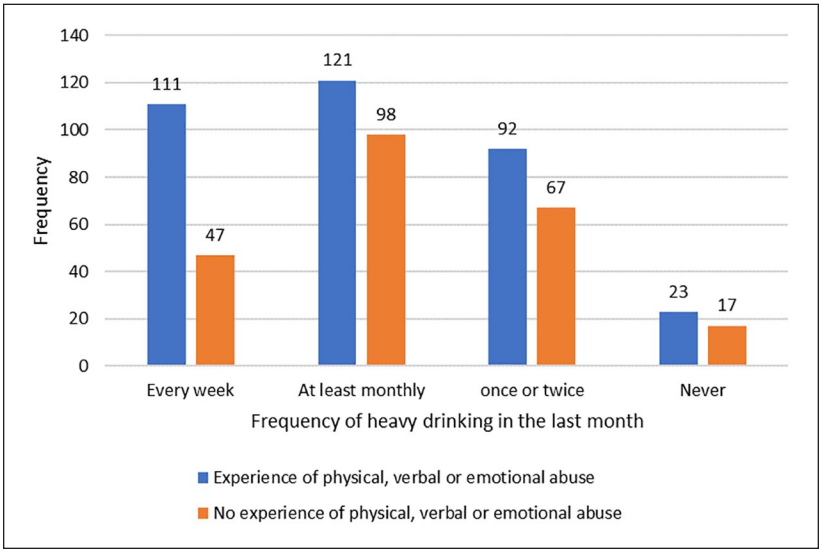


Figure 1. Frequency of heavy drinking in the past 6 months and experience of violence in relationships.

However, there were no significant differences in how many days per week that participants drank alcohol in a typical week or in how many standard drinks were normally consumed when drinking. Participants who had a history of physical, verbal, or emotional partner violence also had higher levels (mean scores) for overall drug-taking ($M = 1.31$, $SD = 0.38$) than did those who did not have history of partner violence ($M = 1.21$, $SD = 0.31$). In terms of the 14 specific drugs, participants who had a history of physical, verbal, or emotional partner violence had higher levels (mean scores) of use for half of the drugs (i.e., benzos/valium, amyl/poppers, speed, cocaine, Special K, steroids, and any other drug) as compared with those who did not have a history of partner violence.

In the survey, qualitative data were available on the men's personal experiences of relational abuse, although it was not directly sought. Participants who indicated that they had witnessed abuse or violence between *other* men in a relationship were asked three extended questions about their most recent witness experience. Almost 30% of the sample (250 participants) answered at least one of these questions, and approximately 25% described a personal experience. Of these, a large number of men described experiences that involved significant levels of violence:

> It was my last relationship. I was thrown across a room and held down on a bed by his body weight with his arm pushing down on my neck. (Male, 24, Gay, European/Mediterranean)

> It was me. My partner got drunk. Didn't like that I was having fun with friends. Accused me of cheating and punched me. (Male, No age provided, Gay, Anglo-Australian)

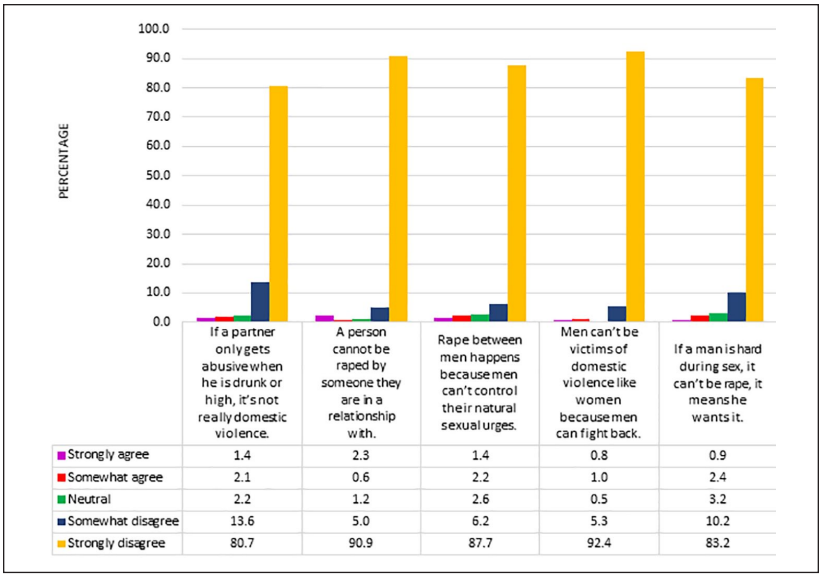
> My ex-boyfriend kicked my leg around 4 years ago and broke it. Haven't dated since. (Male, 35, Gay, Anglo-Australian)

A subset of participants described experiences of SA in the context of casual or long-term relationships:

> This was my own situation, where I was followed home after a night out with friends by a guy I had started seeing very casually. He offered to walk me home despite my protests. He wouldn't leave once we had arrived, and pressured me for sex. I gave in, not wanting to cause a scene/hurt his feelings, but I really didn't want it to happen. He didn't give me much choice, and I couldn't leave, obviously. He knew I wasn't "out" to anyone yet, so I wouldn't be able to ask anyone for help (it was on-campus university college accommodation) without revealing that. He stayed the night, and pressured me into sex the following morning, by suggesting that it was out of his way to walk me home and that my safety was his priority. (Male, 25, Bisexual, Anglo-Australian)

> I was raped and verbally and emotionally abused by my ex-husband. (Male, 35, Gay, Anglo-Australian)

> My own . . . my ex tried to rape me. At first it was unconsenting sexual advances. Next minute he was trying his best to get his cock inside me. I put up with it till this point . . . then started having flashbacks to being raped as a 16 year old boy. I kept saying no No NO! Then I threw him off me and realized I had the power now to defend myself and I would! I didn't have that strength as a 16 year old boy . . . but I wasn't going to let it happen to me as a man. He became abusive and said it was all my fault. I dressed and left his house. That was the last time we were ever together as partners. (Male, 43, Gay, Anglo-Australian)



	If a partner only gets abusive when he is drunk or high, it's not really domestic violence.	A person cannot be raped by someone they are in a relationship with.	Rape between men happens because men can't control their natural sexual urges.	Men can't be victims of domestic violence like women because men can fight back.	If a man is hard during sex, it can't be rape, it means he wants it.
Strongly agree	1.4	2.3	1.4	0.8	0.9
Somewhat agree	2.1	0.6	2.2	1.0	2.4
Neutral	2.2	1.2	2.6	0.5	3.2
Somewhat disagree	13.6	5.0	6.2	5.3	10.2
Strongly disagree	80.7	90.9	87.7	92.4	83.2

Figure 2. Level of acceptability of violence and abuse.

It is notable that these men were responding to survey questions about the violence and abuse experienced by men other than themselves. The fact that a quarter of participants who responded to these open-ended questions took the opportunity to describe their own personal experiences suggests that there is a cohort of GBQ men who are seeking the opportunity to disclose and report their victimization, and that further sensitive exploration of men's experiences of violence and abuse is necessary.

Attitudes and Understandings of Violence

The survey contained two sets of statements designed to assess participant views on the legality and acceptability of violence. Responses to the first set of statements on the legality of violence found a strong consensus on the legal status of physical and sexual violence. The vast majority of respondents "somewhat disagree" or "strongly disagree" to the following (see Figure 2):

a. It is okay to be abusive when drunk/high (94%);
b. A person cannot be raped by someone they are in a relationship with (96%);

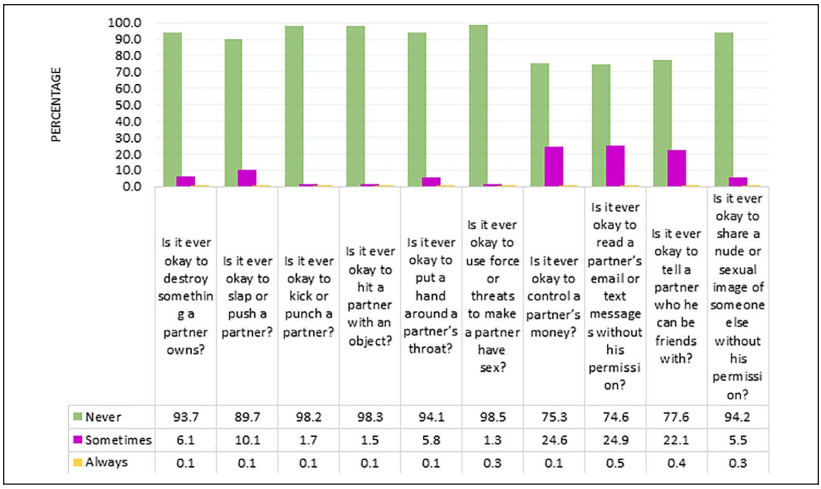


Figure 3. Acceptability of violence in relationships.

c. Rape between men happens because they cannot control their natural sexual urges (94%);
d. Men cannot be victims of domestic violence because they can fight back (97%);
e. If a man is hard during sex, it cannot be rape because he wants it (93%).

In the second set of statements, participants were asked about the acceptability of 10 abusive or controlling behaviors (Figure 3), and these findings were mixed. There was overwhelming agreement that it was "never" okay to force threats to make a partner have sex (99%), hit a partner with an object (98%), kick or punch a partner (98%), and put a hand around a partner's throat (94%). However, approximately a quarter (25%) of the same respondents indicated that it was "sometimes" okay to read a partner's email/texts without permission, control a partner's money (25%), and tell a partner who he can be friends with (22%). There appears to be some ambivalence around the seriousness of controlling behaviors rather than violent behaviors. A series of bivariate correlations examined whether the acceptability of the 10 abusive/controlling behaviors varied across age, and two findings were significant. In particular, younger men (as compared with older men) felt that it was more acceptable to read a partner's email or text messages without his permission ($r = -.132$, $p < .001$) and that it is okay to tell a partner who he can be friends with ($r = -.083$, $p = .027$).

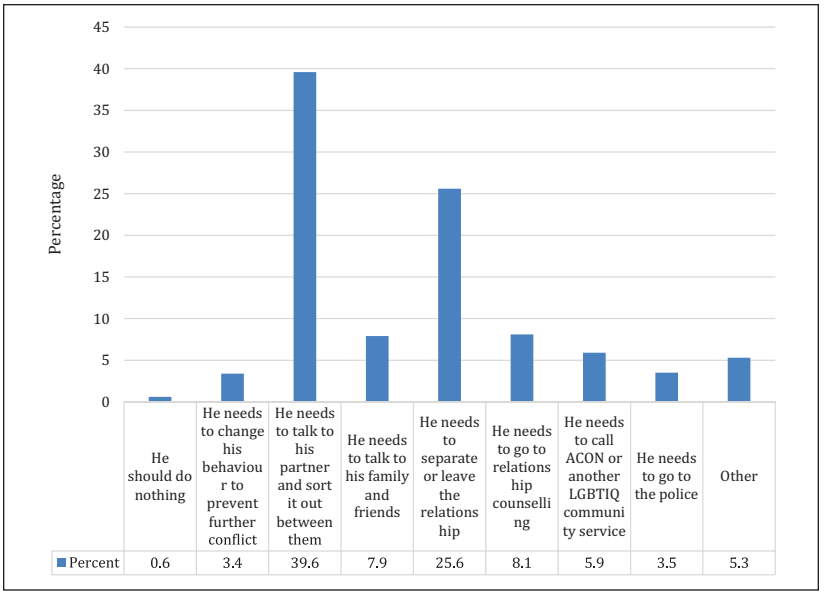


Figure 4. Kevin and Huan.

Note. The survey vignette was as follows: Kevin and his partner Huan are leaving a club in the early hours of the morning. Kevin wants to keep partying but Huan wants to go home. Kevin is very drunk and becomes angry with Huan until he pushes Huan and threatens to punch him. What advice would you most likely give Huan in this situation? LGBTIQ = lesbian gay, bisexual, transgender, intersex, and queer.

Another point of ambiguity was on the role of alcohol in domestic violence. Subjects were presented with a range of short vignettes involving relational abuse and violence between men, with a clearly identified perpetrator and victim, and were asked about the advice they might give to the victim in each scenario. Participants could endorse up to three options. The first vignette describes one man ("Huan") who wants to go home. His partner ("Kevin") is alcohol affected at a club and begins pushing and threatening to punch Huan (Figure 4).

In other vignettes, a large proportion of men suggested leaving the relationship in the advent of incidences of coercion and abuse, including forced sex, financial abuse, and technological surveillance. However, in this example of alcohol-related aggression, the most endorsed option was to advise Kevin and Huan to resolve the incident through a conversation. Although 94% of men "somewhat disagreed" or "strongly disagreed" with the statement "it is okay to be abusive when drunk/high," it may be that alcohol was

considered a mediating factor in the seriousness of this incident ("Kevin is very drunk"). Nonetheless, one-quarter (25%) of men would recommend that Huan leave the relationship due to Kevin's violence.

Further ambivalence about the role of violence in relationships was also evident in qualitative responses to open-ended questions about witnessing violent situations. Although most written responses described circumstances where there was a clear victim and perpetrator, a minority of responses highlighted situations that mirrored patterns of "common couple violence" or "mutual violence" (Johnson, 2008) of mutual aggression and culpability:

> Me and my partner got into an argument one afternoon, it ended with both of us getting physically violent with one another. I got him repeatedly and he choked me and threw things in retaliation. Afterward we sat in different rooms and cooled down and the issue was resolved over a cigarette 20 minutes later. Please don't think that the above is a common occurrence, it has only happened the one time in my relationship. I personally feel that a bit of MUTUAL violence (a small amount) not resulting in any serious injury or mental illness can help both parties. (Male, 23, Gay, Anglo-Australian)

> I can only recall my own situation. It was caused by unfounded jealousy. My partner was jealous of unwanted text messages I was receiving from past trade. I told them to stop but he believed I was encouraging them. He began throwing canned groceries at me. That made me angry and I chased him to the next room and began punching him. I regret that. (Male, 54, Gay, Anglo-Australian)

In these two accounts, the men's retrospective assessments of mutual violence were situated on a spectrum from regret to normalization. Other participants describe the normalization of violence between men in their social circles:

> I was hanging out with a couple I was friends with. We'd all had a couple of drinks. One of my friends was known to have alcohol and violence issues. We were all on the couch and his partner put his legs across us. When this happened, he playfully nudged me with his foot. His partner then threw him off of him, to the floor. As my friend stood back up his partner punched him very viciously in the face, resulting in a blood nose. He ended up holding him down and at one point had his hands around his throat. He chased him to the balcony and started blaming my friend for making him angry. I managed to get my friend out of the apartment without any more harm. However just days later they were back to "normal." (Male, 30, Gay, Anglo-Australian)

> They are always arguing and they feel it's like something normal. (Male, 27, Gay, Anglo-Australian)

> Seeing my mate as he and his partner had got drunk and had an augment. My mate's partner punched him in the ribs. My mate shoved him away and left the apartment. Apologies were made the next day, they carried on as if nothing had really happened. (Male, 35, Gay, Anglo-Australian)

These brief accounts include expressions of surprise and concern about the cavalier response to other men to violence in relationships. Terms, such as "back to normal," "something normal," and "as if nothing really happened," registered their view that there was something out of place about the everyday quality of the violence that they observed. It is apparent that men's views and understandings of relational violence are diverse and include undercurrents of normalization and trivialization that require further research and exploration.

Impact of Friendship Groups

A series of 12 additional items asked participants about their knowledge of their gay, bisexual, transgender, intersex, and/or queer-identified (GBQ) male friends' partnered relationships. Of interest was whether or not participants who had themselves experienced partner violence would be more likely to report having friends who were either currently, or had in the past, experienced partner violence. Table 4 presents frequency statistics for each of these 12 items.

A series of univariate binary logistic regression analyses were used to test predictive associations between participants' reported experiences of IPV (physical, verbal, or emotional) and their friendships with GBQ men who have experienced various forms of IPV. Table 2 presents outcomes detailing the predictive ability of participants' experiences of IPV on each of the 12 items exploring participants' friends' experiences of IPV. To simplify interpretation, only participants offering a definitive yes/no response for each of these 12 items were included in these analyses. Accordingly, numbers for each univariate model varied, as per the descriptive statistics presented in Table 5. Of the 12 models, 11 were statistically significant at the $p < .001$ level, explaining between 3.4% and 17.4% (Nagelkerke R^2) of the variance of item in question.

Findings illustrate that participants who had personally experienced IPV were between 2 (Item 6) and 7.8 (Item 2) times more likely to report having a friend who had experienced various forms of IPV than those who had not.

Awareness and Bystander Intervention

The survey included questions about men's views and experiences of abuse and violence in their social circles and their views about the health of their friends' relationships. Findings were mixed. Half of the respondents (51%)

Table 4. Participants' Reports of Friends' Experiences of Intimate Partner Violence.

Survey question	Yes *n* (%)	No *n* (%)	I'm Not Sure *n* (%)
1. I have GBQ male friends who are currently in an abusive relationship.	129 (17)	266 (35)	369 (48)
2. I have GBQ male friends who have been in an abusive relationship in the past.	564 (74)	67 (9)	134 (18)
3. I have seen a friend who has repeatedly put down his partner in front of others.	403 (53)	293 (38)	68 (9)
4. I have seen a friend who has threatened his partner with violence.	131 (17)	585 (77)	48 (6)
5. I have seen a friend who has gotten physically violent with his partner.	126 (17)	605 (79)	34 (4)
6. I know a friend who has stalked or followed his partner.	274 (36)	386 (51)	103 (14)
7. I know a friend who has forced or pressured his partner into having sex or performing sexual acts.	159 (21)	445 (58)	159 (21)
8. I know a friend who has controlled his partner's access to money.	225 (30)	424 (55)	116 (15)
9. I know a friend who has threatened to disclose his partner's HIV status.	67 (9)	611 (80)	86 (11)
10. I know a friend who has threatened to "out" his partner's sexuality/gender history.	161 (21)	511 (67)	92 (12)
11. I know a friend who has hurt a pet to get back at his partner.	49 (6)	665 (87)	51 (7)
12. I know a friend who has deliberately withheld medical treatment or essential medicines from his partner.	23 (3)	681 (89)	61 (8)

Note. Missing data (approximately 14.5% for each item) have been excluded from these data. Percentages have been rounded to the nearest full percent. GBQ = gay, bisexual, transgender, intersex, and/or queer-identified.

agreed that the majority of their GBQ friends are in healthy and respectful relationships, indicating that many men saw examples of healthy relationships in their communities. However, half of the respondents (51%) also agreed that sexual coercion and pressure is common among GBQ men. Participants were

Table 5. Univariate Logistic Regression Using Participants' Experiences of IPV as a Predictor for Peer Group Experience of IPV.

							95% CI for OR	
Item No.	*B*	*SE*	Wald	*df*	*p*	OR	Lower	Upper
1	1.39	0.25	31.15	1	.00	4.02	2.46	6.54
2	2.06	0.30	46.65	1	.00	7.83	4.34	14.14
3	1.09	0.16	44.62	1	.00	2.97	2.16	4.08
4	1.75	0.29	37.08	1	.00	5.74	3.27	10.08
5	1.48	0.27	30.41	1	.00	4.38	2.59	7.41
6	0.69	0.17	16.52	1	.00	1.99	1.43	2.77
7	0.88	0.21	17.54	1	.00	2.41	1.60	3.63
8	0.94	0.19	26.10	1	.00	2.57	1.79	3.69
9	1.10	0.33	11.19	1	.00	3.01	1.58	5.75
10	0.87	0.21	17.66	1	.00	2.40	1.59	3.60
11	1.71	0.48	12.75	1	.00	5.53	2.16	14.15
12	0.57	0.48	1.39	1	.24	1.76	0.69	4.53

Note. IPV = intimate partner violence; OR = odds ratio; CI = confidence interval.

provided with a list of 12 specific incidents/situations and asked whether they had witnessed these behaviors among their friends. Although only 17% report having friends who are currently in an abusive relationship, 74% have friends who have been in an abusive relationship in the past. Respondents have also witnessed their friends abusing their partners, such as putting their partner down in front of others (53%), stalking/following their partner (36%), and controlling their partner's access to money (29%) (see Figure 5).

A little more than two out of five respondents (42.8%) said that they have witnessed abuse or violence between men in a relationship. In the survey, older men were more likely than younger men to indicate that they had knowledge of abusive relationships among their GBQ friends. There were small but significant associations between age and knowledge about specific abusive practices in relationships, in particular seeing a friend repeatedly put down his partner in front of others ($r = .143$; $p < .001$), seeing a friend threaten his partner with violence ($r = .107$; $p = .006$), seeing a friend get physically violent with his partner ($r = .129$; $p = .001$), knowing a friend who has controlled his partner's access to money ($r = .129$; $p = .002$), and knowing a friend who has threatened to disclose his partner's HIV status ($r = .150$; $p < .001$).

Men were asked about their willingness to intervene in circumstances where they indicated that they had witnessed abuse or violence between

Figure 5. Specific incidents/situations witnessed among the friendship group.
Note. GBTIQ = gay, bisexual, transgender, intersex, and queer.

GBQ men in relationships. Of the 328 (42.8%) participants who answered "yes" to witnessing a situation of violence or abuse between men in a relationship, 133 (40.5%) intervened verbally, 46 (14%) intervened physically, 44 (13.4%) did not intervene, 41 (12.5%) sought help, and 74 (22.6%) did not know what to do (see Figure 6). The remaining 35 participants (10.7%) indicated "other." Some common responses to "other" forms of action were as follows: "provided verbal support to the victim," "called the police," and "spoke to the victim later."

Those participants who indicated that they had witnessed abuse and violence were asked to comment on why they did or did not intervene. Concern for the welfare of the victim was evident in comments such as,

> I could see it clearly made them very uncomfortable, upset and embarrassed. The behaviour from their partner was unnecessary, and body language suggested that they did not feel supported. (Male, 30, Gay, Anglo-Australian)

> It was clear that the abused party was uncomfortable and unhappy and seeking support. (Male, 36, Gay, Anglo-Australian)

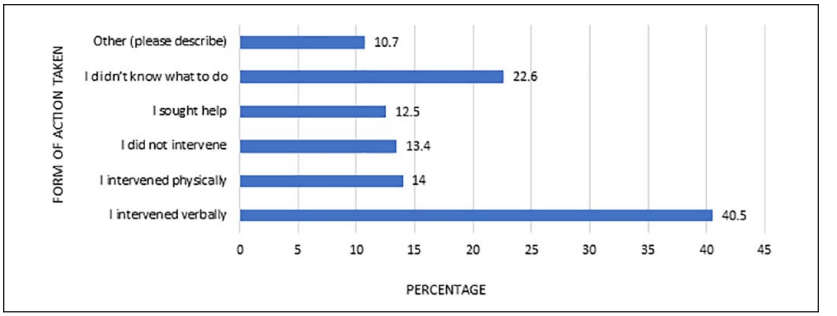


Figure 6. Form of action taken after witnessing a situation of violence.

Moral opposition to relationship violence was evident among participants who referred to the "unacceptability of violence," and the need to act rather than "do nothing." One man wrote "I can't say [why I intervened]—someone was in trouble and I just reacted" (Male, Gay), and another noted that he "couldn't just stand by and observe" (Male, 43, Queer, Anglo-Australian). A group of participants emphasized a moral imperative to intervene to protect others from violence:

> I always intervene. I make a judgement call to either intervene myself or call for help (police)—based on what time it is, how many people are around, how many friends I am with, and how risky I have judged the situation to be. (Male, Gay, European/Mediterranean)

> Bad things happen when good people don't do anything. (Male, 38, No cultural background or sexuality information provided)

> It's not ok to stand by while someone is abused. (Male, 36, Gay, European/Mediterranean)

Other participants identified their own victimization experiences in relationships as a key motivator to intervene when confronted with relational abuse:

> Having learned from my own experience, that I have no room for this type of behaviour or relationship in my life. I also remember how incredibly violent and dangerous it was for me when I was being abused. So if I see partner violence in public? I assume it's far worse in private. Time to help make it real, be a witness. (Male, 49, Queer, Anglo-Australian)

> Because having been in that situation personally, I felt a great deal of empathy. In addition, I am of the opinion that failing to intervene is morally equivalent to commission of the act of abuse itself. (Male, 26, Gay, No cultural background provided)

For some, this "empathy" was related to their desire to return the support and care they had received when they had been in an abusive relationship. Intervention was a way of "paying it forward" in respect to the assistance they had received in the past:

> I have been in an abusive relationship before and I know that it helped me to know my friends were there to support me. When I did finally get the courage to leave, it was the friends who had had these conversations with me that I relied on. (Male, 33, Queer, Anglo-Australian)

> I've always had a low tolerance to aggressive people and know that it is sometimes hard to say something yourself from personal experience so may either need a hand reached out or someone to intervene. (Male, 27, Gay, Anglo-Australian)

Fear of retaliation from the perpetrator featured in a number of comments explaining why the respondent did not intervene:

> I come from a family where I was frequently a victim of physical and emotional abuse. I have a massive fear of aggressive males. To the point where I freeze and shut down inside myself when I feel threatened. (Male, 27, Gay, Anglo-Australian)

> I was scared that the abuse would be taken out on me instead. (Male, 24, Gay, Anglo-Australian)

> I was concerned that if I got too involved I may have also been injured by my friend's boyfriend. (Male, 26, Gay, Anglo-Australian)

Some participants were concerned that intervention might escalate, rather than de-escalate, the violence:

> I'm not qualified, possibly could make the situation worse. (Male, 36, Gay, Anglo-Australian)

> Thought making a scene would hurt the guy more and make things worse for him. (Male, 52, Gay, Anglo-Australian)

> Intervening would likely escalate the situation further. (Male, 23, Gay, Anglo-Australian)

Other participants indicated that they were "unsure of the circumstances" surrounding the conflict and that it was "not their business" and they "did not want to be involved." Some participants emphasized the complexity of relational abuse and control where physical violence was not evident. In the absence of overt violence, patterns of emotional abuse can be subtle and difficult for bystanders to identify and understand:

> Well I just think that unless someone says something, it's not my business to say. And if the partner is emotionally abusive, as I saw in the survey that that is abuse too . . . well what's that? I know partners can be emotionally manipulative and that's part of the whole love thing, I'd only get mad if one of my friends was obviously getting beat up. (Male, 40, Asexual, Middle Eastern)

> I felt it was not my business and since it was not violent I would not say anything. If the situation continued, hopefully they might sort it out or separate. (Male, 63, Gay, no cultural background information provided)

> I was aware that I wasn't across the full nature of their relationship, so didn't want to intervene publicly to an unfortunate end. (Male, 36, Gay, Anglo-Australian)

Some men suggested that there was "pressure" among GBQ men not to intervene and for men to put up with violence; or, as one participant put it, "suck it up." These responses point to forms of machismo in which norms of hegemonic masculinity (Connell, 1995)—namely, a propensity for aggression, sexual potency, and stoicism in the face of violence—are reworked and internalized in some GBQ contexts and circles:

> Extreme intimidation, gay community pressure to do nothing and suck it up. (Male, 56, Gay, European/ Mediterranean)

> The coercion was so normalised. If I had said anything they would have just looked at me as if I were crazy. (Nonbinary, 36, Queer, Anglo-Australian)

> Because it was not a physical violence and they were saying they are happy with their relationship "rules" between them and both never allowed people to take an action for them. (Male, 22, Gay, European/ Mediterranean)

Limitations

The study has a number of important limitations. First, the study was based on an online convenience sample and so the findings may not be generalizable to all GBQ men. Second, the study did not have sufficient sample sizes of diverse populations of GBQ men, specifically Aboriginal and Torres Strait Islander men, trans and gender-diverse men, and men with sexual characteristic variations, to make findings specific to these groups. Future research should explore their experiences in more depth. Third, the study was based on retrospective and self-report measures of difficult experiences such as experiencing or witnessing violence that may be subject to recall bias. Finally, the study was cross-sectional which limited our capacity to make causal inferences.

Discussion

This study has documented the experience and views of IPV and SA among Australian GBQ men, including their understandings of the legal and ethical status of physical and sexual violence, and their willingness to intervene to protect other men and reduce the risk of violence. The study found that the majority of GBQ men want healthy and safe relationships for themselves and other men, and evince a high level of willingness to intervene and support other men experiencing abuse and violence. The study also found that a considerable proportion of men (three in five) identified that they had experienced an unhealthy or abusive relationship in the past. More than half of men reporting unhealthy relationships addressed these experiences through conversations with friends, counselors, and/or psychologists. It is notable that respondents in this survey were certain about the illegality and unacceptability of relational violence and SA when asked directly, but were unlikely to access health or community services or the police. Just less than one in five did not discuss their negative relationship experiences with anyone, and reporting to agencies, such as police or medical services, was unusual. In this regard, the findings of the study are commensurate with international research suggesting that GBQ men who experience relational abuse and SA are engaging in low levels of formal help-seeking or reporting (Guadalupe-Diaz, 2013; McClennen et al., 2002; Merrill & Wolfe, 2000). There is a clear need for interventions to raise the visibility of community, health, and law enforcement options for GBQ men experiencing violence and abuse, and the provision of GBQ-appropriate pathways for reporting and care.

Despite an apparent reluctance to report or disclose to health, community, and police agencies, a number of respondents took the opportunity to detail

their personal experiences of relational abuse and violence in the survey, although they were not asked to do so. This willingness and even eagerness to disclose abuse and violence suggest that some GBQ men are looking for opportunities to discuss and address incidents of abuse and violence, which some men linked to problematic norms of machismo and trivialization in GBQ circles. The survey identified other indicators of problematic norms and attitudes circulating among some GBQ men, including evidence that, for one-quarter (25%) of men, financial abuse and coercive behavior were considered acceptable in some circumstances. There were important generational differences between men, with younger men more accepting of controlling behaviors and older men more aware of abuse in their social circles.

The role of alcohol in explaining or excusing relational violence also emerged as a point of ambiguity, with some men indicating that alcohol might excuse or explain relational abuse, and men with a history of partner abuse or violence were more likely to report binge drinking or drug use. In some open-ended responses, men described experiencing or witnessing relational violence that had a troubling "normal," "everyday" quality. Half (50%) of men indicated that sexual coercion and pressure was common among GBQ men, with a subset of participants disclosing incidents of rape in open-ended questions. Knowing a friend who had abused his partner significantly increased risk for personal victimization, providing support for DeKeseredy et al.'s (2018) findings that pro-abuse peer support has a significant effect on IPV risk for LGBTIQ people. These findings underscore the need to engage GBQ men in discussions about respectful relationships, sexual ethics, and consent, addressing the role of alcohol and drugs in GBQ socialization and relationships, with attention being paid to the different needs and experiences of age cohorts.

The survey found that GBQ men are highly motivated to intervene to protect other men from violence and abuse and reduce the risk of violence. Of the 40% of respondents who had witnessed an incident of violence between GBQ men, two-thirds actively intervened in some way. They expressed moral and altruistic reasons for their proactive stance as bystanders. Of the men who did not intervene, the most common reason was that they did not know what to do. This finding reveals a key opportunity for GBQ community programming to provide men with the skills to intervene in circumstances of abuse and violence without increasing the risk to either the victim or themselves. Men who did not intervene when they witnessed abuse and violence articulated sound rationales for not doing so, including self-protection and a wish not to escalate the conflict. They also noted the complexities of emotional abuse and control. These concerns are aptly addressed in bystander intervention programs. The collective and often public nature of GBQ socializing patterns may lend abusive

GBQ relationships an increased level of visibility to other men, providing expanded opportunities for bystanders to skillfully intervene and prevent abuse and violence.

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Note

1. As will be explained in the "Method" section, the term "GBQ" is inclusive of cisgender, transgender, and intersex men who have sex with men.

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