



SORTING IT OUT

GAY, BISEXUAL, TRANSGENDER, INTERSEX AND QUEER (GBTIQ) MEN'S
ATTITUDES AND EXPERIENCES OF INTIMATE PARTNER VIOLENCE
AND SEXUAL ASSAULT

WESTERN SYDNEY
UNIVERSITY



The research team would like to acknowledge all the men who filled out the survey for their invaluable contribution to this project. We would also like to thank Melanie Thomas and Eloise Brook for their research assistance and support.

The research was made possible through the financial support of the School of Social Sciences and Psychology and Dr Jacqueline Ullman of Sexualities and Genders Research at Western Sydney University.

Dissemination of the research and associated community engagement strategies was made possible by Women NSW, the government policy unit responsible for improving the whole-of-government response to domestic and family violence.

Recommended Citation: Ovenden, G., Salter, M., Ullman, J., Denson, N., Robinson, K., Noonan, K., Bansel, P., Huppatz, K. (2019) Gay, Bisexual, Transgender, Intersex and Queer Men's Attitudes and Experiences of Intimate Partner Violence and Sexual Assault, Sexualities and Genders Research, Western Sydney University and ACON.

CONTENTS

EXECUTIVE SUMMARY	2
1. INTRODUCTION	5
1.1 IPV and SA amongst GBTIQ men	5
1.2 Factors contributing to IPV and SA in the GBTIQ community	5
1.3 Cultures of substance use	6
1.4 Young adult males and IPV	6
1.6 Bystanders in GBTIQ IPV	6
1.7 Services and support	6
2. METHODOLOGY	7
2.1 Survey instrument	7
2.2 Screening and Recruitment	7
2.3 Analysis	7
3. DEMOGRAPHICS	8
4. PERSONAL EXPERIENCE WITH ABUSE AND VIOLENCE	10
4.1 Experience of physical, verbal or emotional abuse in a relationship	10
4.2 Time since last abusive relationship	10
4.3 Reporting experiences of abuse to a third party	10
4.4 Participant descriptions of personal experiences of abuse	11
4.5 Alcohol and drugs a risk factor for abuse and violence	11
5. ATTITUDES AND UNDERSTANDINGS OF VIOLENCE	13
5.1 Attitudes and advice to other men experiencing violence or abuse	13
5.2 Views on the legality and acceptability of violence and abuse	15
5.3 Ambivalence or uncertainty about some forms of violence and abuse	16
6. AWARENESS AND BYSTANDER INTERVENTION	17
6.1 Witnessing violence and abuse in social situations	17
6.2 Bystander intervention	17
6.3 Reasons for bystander intervention	18
6.4 Reasons for not intervening	19
7. CONCLUSION	21
8. REFERENCE LIST	22

EXECUTIVE SUMMARY

Introduction

This research on Gay, Bisexual, Transgender, Intersex and Queer (GBTIQ) men's attitudes and experiences of intimate partner violence (IPV) and sexual assault (SA) was undertaken in 2017-2018. Sexualities and Genders Research (SaGR), at Western Sydney University was commissioned to undertake the survey by ACON (formerly known as AIDS Council of New South Wales), who collaborated in the survey design and analysis. An online survey was completed by 895 GBTIQ-identifying men, primarily focusing on IPV in same-sex relationships. However, the survey included questions about SA, with some men providing additional information on SA in the open-ended questions in the survey. The survey did not ask specific questions about criminal victimisation or perpetration in relationships but was instead focused on men's views and experiences of healthy and unhealthy relationships. The following findings are an overview of the main issues arising from this research, along with recommendations for further action.

Overview of findings

- GBTIQ men want healthy and safe relationships for themselves, their friends and community.
- GBTIQ men are certain about the illegality and unacceptability of sexual assault and domestic violence.

Personal experiences of abuse in relationships

- Almost two thirds of men indicated that they had been in an unhealthy or abusive relationship in the past. Younger men were more likely than older men to report incidents of abuse within the last 4 years.
- Of men reporting an unhealthy or abusive relationship:
 - + One third of men discussed their experience with a friend or neighbour;
 - + One fifth discussed their experience with a mental health professional; and,
 - + One fifth discussed their experience with a family member or relative.
- Of men reporting personal experiences of abusive relationships, only 6% disclosed to medical services and 5% had reported to police.
- Men who had experienced abuse from a partner were more likely to binge drink more frequently and had higher levels of drug-taking than men who did not report partner abuse.
- Sexual victimisation was a key concern for a number of men answering the survey, with some men making spontaneous disclosures of sexual assaults.

Understandings and responses to violence and abuse

- When providing advice to other men experiencing abuse or control in a relationship, men most often recommended leaving the relationship or "sorting it out" within the relationship. It was less common for men to advise contacting a third party, such as a support service or police.
- Older men had increased knowledge and awareness of abusive or violent behaviour by men in their social circles compared to younger men.
- Younger men were more accepting of some controlling behaviours than older men, including:
 - + Reading a partner's emails/texts without his permission; and,
 - + Telling a partner who he can be friends with.
- In some circumstances, one quarter of men identified the following controlling behaviours as acceptable or less serious:
 - + Reading a partner's emails/texts without permission;
 - + Controlling a partner's money; and,
 - + Telling a partner who he can be friends with.
- Some men saw violence and aggression in relationships as less serious when mitigating factors, such as alcohol or hormone therapy, were present.

Bystander intervention

- Half of respondents agreed that the majority of their GBTIQ friends are in healthy and respectful relationships.
- However, half of respondents (51%) also agreed that sexual coercion and pressure are common amongst GBTIQ men.
- Approximately 40% of men had witnessed violence or abuse between men in an intimate relationship. Over three quarters of men who witnessed abuse intervened in some way.
- Active bystanders were motivated by:
 - + Concern for the victim;
 - + Their own opposition to violence; and,
 - + Their empathy due to having had similar experiences.
- Men who did not intervene when witnessing relationship abuse and violence gave the following reasons:
 - + They were concerned for their own safety;
 - + They did not want to escalate the situation; and,
 - + They felt there was community pressure not to intervene.
- 23% of men who did not intervene when they witnessed violence and abuse indicated that they did not know what to do in those situations.

Recommendations

- There is a clear need for community discussions, education and programs on respectful relationships and sexual ethics that address the diverse lives and experiences of GBTIQ men.
- Messages and programs for GBTIQ men should:
 - + Be sensitive to generational differences in knowledge and understanding about partner violence and abuse;
 - + Address the role of alcohol and other drugs as risk factors for violence and coercion;
 - + Clearly articulate the wrongfulness of controlling and coercive behaviours; and,
 - + Build awareness of existing support services and options.
- Bystander intervention programs should be developed specifically for GBTIQ men, because:
 - + This group is highly motivated to intervene in violence and abuse between men; and,
 - + Public and collective cultures of GBTIQ socialisation provide ample opportunities for bystander intervention.
- Sexual coercion and assault between GBTIQ men should be the target of specific education and program initiatives designed to:
 - + Promote understandings of consent;
 - + Establish agreement on ethical sexual behaviour in a range of sexual and relationship contexts; and,
 - + Provide sexually victimised GBTIQ men with support.
- There is a need for future research to examine:
 - + The prevalence and dynamics of intimate coercion, violence and abuse in the lives of GBTIQ men;
 - + The effect of alcohol and drug taking cultures on intimate partner violence and sexual coercion;
 - + The experiences of frontline sexual assault and domestic violence service providers who work with victimised GBTIQ men;
 - + Safe bystander strategies for GBTIQ men;
 - + The negotiation of sexual ethics and sexual consent amongst GBTIQ men; and,
 - + The experiences and understandings of IPV and SA amongst GBTIQ Aboriginal men, trans and gender diverse men, and men with sex characteristics variations.

1. INTRODUCTION

Coordinated efforts in Australia to reduce IPV and SA before they occur have focused on the promotion of healthy relationships and sexual ethics, while building opportunities for early intervention and improved responses to violence after it occurs. These are critically important developments for GBTIQ men. However, there is a lack of data to inform responses to their needs and experiences of violence and abuse in relationships.

This report presents data from an IPV and SA survey with 895 GBTIQ men who currently live in Australia. The primary focus of the survey was on IPV in same-sex relationships. The survey included questions about SA, and some men included additional information on SA via open-ended questions. The survey did not seek to measure the prevalence of criminal victimisation or perpetration in relationships but instead focused on men's views and experiences of healthy and unhealthy relationships.

The report begins with a brief literature review summarising current knowledge of violence and abuse in GBTIQ men's relationships and their experiences of services and support, before presenting key findings from a national online survey on GBTIQ men's:

- Personal experiences of abuse and violence;
- Attitudes and understandings of what constitutes abusive or unethical behaviour in relationships;
- Awareness of abuse and violence in their social networks; and,
- Willingness to intervene as bystanders.

The data outlined in this report offer a unique insight into the ways IPV and SA are constructed by GBTIQ men. The men's understandings are informed by their own lived experience but also by increasing public awareness of the impact of violence and abuse in intimate relationships. The project findings presented here are intended to inform ongoing community conversations and program development to support GBTIQ men's safe and healthy relationships and provide GBTIQ men with the messages and skills they are looking for to intervene in abusive or unethical behaviours and attitudes in their own communities.

1.1 IPV and SA amongst GBTIQ men

IPV and SA are serious social and public health issues for all communities across Australia, associated with significant negative mental and physical health outcomes (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012; Devries et al., 2013; Graham-Bermann, Sularz, & Howell, 2011). Recent prevalence data suggests that lesbian, gay, bisexual, trans, intersex and queer individuals are at equal or higher risk of IPV compared to heterosexual individuals (Broderick, 2011; Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016; Longobardi & Badenes-Ribera, 2017; Stiles-Shields & Carroll, 2015; Walters, Chen, & Breiding, 2013). Results from a large national survey of nearly 5,500 LGBTI Australian's found that 32.7 percent of respondents reported being in a relationship where their partner was abusive (Pitts, Mitchell, Smith, & Patel, 2006). When examining gender specific data, 27.9% of gay or bisexual men, 36.4% of intersex men and 61.8% trans men reported being victims of IPV. Reported rates of forced sex ranged from 19.6% in cisgender men, 14.3% in transmen to 25% in men with sex characteristic variations. Victimisation rates of physical assault involving men were very high, ranging from 42.9% and 47.8% in transmen and cisgender men respectively. However, only 12% of all male participants who said they had been hit reported it to the police (Pitts et al., 2006).

There are similarities and differences in cisgender heterosexual and GBTIQ experiences of IPV and SA. For instance, the threat of 'outing' someone is an IPV tactic that specifically effects sexually and gender diverse people. Freedner et al. (2002) found that, amongst over 472 research participants who identified as a sexual minority, bisexual males were more than five times more likely and bisexual females more than four times more likely to be threatened with outing than gay or lesbian young people. Research suggests that HIV can act as a locus of relational conflict, such as where HIV status is used as a form of control or used to blackmail

a partner (Stephenson, Hast, Finneran, & Sineath, 2014). GBTIQ men are much more likely to be sexually victimised or coerced in their relationships than heterosexual men. Coercion experiences include being forced into sex or being forced to engage in unsafe sexual activity (Stults, Javdani, Greenbaum, Kapadia, & Halkitis, 2016).

1.2 Factors contributing to IPV and SA in the GBTIQ community

Research suggests that gendered stereotypes and heterocentric expectations play a major role in patterns of IPV and SA across communities, including amongst GBTIQ men. Violence and aggression between men is a normalised feature of gender inequality, shaping how GBTIQ men navigate their relationships and sexual encounters (Stults et al., 2016). Gender norms may camouflage violence and patterns of coercive control in relationships between men who are otherwise expected to display forceful and dominant behavior (Bartholomew, Regan, Oram, & White, 2008; Bartholomew, Regan, White, & Oram, 2008), while being able to endure mental and physical injury without complaint is also a hallmark of stereotypical masculinity (OliFFE et al., 2014, p.574). Following this argument, research with GBTIQ perpetrators of IPV finds that they are likely to endorse stereotyped masculine gender role ideologies that encourage hypersexuality, impulsivity, and adversarial dyadic attitudes (Stults et al., 2016), and, when victimised, are less likely to report their abuse to services or the police than heterosexual men (OliFFE et al., 2014).

Cumulative and ongoing experiences of homophobic and/or transphobic abuse and discrimination have additional impacts on the health and wellbeing of GBTIQ men's relationships. For example, IPV amongst men who have sex with men has been linked with stress arising from stigma, prejudice, and discrimination (Kimmes et al., 2017; Spencer et al., 2017), evident in internalised homophobia (Mendoza, 2011; Stephenson, Freeland, & Finneran, 2016) and the homophobic maltreatment of same-sex partners (Donovan & Hester, 2010; Hester & Donovan, 2009; Kimmes et al., 2017). Heteronormativity and homophobia are intrinsically linked and distinctive features of male to male IPV (OliFFE et al., 2014). GBTIQ men who do not conform to masculine stereotypes may be at risk of stigmatisation for non-compliance with societal expectations. Stigma can lead to increased internalised homophobia or retaliation in the form of IPV, often in an attempt to break away from the stereotypical subordinate gay masculinity (Kay & Jeffries, 2010). Men who have sex with men have higher rates of some mental health issues, notably depression and anxiety, linked to homophobic abuse and shame, which may also contribute to the risk of IPV victimisation and perpetration (Hartling, 2004; Mereish & Poteat, 2015). There is currently a lack of research on IPV and SA in transgender and intersex populations and this is an important area of future inquiry.

1.3 Cultures of substance use

IPV and SA may be exacerbated by known risks that have been well-documented in the GBTIQ community, such as higher rates of alcohol and drug use (Bacchus et al., 2017; Baker, Buick, Kim, Moniz, & Nava, 2013; Buller, Devries, Howard, & Bacchus, 2014; Mendoza, 2011; Stephenson et al., 2016; Stults et al., 2016). Davis et al. (2016) found that higher levels of alcohol use were associated with both perpetration and victimisation of various types of IPV including physical, sexual, HIV-related, monitoring, controlling and emotional abuse. Similarly, in a study with 175 participants who identified as men who have sex with men, Duncan et al., (2016) found that 38% had experience of lifetime IPV and that individual forms of IPV were strongly correlated with substance abuse. In casual or group sex settings, widespread substance use can complicate the negotiation of sexual consent (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015).

1.4 Young adult males and IPV

Although there is limited data on IPV amongst GBTIQ adolescents and young adults, Graham et al., (2016) argue this group is particularly vulnerable to victimisation. Their study of college students found that young people in same-sex relationships were significantly more likely than

heterosexuals to experience victimisation, or alternatively be a perpetrator of IPV resulting in physical injury. Stults et al., (2016) found that IPV victimisation had a positive correlation with condomless receptive anal sex, whereas IPV perpetration was associated with the increased likelihood of condomless receptive and insertive anal sex. These findings have important health implications for young GBTIQ men, and provide insight into their experiences at a developmental stage when they are experiencing emotional and sexual growth, and navigating sexual identities and practices that are frequently stigmatised (Stults, et al., 2016).

1.5 Transgender men and IPV

Given existing conceptual and methodological issues in the research, it is extremely difficult to estimate the prevalence of IPV in transgender communities. Research suggests that transgender individuals face a higher risk of violence, however these findings are based on small sample sizes (Barrett & Sheridan, 2017). For example, the Private Lives report (Pitts et al., 2006) indicated that 62.8% of transmen and 36.4% of transwomen had experienced IPV in their lifetime. However, only 100 of the nearly 5,500 LGBTI participants (1.8% of the overall sample) self-identified as transgender.

More recent international research conducted by Langenderfer-Magruder et al. (2016) collated data from the One Colorado's Anonymous 2011 LGBT Health survey, which indicated one in three transgender people experience IPV. What has emerged from the research is that transgender people frequently experience difficulties with their family of origin, from alienation to abuse. As a result, trans-people will often identify with a 'family of choice', consisting of trusted friends, partner, and so on, which acts as a safe-haven and lifeline of support. It can be particularly devastating when they experience IPV from within this 'family of choice', increasing the impact and consequences of violence (Barrett & Sheridan, 2017).

1.6 Bystanders in GBTIQ IPV

Research suggests that approximately one-third of situations involving IPV occur in the presence of a bystander (Planty, 2002). While there has been increasing interest in the inclusion of bystander interventions in violence prevention programs, most remain heterosexual in their focus. Specifically, current bystander programs aim to educate potential bystanders about how to recognise and intervene in situations involving female victims and male perpetrators. There is very little research that has examined what might influence bystander intervention to reduce the risk of IPV or SA amongst GBTIQ men. The available research suggests that patterns of IPV within LGBTIQ relationships may be less apparent with the community, reducing opportunities to intervene as bystanders (Bornstein & Wiener, 2006; Brown & Groscup, 2009). Bystander research has identified particular correlations related to overall helping behaviours. Being younger, having a greater sense of responsibility to ending relational violence, and perceiving the benefits of helping outweighing the costs, have been shown to be significant factors in bystander intervention (Banyard & Moynihan, 2011).

1.7 Services and support

There is limited governmental, policy and service responses specific to the needs of GBTIQ men experiencing or perpetrating IPV (Hester et al., 2012). The available research suggests that the dynamics of IPV in GBTIQ relationships, along with outside stresses arising from stigma, prejudice, and discrimination, may impact pathways of help-seeking and support through the criminal justice system (Baker et al., 2013; Hayes & Ball, 2009; Kay & Jeffries, 2010; Kimmes et al., 2017). Oliffe et al. (2014) found that gay male victims of IPV were likely to normalise, conceal and be reluctant to disclose IPV within their relationship. GBTIQ men can demonstrate a limited awareness and understanding of IPV between men (Stephenson et al., 2016; Strasser et al., 2012) and, when victimised, are less likely to report their abuse to services or the police than heterosexual men (Oliffe et al., 2014). When GBTIQ men do report IPV, they generally do not receive a specialist response and have access to few, if any, targeted resources or services (Bacchus et al., 2017; Hester et al., 2012; Kimmes et al., 2017; Oliffe et al., 2014).

2. METHODOLOGY

2.1 Survey instrument

The online survey instrument was developed through a collaboration between Sexualities and Gender Research (SaGR) at Western Sydney University and ACON. The survey included items on demographic characteristics; sexual and gender identity; GBTIQ community connection; alcohol and drug use; experiences of intimate partner violence; attitudes to violence; and bystander awareness and willingness to intervene. The survey was focused on GBTIQ men who have sex with men and did not ask questions specific to the experiences of heterosexual trans men or non-binary people who have sex with women.

2.2 Screening and Recruitment

GBTIQ men were invited to participate in the survey via links provided on ACON's social media pages (Facebook and Twitter). The initial demographic questions, which requested sexual and gender identity, age and location, formed part of the survey screening to ensure data was collected from the target demographic.

2.3 Analysis

Data from the online questionnaires was loaded into SPSS v25.0 software for analysis.

Initially, 1,071 participants answered questions relating to participant screening (i.e. indicated they were over 18 years and identified as a gay, bisexual, transgender (or trans-masculine), intersex and/or queer man). One hundred and seventy-seven participants (N = 177, 16.5%) were excluded from the dataset as they did not answer questions beyond the initial screening questions.

Data were cleaned and checked for internal consistency. As the large majority of the data from the survey relates to scores on Likert scales (3-point and 5-point) rather than continuous scale data, the removal of outliers proved difficult. As there is an expectation that participants respond to a scale between 1-5, scores of 1 and 5 were not replaced with the mean. One participant was removed for repeated values throughout the survey (i.e. they continuously answered on the higher end of the Likert scale). The final participant number was N= 895.

The findings presented in this report are primarily descriptive, with cross-tabulations and t-tests to demonstrate significant differences between groups; and correlational statistics to outline relationships between variables. The statistical results can be accessed by hovering over the 'results' tabs corresponding to each analysis within the body of this report.

Responses to the open-ended questions were imported into NVivo software. The qualitative data was then coded under broad themes. Given the volume of the qualitative data collected, only specific excerpts under relevant sections are included in this report. Demographic information was often limited to ensure the anonymity of participant responses.

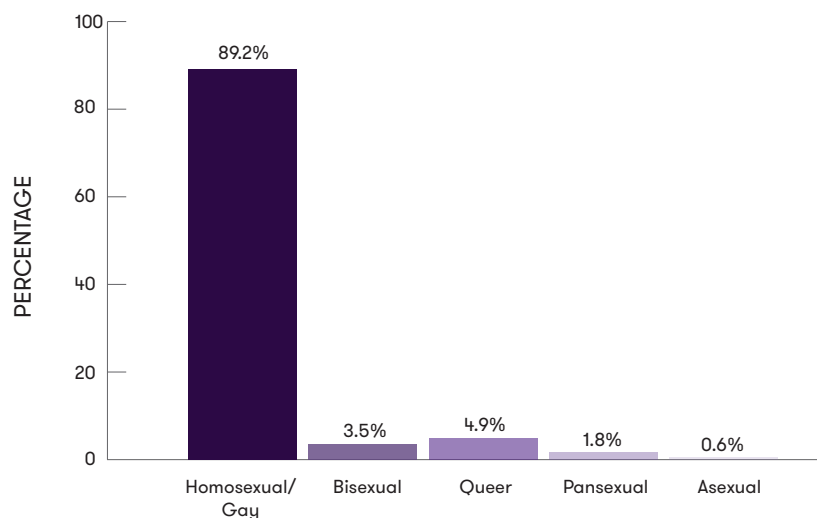
3. DEMOGRAPHICS

The participants' ages ranged from 18-85 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 (.6%) 'preferred not to say'. One (1) participant did not answer this question.

Most participants identified as male (N = 857, 96.3%), and smaller number identified as 'non-binary' (N = 23, 2.6%) or a 'different identity' (N = 10, 1.1%) (which included transgender, genderqueer, and questioning). Five (5) participant responses were missing.

The large majority of participants self-identified as 'homosexual/gay' (N = 794, 89.2%). The overall percentages for sexual orientation are displayed in Figure 1.

Figure 1: Percentages for participant sexual orientation



Participants were asked to indicate their predominant ethnic background (see Figure 2).

When asked about whether they had Aboriginal or Torres Strait Islander origin, 30 participants (3.4%) identified as Aboriginal, 1 (0.1%) participant identified as Torres Strait Islander, and 1 (0.1%) participant identified as both Aboriginal and Torres Strait Islander. When asked about predominant ethnic background, 8 participants (0.9%) indicated Aboriginal or Torres Strait Islander.

Figure 2: Percentages for participant predominant ethnicity

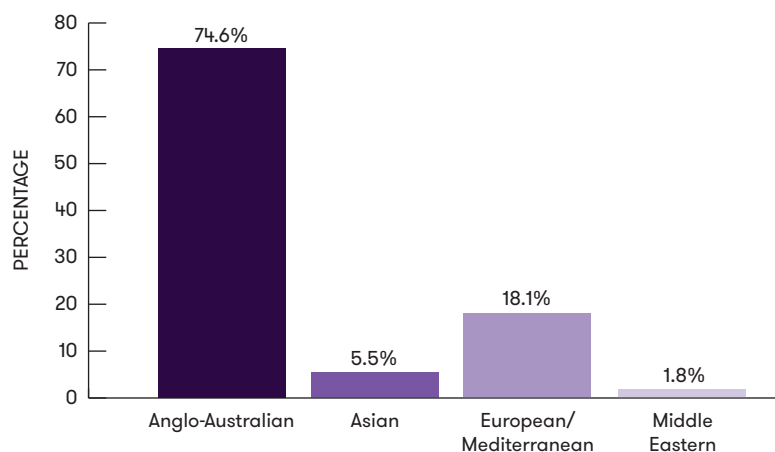


Table 1 shows time spent with and friendship with members of the GBTIQ community. Overall, the majority of respondents reported spending 'most' or 'all' their time with (37%) and being friends with (46%) members of the GBTIQ community.

Table 1 Time spent with and friendships with members of the GBTIQ community				
	Friendships with members of the GBTIQ community		Time spent with members of the GBTIQ community	
	N	%	N	%
None	22	3	20	2
A few	240	27	241	27
Some	225	25	301	34
Most	380	43	310	35
All	27	3	21	2
Did not answer	1	0	2	0
Total	895	100	895	100

However, these interactions and friendships with members of the GBTIQ community varied depending on the cultural background of the respondent (see Table 2). In particular, participants from European ethnic backgrounds were likely to have more gay friends, and spend time with gay men more often, than participants from Anglo-Australian groups. There were no other significant differences among the groups.

Table 2. Mean comparisons by cultural background				
	How many of your male friends are gay or homosexual?		How much of your free time is spent with gay, homosexual or bisexual men?	
	N	Mean	N	Mean
Anglo-Australian	623	3.11	622	3.03
Asian	46	3.15	46	3.13
European/ Mediterranean	150	3.37	150	3.25
Middle Eastern	15	3.40	15	3.20
Total	834	3.17	833	3.08

In addition, older participants (aged 31+) were likely to have more gay friends than younger participants (aged 18-30) (STAT: $F(4, 806) = 8.46, p = .001$). There was no significant difference in means across age categories for time spent with gay or bisexual men (see Table 3).

Table 3. Mean comparisons by age category				
	How many of your male friends are gay or homosexual?		How much of your free time is spent with gay, homosexual or bisexual men?	
	N	Mean	N	Mean
18-24 years	131	2.89	131	2.95
25-30 years	207	2.98	206	2.99
31-40 years	244	3.24	244	3.14
41-50 years	125	3.34	125	3.10
50+	103	3.44	103	3.21
Total	810	3.16	809	3.08

4. PERSONAL EXPERIENCE WITH ABUSE AND VIOLENCE

In terms of personal experience with abuse and violence, the majority of respondents (3 out of 5) reported having experienced some type of abuse (physical, verbal or emotional) in an intimate relationship. Over half of respondents reported that they had experienced abuse within the last 4 years, and one-fourth of respondents having experienced abuse within the last year. When asked if they discussed their abuse with anyone, a little over one-third (35%) reported discussing their situation with a friend or neighbour (35%)

When interpreting these figures, it is important to note that respondents were not asked specifically about abuse and violence that meets a criminal standard, but rather about their general views of whether a relationship had been abusive or not. Therefore, participants are likely to be reporting experiences on a spectrum from verbal conflicts and emotional pain, indicating an unhealthy or difficult relationship, through to more serious or criminal behaviours, including emotional, physical or sexual violence.

4.1 Experience of physical, verbal or emotional abuse in a relationship

Overall, almost two-thirds of participants (N = 556; 62.1%) indicated that they had experienced physical, verbal or emotional abuse in a relationship (see Table 4).

Table 4. Experience of physical, verbal or emotional abuse in a relationship		
	N	%
Yes	556	62.1
No	326	36.4
Prefer not to say	13	1.5
Total	895	100.0

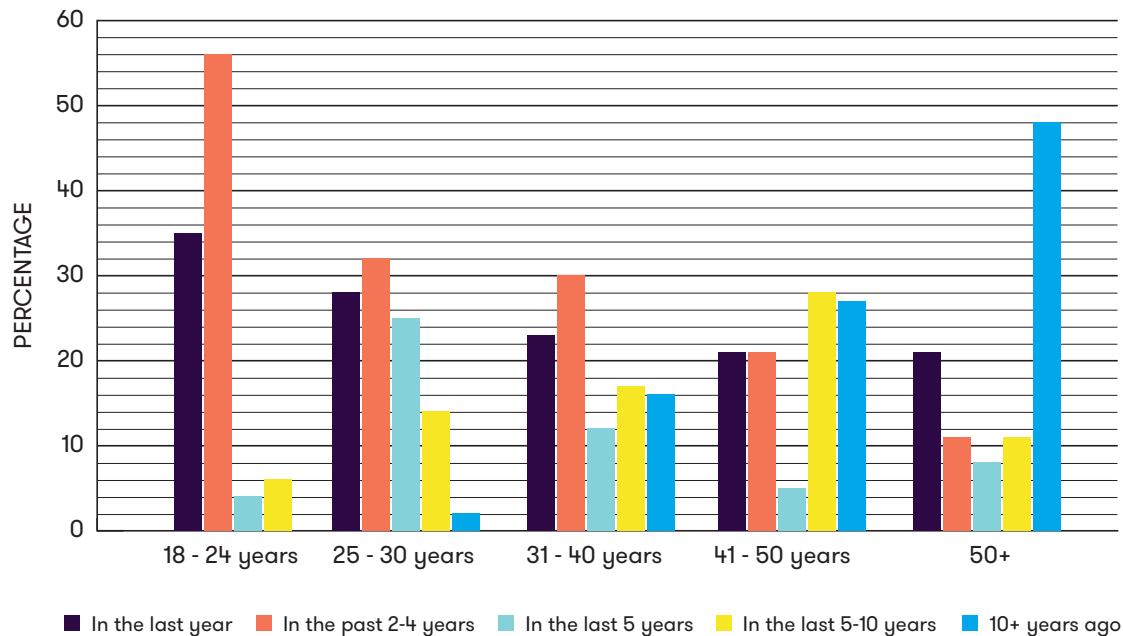
4.2 Time since last abusive relationship

In addition, over half of participants (54.8%) indicated that they had experienced abuse in the past 4 years. Specifically, one-fourth (25.6%) of participants indicated that had experienced abuse in the past year, and 29.3% in the previous 2-4 years (see Table 5).

Table 5: Time since last experience of physical, verbal or emotional abuse in a relationship		
	N	%
In the last year	138	25.6
In the past 2-4 years	158	29.3
In the last 5 years	62	11.5
In the last 5-10 years	88	16.3
10+ years ago	94	17.4
Total	895	100.0

Participants' racial background and education level did not appear to be a factor in experience of abuse/violence in relationships. However, age was a significant correlate with time since last abusive relationship, with young people (aged 18-24 years) more likely to report incidences of abuse occurring in the last year, and in the last 2-4 years (see Figure 3).

Figure 3: Time since last abusive experience across age range



4.3 Reporting experiences of abuse to a third party

When asked who they discussed their abusive relationship or experiences with, just over one-third (35%) of participants reported discussing it with a friend or neighbour, followed by a counsellor/psychologist (18%) or a family member (17%), with 17% of the cohort reporting they did not discuss this with anyone. Very few respondents chose to discuss their abuse with a doctor/hospital representative (6%), police officer (5%), LGBTIQ service worker (3%), telephone helpline (1%) or any other third party (1%) (see Table 6).

	Family or relative	Friend or neighbour	Doctor/hospital	Police	Counsellor/psychologist	LGBTIQ service	Telephone helpline	No one	Other
N	156	310	54	47	165	25	12	153	11
%	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.

4.4 Participant descriptions of personal experiences of abuse

Participants who indicated that they had witnessed violence/abuse were asked three (3) extended-response questions regarding their most recent witness experience. Specifically, participants were asked to: a) describe the situation, and b) why/why not they decided to intervene. Overall, 250 participants (almost 30% of the sample) answered at least one of the extended response questions. The qualitative responses from these GBTIQ men provided further information about the dynamics and severity of participants' most recent experience witnessing violence/abuse.

Notably, when asked to describe such a situation, approximately 25% of item respondents described a personal experience. Of these, a large number of narrative accounts detailed experiences that involved significant physical abuse and force:

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 number of this subset of participants reporting their own experiences of violence/abuse described experiences of sexual assault. For some men, this was experienced 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 til 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)

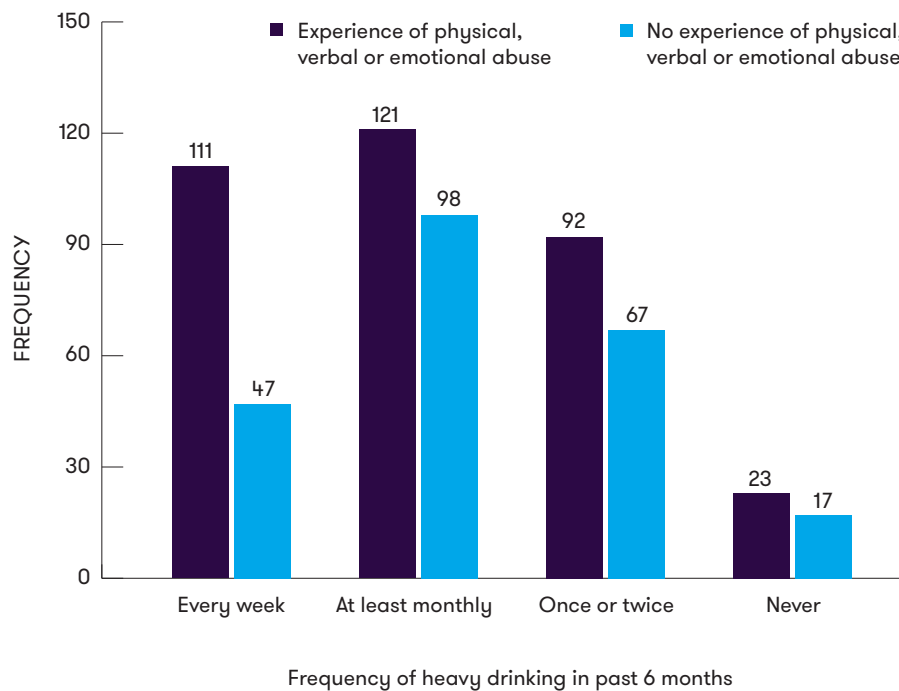
These men were responding to survey questions that asked them to discuss witnessing violence or abuse against other men rather than themselves. The fact that one quarter of those who responded to these open-ended questions took the opportunity to disclose their own account of victimisation suggests a need for further sensitive exploration of GBTIQ men's personal experiences of victimisation.

4.5 Alcohol and drugs a risk factor for abuse and violence

The survey found that participants who have experienced physical, verbal or emotional partner abuse were more likely to binge drink more frequently than participants without a history of partner violence. Participants who had a history of physical, verbal or emotional partner violence had higher levels (mean scores) for overall drug-taking than did those who did not have history of partner violence.

There was a significant difference between the frequency of alcohol consumed in the past 6 months (lower score = more frequent heavy drinking) and the experience of violence in a relationship. Specifically, participants who had a history of physical, verbal or emotional partner violence had higher levels of heavy drinking frequency ($M = 2.08$, $SD = .92$) than did those who did not have history of partner violence ($M = 2.24$, $SD = .86$), $t(574) = -2.07$, $p = .039$ (see Figure 4).

Figure 4: Frequency of heavy drinking in past 6 months and experience of violence in relationships



Participants were divided in terms of drug-taking behaviour. In total, 196 (28.1%) indicated they had not taken any drugs in the past 6 months. The large majority of participants ($N = 502$, 71.9%) who responded to questions regarding drug-taking indicated they had used at least one drug in the past 6 months. The most common drug used was amyl/poppers (23.2%) and marijuana (23.2%), followed by cocaine (19.1%). Participants who indicated taking drugs in the past 6 months were also significantly more likely to drink more frequently, $t(695) = 2.06$, $p = .001$.

There was a significant difference in overall drug-taking for participants with a history of violence and no history of violence. Specifically, participants who had a history of physical, verbal or emotional partner violence had higher levels (mean scores) for overall drug-taking ($M = 1.31$, $SD = .38$) than did those who did not have history of partner violence ($M = 1.21$, $SD = .31$), $t(650.4) = 3.57$, $p < .001$.

5. ATTITUDES AND UNDERSTANDINGS OF VIOLENCE

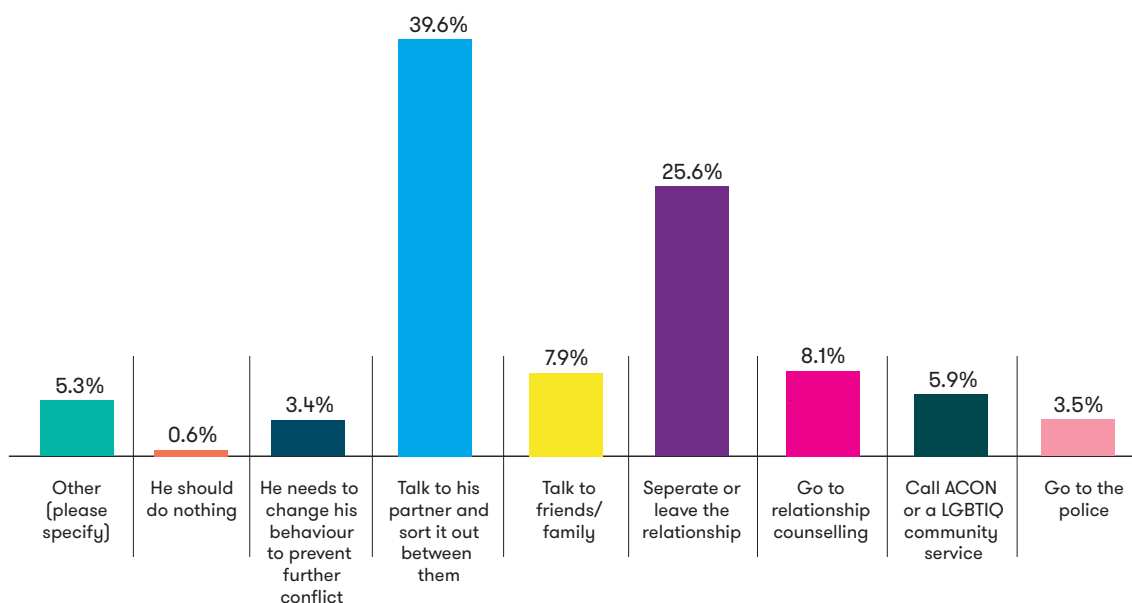
Men were asked a number of questions about their attitudes to violence and the level of seriousness they attributed to particular acts and behaviours in relationships. These questions included a number of vignettes, in which men were asked to indicate what advice they would give to another man in that situation, and they were presented with a number of behaviours and asked whether they were acceptable or not. Qualitative data was also available from open-ended questions that were relevant to men's social construction and understanding of violence in relationships.

5.1 Attitudes and advice to other men experiencing violence or abuse

The following six hypothetical scenarios were presented to respondents, and they were asked how they would respond to their friend if someone they knew was involved in each of the hypothetical scenarios. Participants could endorse up to three options.

SCENARIO 1: KEVIN & HUAN

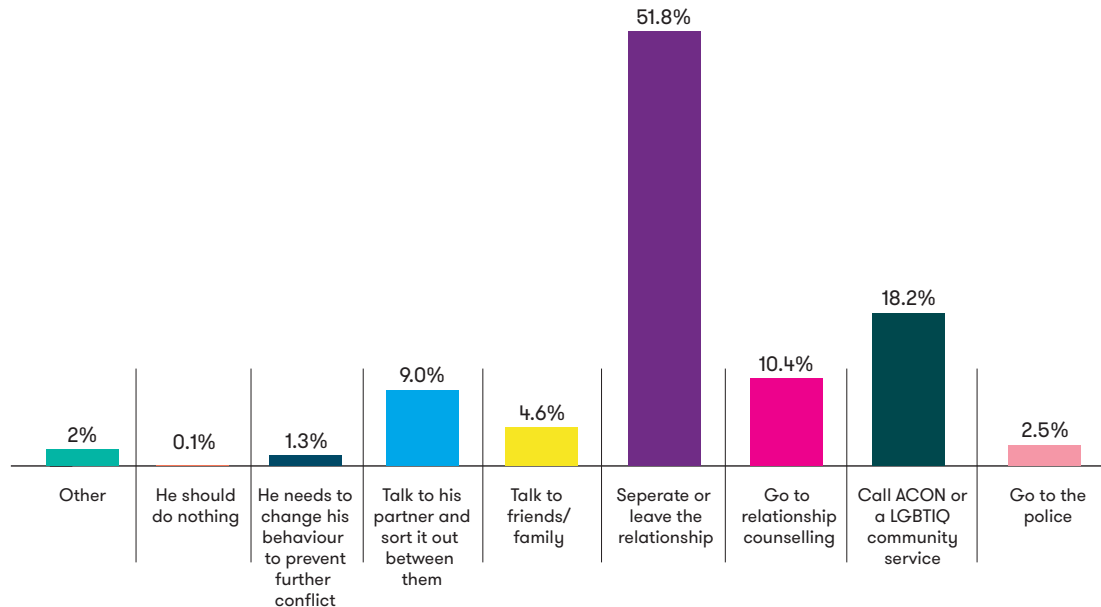
#1 Kevin and his partner Huan are leaving a club in the early hours of the morning. Kevin wants to keep partying but Huan wants to go home. Kevin is very drunk and becomes angry with Huan until he pushes Huan and threatens to punch him. What advice would you most likely give Huan in this situation?



In this example, the drunken threat of violence was best resolved by almost 40% of participants through a conversation between Kevin and Huan. This is an interesting finding since, in other vignettes, a large proportion of men advised leaving the relationship in the advent of problems such as coerced sex, financial abuse, or monitoring a partner's mobile phone and email. This finding may suggest that, for many participants, alcohol was a mediating factor in the seriousness of this incident ('Kevin is very drunk'), although in a subsequent question, 94% of men 'somewhat disagreed' or 'strongly disagreed' with the statement 'it is okay to be abusive when drunk/high' (see 4.3.2). While the overwhelming majority of men did not endorse an explicit statement excusing inebriated violence, the presence of alcohol may implicitly mediate men's attribution of responsibility in violent or abusive circumstances. Nonetheless, one quarter of men suggested that they would recommend that Huan leave the relationship due to this incident.

SCENARIO 2: OMAR & NICK

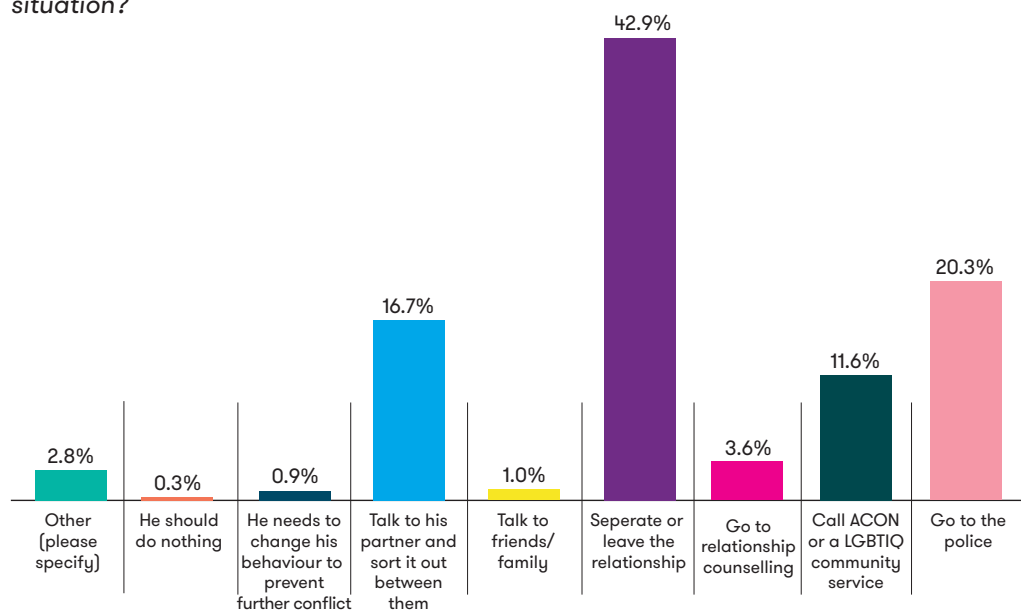
#2 Omar and Nick are in a long-term relationship. Nick is worried about Omar's crystal meth use. When Nick tries to talk to Omar about reducing his meth use, Omar usually brings up Nick's HIV+ status. Sometimes, Omar implies that he will reveal Nick's HIV+ status to his family if Nick doesn't stop bothering him. What advice would you most likely give Nick in this situation?



In vignette #2, in which a man's HIV status is used by his partner to manipulate and control him, the consensus of over 50% of participants was that they would recommend he leave the relationship. Almost one fifth recommend that Nick contact ACON or a LGBTIQ community service for support and advice, perhaps reflecting GBTIQ's men's health literacy around HIV and ACON's profile in the community regarding HIV-related issues. Another 10.4% suggested relationship counselling.

SCENARIO 3: RAFF & DAVE

#3 Raff has just started dating Dave. In their sex play, Dave often wants to have condomless sex, especially after they have been out partying or doing drugs. Raff is uncomfortable with not using a condom and, sometimes, when sex gets rough, Dave will use his strength to force Raff to have sex without a condom. What advice would you most likely give Raff in this situation?

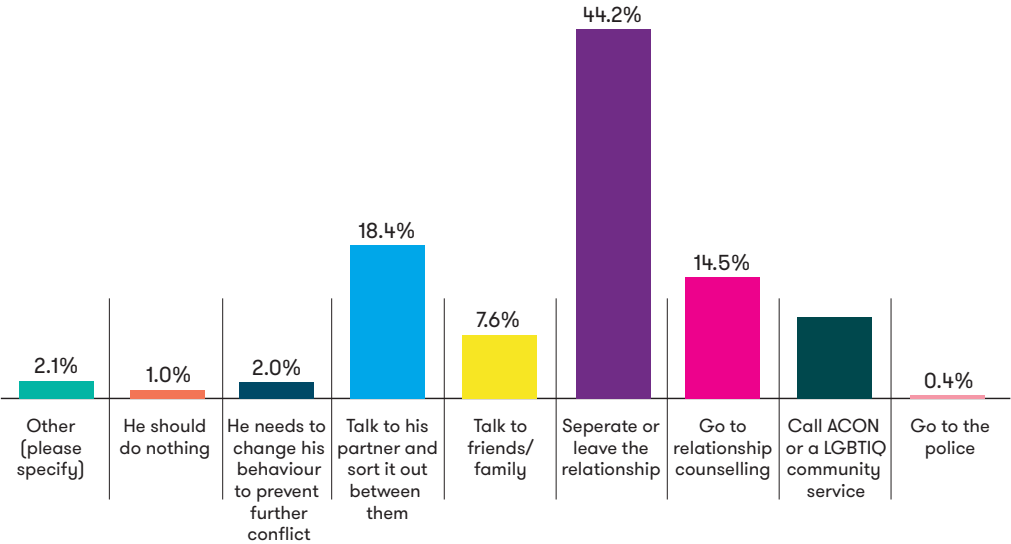


In this vignette, Dave is forcing his partner Nick to have sex without a condom. Approximately 42% of men would recommend that Nick leave the relationship and one in five would recommend that Nick call the police. Of all vignettes, this scenario of forced sex involved the highest endorsement of law enforcement involvement.

One in six men thought that coerced or forced sex in a relationship necessitates a conversation between perpetrator and victim to ‘sort it out’. This finding may suggest a need for more awareness raising and community education about sexual consent and assault in relationships, including where alcohol or drugs are involved.

SCENARIO 4: ANDREW & HENRY

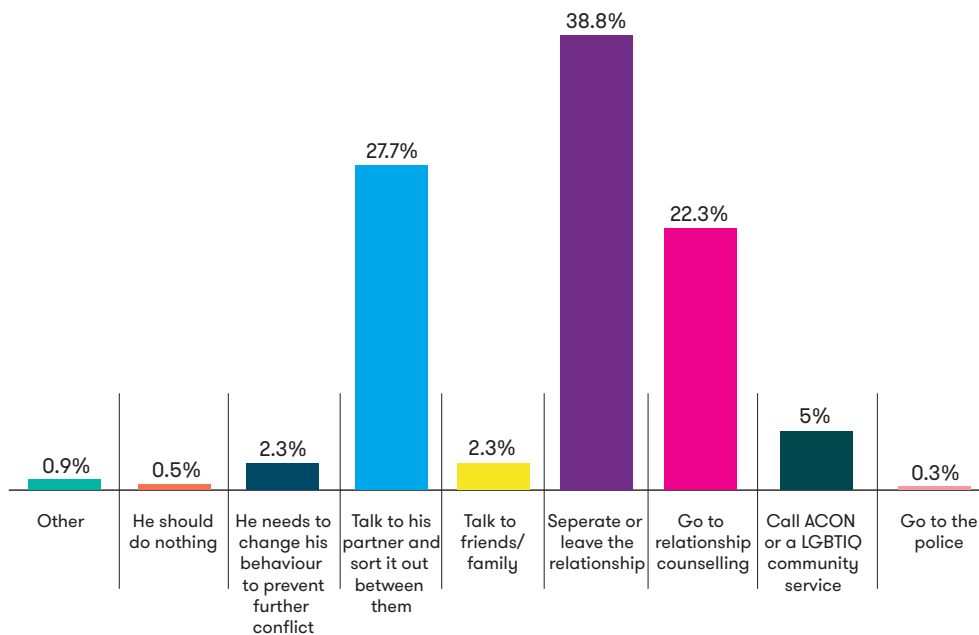
#4 Andrew is dating Henry who is ten years older and a successful architect. Andrew is an art student and depends on Henry financially. Henry can get very jealous. Sometimes, Henry threatens to withhold money or not support Andrew financially if he does not keep a strict curfew and tell Henry who he hangs out with. What advice would you most likely give Andrew in this situation?



Vignette #4 involves Henry who uses his superior financial position to control his younger partner Andrew. Almost 45% of men would advise Andrew to leave the relationship, and almost one in five would recommend that the two men ‘sort it out’ between them in discussion. Relationship counseling or contacting an LGBTIQ organisation was recommended by one quarter of the sample.

SCENARIO 5: JACK & MATT

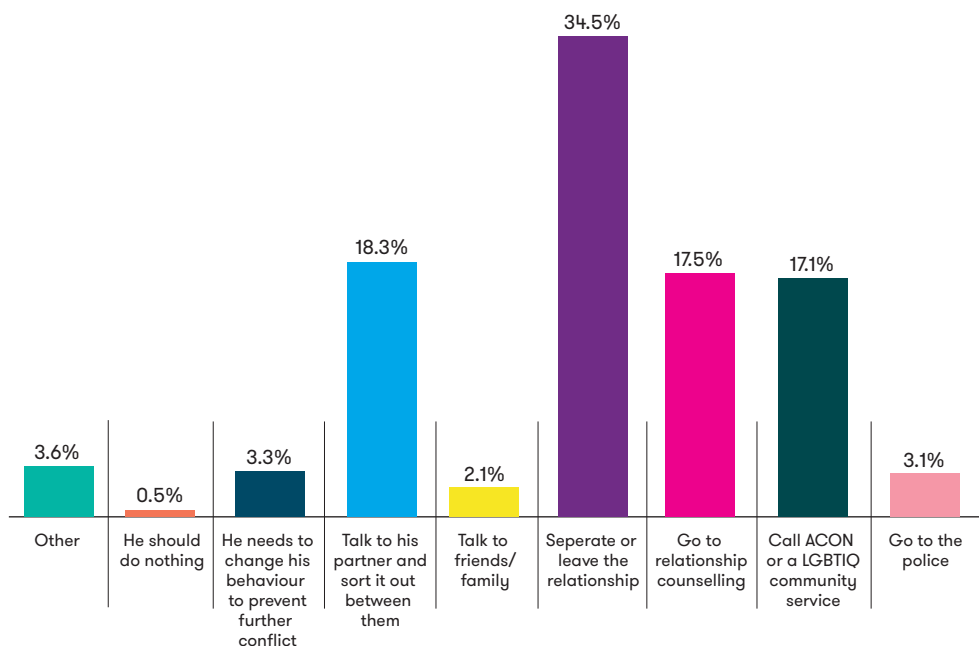
#5 Jack is in a relationship with Matt. Jack expects Matt to tell him his mobile phone passcode and email passwords. Jack often reads Matt’s emails and text messages without asking him. When Matt changed his email password without telling Jack, Jack became angry with him and accused him of cheating. What advice would you most likely give Matt in this situation?



Vignette #5 involves Jack who jealously monitors his boyfriend Matt's emails and phone without asking, and expects to know Matt's passwords. Approximately 39% of men would recommend that Matt leave the relationship, with 28% suggesting a conversation between the men, and another 22% endorsing relationship counseling. In total, approximately 50% of participants would advise either a conversation or counseling in this situation.

SCENARIO 6: HUNTER & TOBY

#6 Hunter is a transman who recently began taking testosterone. He's been seeing Toby, a cisgender guy, for a few months. Toby really likes Hunter, but when Hunter gets angry, he 'loses it' and smashes objects around him. What advice would you most likely give Toby in this situation?



Responses to this vignette were somewhat ‘flatter’ than in other vignettes, with one third of participants recommending that Toby leave the relationship, and between 17-18% of men suggesting that Toby talk to Hunter, that they go to relationship counseling, or contact an LGBTIQ community service.

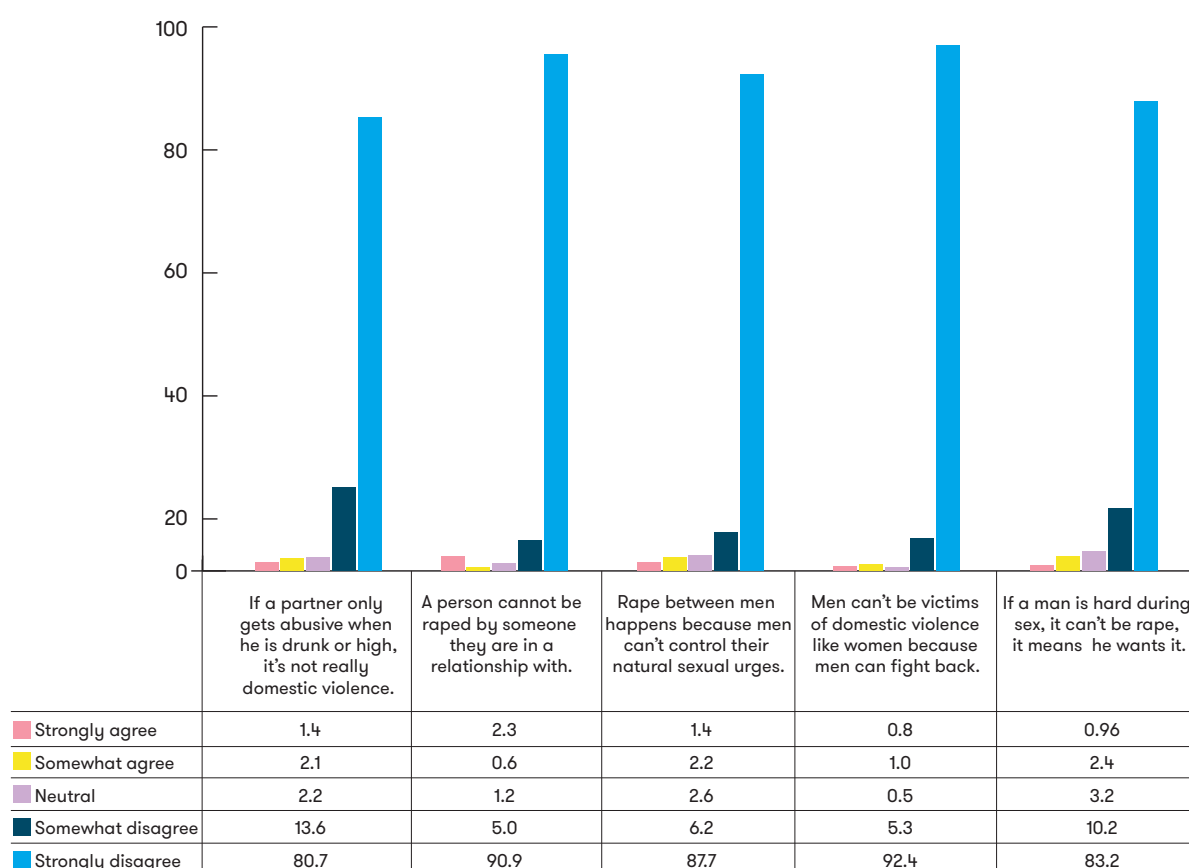
5.2 Views on the legality and acceptability of violence and abuse

Participants were also presented with a number of statements to assess what they considered to be domestic violence and/or rape. The first set of statements relate to the legality of violence, and the second set of statements relate to the acceptability of violence.

In terms of the legality of violence, the vast majority of respondents ‘somewhat’ or ‘strongly disagree’ that (see Figure 5):

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

Figure 5: Level of acceptability of violence and abuse



Participants were asked about the acceptability of 10 abusive or controlling behaviours (Figure 6). Of the 10 situations, 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 to put a hand around a partner’s throat (94%).

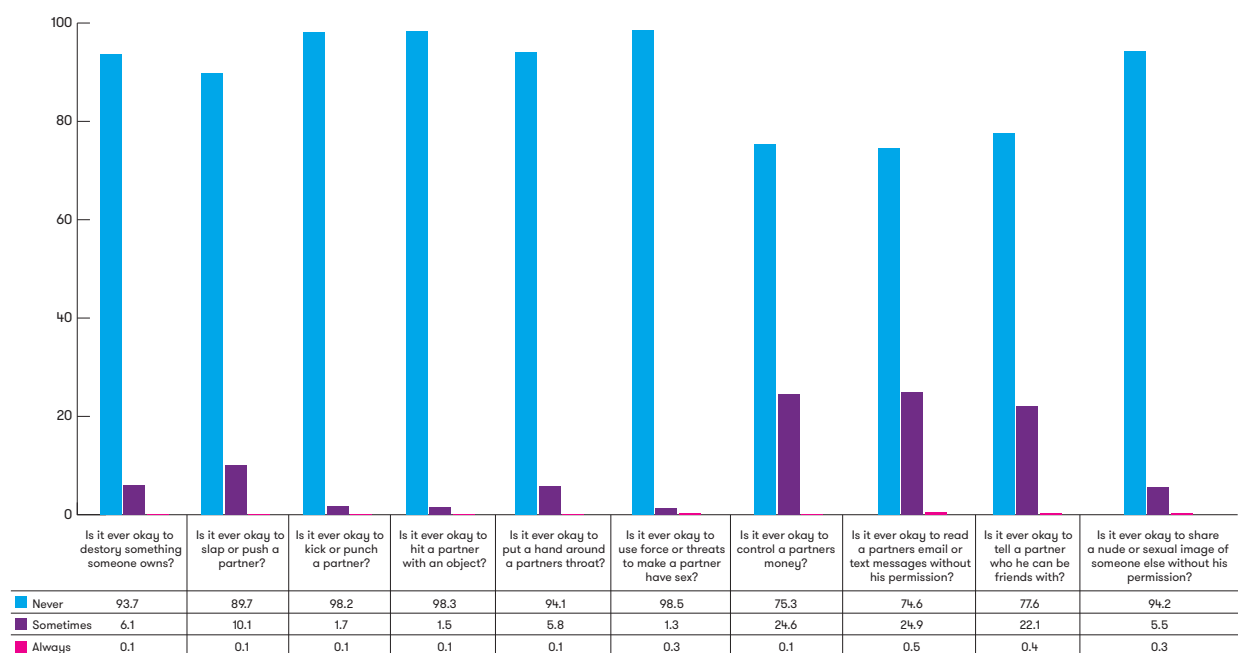
On the other hand, participants said it was ‘sometimes’ okay to read a partner’s email/texts without permission (25%), control a partner’s money (25%), and to tell a partner who he can

be friends with (22%). In the previous vignettes, half of participants suggested that electronic surveillance in a relationship ('Jack and Matt') could be resolved through relationship counseling or a community service, and one quarter gave the same advice in a case of financial abuse ('Andrew and Henry'). There appears to be some ambivalence around the seriousness of these abusive and controlling behaviours.

This ambivalence was particularly apparent amongst young men. The survey found that young men were more accepting of certain violent behaviours. Participants in the 18-24 age group had higher scores for acceptability of violence than older age groups for the following scenarios:

- Is it ever okay to put a hand around a partner's throat?
- Is it ever okay to read a partner's email or text messages without his permission?
- Is it ever okay to tell a partner who he can be friends with?

Figure 6: Acceptability of violence in relationships



5.3 Ambivalence or uncertainty about some forms of violence and abuse

The analysis above has highlighted particular points of uncertainty or ambivalence in relation to the seriousness of violence and abuse. In particular, although the majority of men agreed that abuse while drunk or high is not acceptable, they were less certain when responding to a particular situation of aggression in which alcohol was a factor. Participant responses to circumstances where other mitigating factors were present, such as hormone therapy, were divided between leaving the relationship, having a discussion or seeking therapy or support. Particular categories of behaviour, notably electronic surveillance, financial abuse and controlling a partner's access to friends, were also viewed as less serious and potentially acceptable in some situations.

In qualitative responses to open-ended questions about witnessing violent situations, most participants described circumstances in which there was a clear victim and perpetrator. However, some responses highlighted circumstances in which those distinctions were less clear, mirroring patterns of 'common couple violence' or 'mutual violence' described by Johnson (2010) in which partners are equally antagonistic and culpable, as pointed out by the following participants:

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)

The latter participant's 'regret' for the violent incident is in contrast to the first quote in which the participant suggests that 'MUTUAL violence' can 'help' a relationship. Other participants described witnessing physical violence in relationships where conflict appeared to have been normalised:

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 argument. 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 men described conflict and violence in the relationships of other men that had a normalised and everyday quality. These accounts were brief but included expressions of incredulity from participants that their friends could be cavalier about the aggression in their relationships. Terms such as, 'back to "normal"', 'something normal', 'as if nothing had really happened', registered that participants felt that what they had witnessed was out of place in a healthy relationship.

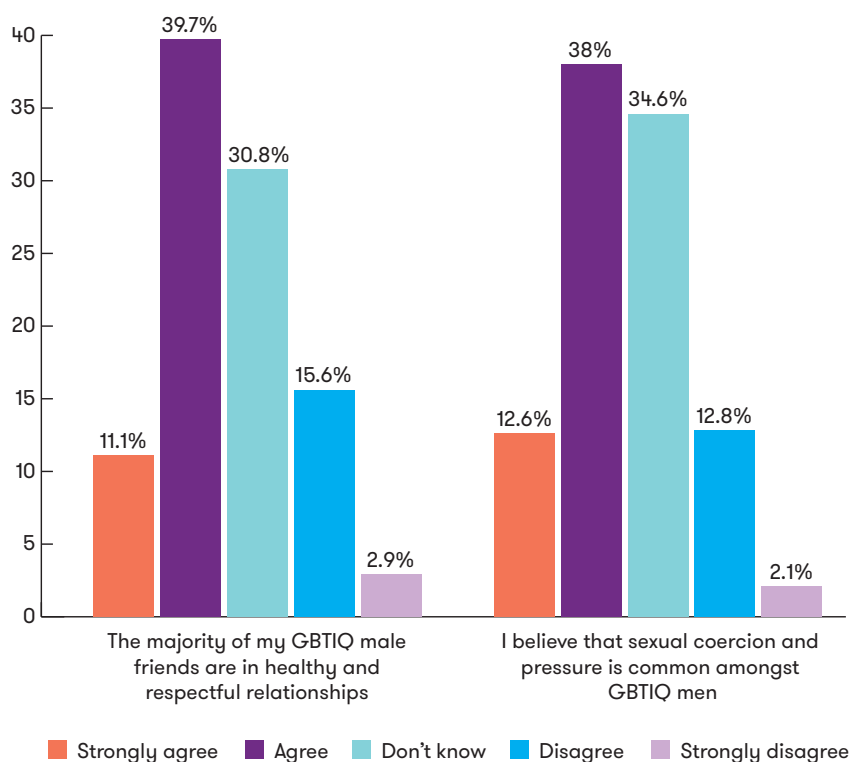
6. AWARENESS AND BYSTANDER INTERVENTION

The survey included a number of questions about men's awareness of violence in their social circles, their general views about the health of their friends' relationships and their willingness to intervene in abusive or violent behaviours in GBTIQ relationships. Their responses indicated a high level of awareness and willingness to intervene in violent or abusive relationships, although men were not always clear on the best way to do this.

6.1 Witnessing violence and abuse in social situations

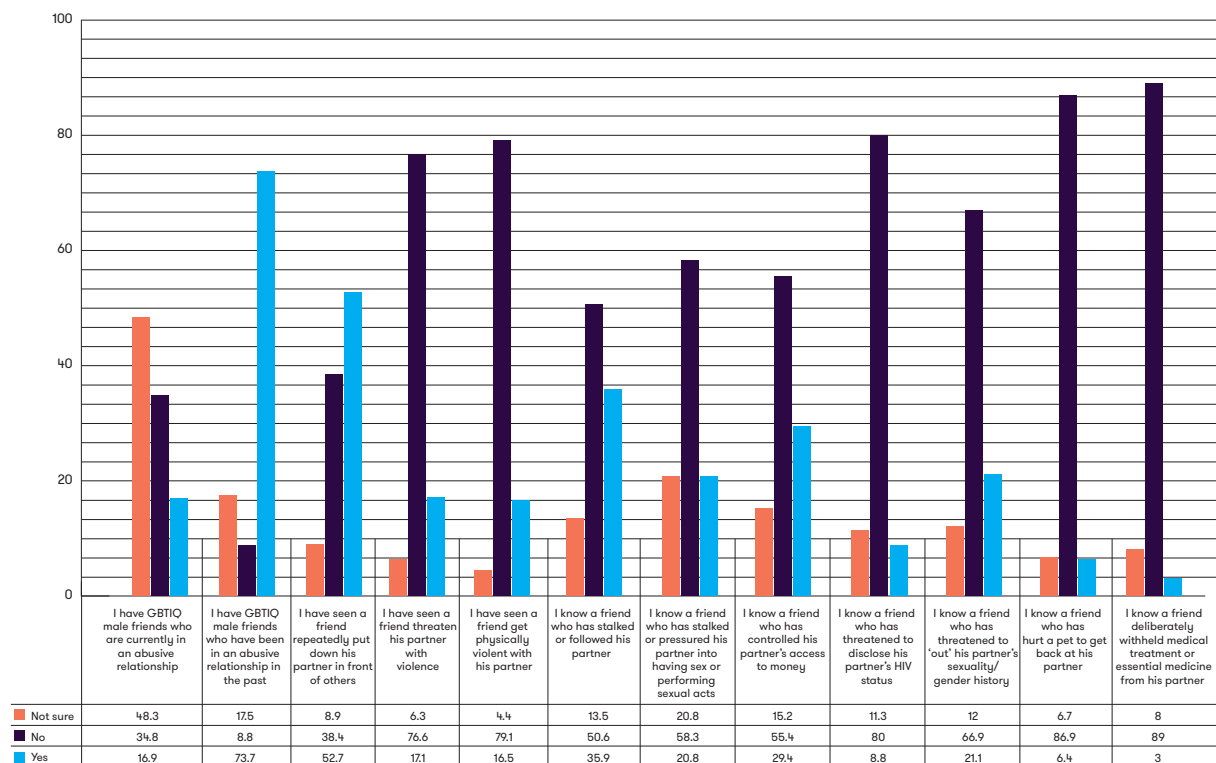
Half of respondents (51%) agreed that the majority of their GBTIQ friends are in healthy and respectful relationships. However, half of respondents (51%) also agreed that sexual coercion and pressure is common amongst GBTIQ men (see Figure 7).

Figure 7: Level of agreement (%) regarding violence and abuse in GBTIQ relationships



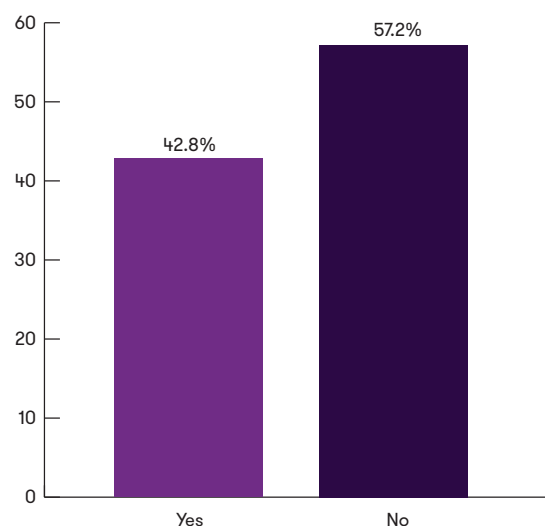
We also provided participants with a list of 12 specific incidents/situations and asked whether they had witnessed these behaviours amongst their friends. While only 17% report having friends who are currently in an abusive relationship, 74% have friends who have been in an abusive relationship in the 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 8).

Figure 8: Specific incidents/situations witnessed amongst friendship group



A little over 2 out of 5 respondents (43%) said they have witnessed abuse or violence between men in a relationship (see Figure 9).

Figure 9: Percentage of participants who have witnessed violence or abuse

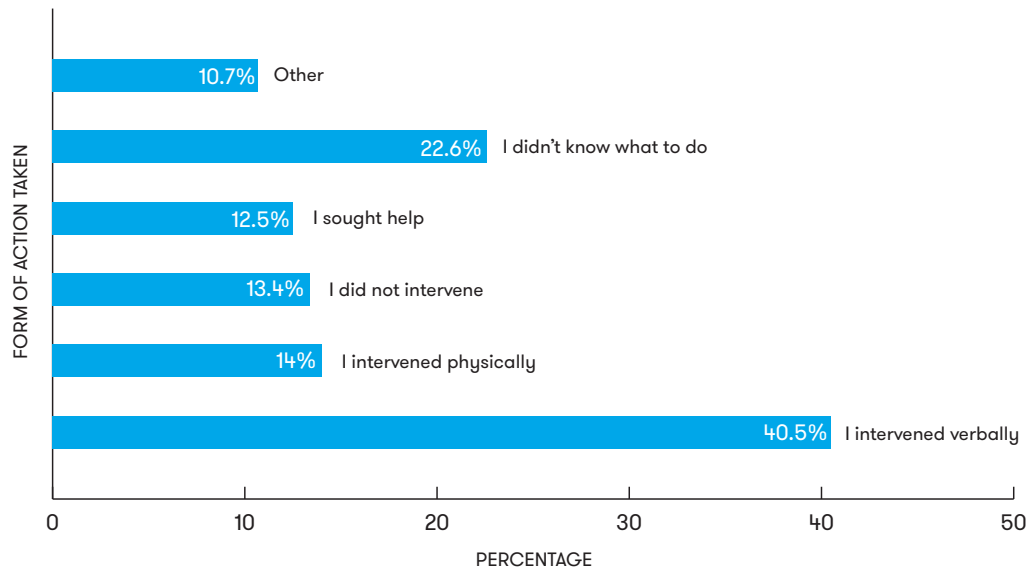


In the survey, older men were more likely than younger men to indicate that they had knowledge of abusive relationships amongst their GBTIQ friends. There was a strong relationship between age and knowledge about specific abusive practices in relationships, in particular, seeing a friend repeatedly put down his partner in front of others; seeing a friend threaten his partner with violence; knowing a friend who has controlled his partner's access to money; and knowing a friend who has threatened to disclose his partner's HIV status.

6.2 Bystander intervention

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; 74 (22.6%) did not know what to do (see Figure 10). 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'.

Figure 10: Form of action taken after witnessing a situation of violence



6.3 Reasons for bystander intervention

Participants were asked to comment on why they intervened, or did not intervene, the last time they were witness to violence/abuse. Of those who intervened, the most common reasons were out of concern for the welfare of the victim; their opposition to violence; and their empathy due to similar experiences. 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)

Several participants indicated that they intervened for reasons relating to the 'unacceptability of violence' in general, and the need to act rather than 'do nothing'. This was often positioned as a reaction:

Someone was in trouble and I just reacted. (Male, Gay);

and another participant noted that they:

couldn't just stand by and observe. (Male, 43, Queer, Anglo-Australian).

Other participants underlined the importance of acting as a responsible bystander:

*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)

Finally, a number of participants indicated they acted as a result of their empathy with the victim. For example, several participants spoke about being driven to act due to their own past experiences:

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)

A number of participants were keen to return the support and care they had received from their friends and community when they had been in an abusive relationship:

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)

6.4 Reasons for not intervening

Men who indicated that they had witnessed an abusive situation but not intervened were asked to explain why they did not intervene. The three most common reasons given were: concern about their own safety; a desire not to escalate the situation; and community pressure not to intervene. There were a number of comments indicating that self-protection was a reason not to intervene in violence between GBTIQ men:

I am quite small, and often feel uncomfortable in club settings. It's weird though, because if the only difference was that there was a heterosexual couple, I would have said something.
(Male, 26, Queer, Anglo-Australian)

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 suggested that they were afraid they may make the incident worse, rather than better, for the victim:

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 often 'unsure of the circumstances' and therefore felt the incident was 'not their business' and 'did not want to be involved':

If it comes at a genuine personal risk I may not know how to approach the situation and intervene. I am not very good with conflict.
(Male, 36, Gay, Anglo-Australian)

This was particularly relevant when participants witnessed emotional violence:

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)

Someone's relationship is their business and not my place to interrupt. But if I saw something I was not comfortable I would step in out of care.
(Male, 41, Gay, Anglo-Australian)

Finally, the qualitative responses also suggested that some men felt that bystander intervention was not entirely acceptable in the GBTIQ community, particularly in relation to the physical use of force between men in relationships:

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.
(Non-binary, 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)

I was amongst friends and it broke the rules of sexual engagement.
(Male, 75, Gay, Anglo-Australian)

7. CONCLUSION

The findings of the survey show that GBTIQ men want healthy and safe relationships for themselves, their friends and community, and are motivated to support other men experiencing violence and abuse. GBTIQ men were clear the illegality and unacceptability of sexual assault and domestic violence. Almost two-thirds of participants, particularly young men, indicated that they had experienced unhealthy or abusive relationships. On the whole, men tended to try to manage abuse or violence with their friends, family or a mental health professional. Only a minority contacted medical services or police, although in certain situations – such as coerced sex – men were more likely to recommend police involvement. Sexual victimisation was a key concern for a number of men answering the survey, with some men making spontaneous disclosures of rape and other sexual assaults.

The survey indicated the need for targeted responses to particular groups of GBTIQ men. The use of alcohol and other drugs emerged as a risk factor for abusive relationships, and some men seemed conflicted about whether alcohol and drugs excused violence. While the majority of men disagreed with an explicit statement that ‘it is okay to be abusive when drunk/high’, 40% would advise a man threatened with violence by his drunk partner to ‘sort it out’ between them. It seems that some men saw violence and aggression in relationships as less serious when alcohol was present, and another vignette about a trans man suggests that testosterone therapy may be viewed in a similar way. There were important generational differences between men, with younger men more accepting of controlling behaviours, and older men more aware of abuse in their social circles.

It was common for men to have witnessed and intervened in violence between GBTIQ men in relationships. Approximately 40% of men had witnessed violence or abuse between men in a relationship, and the majority of those men intervened in some way. As active bystanders, they were motivated out of concern for the victim, their own opposition to violence, and their empathy due to similar experiences. Men who did not intervene when witnessing abuse and violence in relationships were concerned for their own safety, and did not want to escalate the conflict. They also indicated that they felt there was community pressure not to intervene. One-quarter of men did not intervene when they witnessed violence and abuse because they did not know what to do.

The findings of the survey demonstrate a clear need for community discussions, education and programs on respectful relationships and sexual ethics that address the diverse lives and experiences of GBTIQ men. Messages and programs for GBTIQ men should: be sensitive to generational differences in knowledge and understanding about partner violence and abuse; address the role of alcohol and other drugs as risk factors for violence and coercion; build understanding of the wrongfulness of controlling and coercive behaviours; and increase men’s engagement with existing support services and options. The survey findings suggest that bystander intervention programs are likely to be particularly impactful in reducing relationship violence and abuse amongst GBTIQ men. Men reported considerable awareness of violence and abuse in their social groups, perhaps because of the collective and public nature of GBTIQ men’s socialising, and men were highly motivated to protect their friends and fellow community members.

Sexual coercion and assault between GBTIQ men is a complex but pressing issue that requires sensitive, targeted education and program initiatives. These programs should promote the negotiation of consent and build agreement around sexually ethical behaviour in a range of sexual and relationship contexts. Sexually victimised GBTIQ men need support that acknowledges the variety of situations in which GBTIQ men can experience sexual harm and violence.

The survey revealed a number of pressing issues that require further explication in research. In particular, there is a need for robust nationally representative data on the prevalence and dynamics of intimate coercion, violence and abuse in the lives of GBTIQ men. Apparent links between alcohol and drug use, intimate partner violence and sexual assault need further examination. The reluctance of GBTIQ men to contact support agencies and services when experiencing violence or abuse in a relationship suggests that research with victimised men, and with frontline workers in sexual assault and domestic violence, may shed light on ways to better engage GBTIQ men with support services. The promise of bystander strategies amongst GBTIQ men should be fleshed out with further research into motivations, opportunities and barriers to safe bystander interventions in violence and abuse. GBTIQ men's experiences of sexual victimisation and their negotiation of sexual ethics and consent is an important area of inquiry if we are to reduce and treat the effects of sexual violence in GBTIQ men's lives and relationships. Finally, there are specific groups of GBTIQ men whose experiences of IPV and SA require specialised and targeted exploration, specifically Aboriginal and Torres Strait Islander men, trans and gender diverse men, and men with sex characteristics variations.

8. REFERENCES

- Bacchus, L., Buller, A., Ferrari, G., Peters, T., Devries, K., Sethi, G., . . . Feder, G. (2017). Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey. *International Journal of STD & AIDS*, 28(1), 16-27.
- Baker, N. L., Buick, J. D., Kim, S. R., Moniz, S., & Nava, K. L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles*, 69(3-4), 182-192.
- Banyard, V. L., & Moynihan, M. M. (2011). Variation in bystander behavior related to sexual and intimate partner violence prevention: Correlates in a sample of college students. *Psychology of Violence*, 1(4), 287-301.
- Barrett, B. J., & Sheridan, D. V. (2017). Partner violence in transgender communities: What helping professionals need to know. *Journal of GLBT Family Studies*, 13(2), 137-162.
- Bartholomew, K., Regan, K. V., Oram, D., & White, M. A. (2008). Correlates of partner abuse in male same-sex relationships. *Violence and Victims*, 23(3), 344-360.
- Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: a systematic review and meta-analysis. *Social Science & Medicine*, 75(6), 959-975.
- Bornstein, B. H., & Wiener, R. L. (2006). Introduction to the special issue on emotion in legal judgment and decision making. *Law and Human Behavior*, 30(2), 115-118.
- Bourne, A., Reid, D., Hickson, F., Torres-Rueda, S., & Weatherburn, P. (2015). Illicit drug use in sexual settings ('chemsex') and HIV/STI transmission risk behaviour among gay men in South London: findings from a qualitative study. *Sexually Transmitted Infections*, 91(8), 564-568.
- Broderick, E. (2011). Not so straight forward: Domestic violence in Australia. *Alternative Law Journal*, 36(4), 224.
- Brown, M. J., & Groscup, J. (2009). Perceptions of same-sex domestic violence among crisis center staff. *Journal of Family Violence*, 24(2), 87-93.
- Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: a systematic review and meta-analysis. *PLoS Medicine*, 11(3), e1001609.
- Davis, M., Flowers, P., Lorimer, K., Oakland, J., & Frankis, J. (2016). Location, safety and (non) strangers in gay men's narratives on 'hook-up' apps. *Sexualities*, 19(7), 836-852.
- Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., . . . Watts, C. H. (2013). Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS Medicine*, 10(5), e1001439.
- Donovan, C., & Hester, M. (2010). 'I hate the word "victim"': An exploration of recognition of domestic violence in same sex relationships. *Social Policy and Society*, 9(2), 279-289.
- Duncan, D. T., Goedel, W. C., Mayer, K. H., Safren, S. A., Palamar, J. J., Hagen, D., & Jean-Louis, G. (2016). Poor sleep health and its association with mental health, substance use, and condomless anal intercourse among gay, bisexual, and other men who have sex with men. *Sleep Health*, 2(4), 316-321.
- Freedner, N., Freed, L. H., Yang, Y. W., & Austin, S. B. (2002). Dating violence among gay, lesbian, and bisexual adolescents: Results from a community survey. *Journal of Adolescent Health*, 31(6), 469-474.
- Graham-Bermann, S., Sularz, A. R., & Howell, K. H. (2011). Additional adverse events among women exposed to intimate partner violence: Frequency and impact. *Psychology of Violence*, 1(2), 136-149.
- Graham, L. M., Jensen, T. M., Givens, A. D., Bowen, G. L., & Rizo, C. F. (2016). Intimate partner violence among same-sex couples in college: A propensity score analysis. *Journal of Interpersonal Violence*, 1-28.
- Hartling, L. M., Rosen, W. B., Walker, M., & Jordan, J. V. (2004). Shame and humiliation: From isolation to relational transformation. In J. V. Jordan, M. Walker, & L. M. Hartling (Eds.), *The Complexity of Connection* (pp. 103-128). New York: Guilford Press.
- Hayes, S., & Ball, M. (2009). Sexuality in a criminal justice curriculum: A study of student conceptualisations of gay identity. *Journal of Australian Studies*, 33(3), 273-287.
- Hester, M., & Donovan, C. (2009). Researching domestic violence in same-sex relationships—A feminist epistemological approach to survey development. *Journal of Lesbian Studies*, 13(2), 161-173.
- Hester, M., Williamson, E., Regan, L., Coulter, M., Chantler, K., Gangoli, G., . . . Green, L. (2012). Exploring the service and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence. *Bristol: University of Bristol*.
- Kay, M., & Jeffries, S. (2010). Homophobia, heteronormativity and hegemonic masculinity: Male same-sex intimate violence from the perspective of Brisbane service providers. *Psychiatry, Psychology and Law*, 17(3), 412-423.
- Kimmes, J. G., Mallory, A. B., Spencer, C., Beck, A. R., Cafferky, B., & Stith, S. M. (2017). A meta-analysis of risk markers for intimate partner violence in same-sex relationships. *Trauma, Violence, & Abuse*, 1-11.

-
- Langenderfer-Magruder, L., Whitfield, D. L., Walls, N. E., Kattari, S. K., & Ramos, D. (2016). Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: Comparing rates of cisgender and transgender victimization. *Journal of Interpersonal Violence*, 31(5), 855-871.
- Longobardi, C., & Badenes-Ribera, L. (2017). Intimate partner violence in same-sex relationships and the role of sexual minority stressors: a systematic review of the past 10 years. *Journal of Child and Family Studies*, 26(8), 2039-2049.
- Mendoza, J. (2011). The impact of minority stress on gay male partner abuse. In J. L. Ristock (Ed.), *Intimate Partner Violence in LGBTQ Lives*. New York: Routledge.
- Mereish, E., & Poteat, V. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counseling Psychology*, 62(3), 425-437.
- Oliffe, J. L., Han, C., Maria, E. S., Lohan, M., Howard, T., Stewart, D. E., & MacMillan, H. (2014). Gay men and intimate partner violence: A gender analysis. *Sociology of Health & Illness*, 36(4), 564-579.
- Pitts, M., Mitchell, A., Smith, A., & Patel, S. (2006). *Private Lives: A report on the health and wellbeing of GLBTI Australians*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Planty, M. (2002). *Third-party involvement in violent crime, 1993-99*, US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Washington, DC.
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1-17.
- Stephenson, R., Freeland, R., & Finneran, C. (2016). Intimate partner violence and condom negotiation efficacy among gay and bisexual men in Atlanta. *Sexual Health*, 13(4), 366-372.
- Stephenson, R., Hast, M., Finneran, C., & Sineath, C. R. (2014). Intimate partner, familial and community violence among men who have sex with men in Namibia. *Culture, Health & Sexuality*, 16(5), 473-487.
- Stiles-Shields, C., & Carroll, R. A. (2015). Same-sex domestic violence: Prevalence, unique aspects, and clinical implications. *Journal of Sex & Marital Therapy*, 41(6), 636-648.
- Strasser, S. M., Smith, M., Pendrick-Denney, D., Boos-Beddington, S., Chen, K., & McCarty, F. (2012). Feasibility study of social media to reduce intimate partner violence among gay men in metro Atlanta, Georgia. *Western Journal of Emergency Medicine*, 13(3), 298-304.
- Stults, C. B., Javdani, S., Greenbaum, C. A., Kapadia, F., & Halkitis, P. N. (2016). Intimate partner violence and sex among young men who have sex with men. *Journal of Adolescent Health*, 58(2), 215-222.
- Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

WESTERN SYDNEY
UNIVERSITY

