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Sexual Violence in the Lives of Gay and Bisexual Men: Configurations, Dissemination, and Intimate Orientations

Claire Scodellaro*, Mathieu Trachman**, and Liam Balhan***

Abstract

Research on sexual violence against sexual minority men has largely focused on sexual abuse in childhood, overlooking violence in adulthood. Studies have taken little account of the specificities and diversity of the ways of life of these populations and the varied ways they experience violence. Using data from a sample of men identifying as gay or bisexual who responded to the INED VIRAGE-LGBT survey on gender-based violence in France conducted in 2015-2016, this article shows that there exists a diversity of situations within this population. Our analysis of all reported sexual violence both in childhood and adulthood, along with multiple dimensions of sexuality—identification, practices, and sociability—identifies five sexual configurations differentiated by the place of sexuality within them, exposure to violence, and relationships to gay sociabilities. Using this approach, we identify different ways of life among sexual minority men, and in particular a group of individuals who have experienced sexual violence throughout their lives, including at the hands of other sexual minority men, and which seem to become disseminated throughout their existence. Membership in a sexual minority and changes over time in its societal acceptance are not the only elements that allow us to grasp the logics of the sexual violence experienced by this population. Considering the gendered organization of gay male sexuality and how the lives of gay and bisexual men are inscribed within relations of class and age, an intersectional approach to this violence is also needed.

Keywords

gay male sexuality, bisexuality, childhood violence, sexual violence, sexual sociability, health

* Université Paris I-Panthéon-Sorbonne, Centre de Recherche de l'Institut de Démographie de Paris 1 (CRIDUP-EA 134), Aubervilliers, France; Institut national d'études démographiques (INED).

** Institut national d'études démographiques (INED), Aubervilliers, France; École des Hautes Etudes en Sciences Sociales (EHESS), Institut de Recherche Interdisciplinaire sur les Enjeux Sociaux (IRIS).

*** Université Paris I-Panthéon-Sorbonne, Centre de Recherche de l'Institut de Démographie de Paris 1 (CRIDUP-EA 134), Aubervilliers, France; Institut national d'études démographiques (INED).

Correspondence: claire.scodellaro@univ-paris1.fr

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In recent years, following the rise of the #MeToo movement, increasing attention has been given to sexual violence against sexual minority men. While the movement initially focused on violence against women, the emergence of the hashtag #MeTooGay gave visibility to the stories of male victims of sexual violence, particularly within the family. For example, a high-profile book by Camille Kouchner (2021) recounts incest committed by her stepfather against her brother—although the fact that it tells a story of male-on-male violence has not often been discussed. Some accounts also spoke of violence experienced in queer community spaces, in bars or sites of sexual sociability, and thus in adulthood. Notably, the victim at the origin of the spread of the #MeTooGay hashtag in France was a young Communist Party activist who accused an elected official and his spouse of rape, before taking his own life shortly afterward.

Previous studies, both in France and abroad, have clearly established that sexual minority men are more likely to have experienced sexual violence in childhood (Friedman et al., 2011; Trachman and Lejbowicz, 2020; El Khoury Lesueur et al., 2021). Although fewer data are available on this point, these populations also experience sexual violence in adulthood, including from intimate partners and in public spaces (Messinger, 2011; Trachman and Lejbowicz, 2020; Duchesne et al., 2021). This violence has negative impacts on the mental health of the victims. These acts are not isolated incidents, but can be understood as an effect of the marginalization and stigmatization of minority sexualities, and they tend to shape the perceptions and relationships to self of the individuals that make up these minorities (Meyer, 1995; Mustanski et al., 2016).

The research literature also emphasizes the heteronormative, and potentially homophobic, dimension of this violence, which is considered a risk factor for a wider array of negative experiences and health problems. Individuals' experiences of sexual violence tend to be seen as the key to interpreting behaviours such as unprotected sex (Lloyd and Operario, 2012), suicide (Beck et al., 2011; Paget et al., 2016) and even sexual attraction itself. Violence in childhood very often precedes the stabilization of a sexual identification, and some studies have suggested that victims' experiences of violence⁽¹⁾ might in themselves increase the probability of attraction towards, or sexual practices with, individuals of the same sex (Roberts et al., 2013). But this focus on sexual violence, particularly in childhood, may reflect a pathologizing approach to minority sexualities, framed as consequences of trauma, as seen in research on HIV/AIDS (Halperin, 2007). The default view of this violence as heteronormative also tends to minimize violence committed by men who belong to these sexual minorities. The motivation behind this focus is doubtless to avoid increasing stigma and discrimination towards gay and bisexual men, but it can limit our knowledge of the diversity of experiences of sexual violence in

(1) Throughout the article, the term *experiences of violence* is used to refer to the experiences of the victims of violence.

this population. This highlights the difficulties with capturing intimate partner violence and sexual violence affecting populations that sit at the intersection of multiple forms of domination, as highlighted by Kimberlé Crenshaw (1991) in the case of Black women.

To analyse the roles that experiences of sexual violence come to play in the lives of gay and bisexual men, avoiding pathologization and taking into account the whole spectrum of such violence, we propose an approach based on the concept of a *sexual configuration*. Minority sexualities need not be conceived as general 'sexual orientations' that define homogeneous minority populations. These groups are caught up in the ongoing historical evolution of sexuality and intimacy, with ways of life that are heterogeneous not only in terms of sexuality, but of intimate partnership and of sociability more broadly⁽²⁾ (Pollak and Schiltz, 1987; Schiltz, 1997; Méthy et al., 2015; Velter et al., 2015). It is thus important for researchers to consider the whole range of practices and events relating to sexuality, including sexual identification, trajectories and violence; and to differentiate between configurations, as Tania Lejbowicz has done in research on sexual minority women (Lejbowicz, 2022a, 2023). This opens the way to a relational approach to the forms of sexual experience and identity that characterize individuals, which can only be understood in relationship to the configuration within which they are situated. In attending not only to individuals' sexual trajectories, but to their relationship to sexuality, the notion of a configuration is akin to that of 'intimate orientations', which, in the words of Bozon (2001, p. 13) 'delimit the exercise of sexuality, define the meaning attributed to it and indicate the role that sexuality plays in the construction of self'.

The approach in terms of sexual configurations offers a way to capture not only the diversity of ways of life within sexual minorities and their ways of relating to sexuality but also the variable place that sexual violence can take in the lives of individuals. It is clear from the literature that trajectories of victimization are diverse, and that a given type of violence does not always play the same role in the lives of different victims (Das, 2006; Debauche, 2011; Fanslow et al., 2021). Some experiences may be forgotten, while others may become a lasting part of individuals' self-construction, or resurface when they become the centre of debates and scandals: there are historical and generational variations in perceptions and sensibility (Bajos and Bozon, 2008). The notion of consent is the social category that is supposed to distinguish between violent and non-violent sexuality, and between that which does and does not fall within the realm of sexuality (Théry, 2022). Studies on the victims of sexual violence highlight the porosity of these boundaries, with individuals sometimes understanding acts of sexual violence as a part of their sexual life, or coming to see particular events as acts of violence in retrospect, after initially under-

(2) The analyses that follow are based on data from men who identify as gay or bisexual; throughout the article, the expression 'sexual minority' is treated as equivalent to 'gay and bisexual'.

standing them as sexuality. This is an important result of feminist scholarship on sexual violence (Kelly, 1988; McKinnon, 1989; Dobash and Dobash, 1998; Hlavka, 2014; Lejbowicz, 2022b; Lévy-Guillain, 2023). It is likely that sexual minority men are also subject to such processes of minimization and normalization, and to contextual effects on their perception of violence (McKie et al., 2020; Lejbowicz and Trachman, 2021; Gaspar et al., 2021; Sternin et al., 2022)—all the more so given that, as Hlavka (2017) points out, ‘there is little room for men in dominant sexual victimization paradigms that often exclude same-sex assault and women as perpetrators’ (pp. 497–498). Understanding how individuals distinguish sexuality from violence is thus a significant question in its own right.

Our aim, in identifying configurations, is less to analyse the effects of sexual violence on sexual orientation or mental health than to study the degree to which that violence is disseminated throughout the victims’ lives. This concept, which we adapt from Derrida (1981), is intended to identify and characterize certain ways individuals may experience violence, whereby it takes a central place in their lives, affecting various aspects of their existence and disrupting their categories of perception.⁽³⁾ This can involve specific affective trajectories that correlate with the forms of violence that an individual experiences (Brown et al., 2020); difficulty communicating about those experiences (Berns and Schweingruber, 2007); feelings of loss of meaning and self (Herman, 1992); and uncertainty about the difference between sexuality and violence. Experiences of violence cannot be understood as variables that always have the same effects and significance. On this point, we concur with more general critiques of linear causality in the social sciences (Abbott, 2001; see also Peretti-Watel, 2004). Our objective, in seeking to capture the dissemination of violence within individual lives, is to characterize cumulative processes of exposure to violence with adverse affects on personal health, but also specific forms of violence that affect different aspects of the victims’ lives.

We begin with a review of research on sexual violence towards sexual minority men and an overview of the empirical data that we draw on in the study. We then present our analysis, which combines factor analysis and a mixed clustering method built on a set of variables related to both sexuality and sexual violence. This analytical strategy allows us to offer an alternative way of understanding the place of violence in the lives of sexual minority men.

(3) The analyses of Derrida are focused not on the experiences of individuals but on the interpretation of texts. Dissemination ‘marks an irreducible generative multiplicity. The supplement and the turbulence of a certain lack fracture the limit of the text, forbidding an exhaustive and closed formalization of it, or at least a saturating taxonomy of its themes, its signified, its meaning’ (Derrida, 1982, p. 45). The difficulty of making sense of experiences, identifying an origin and an end, distinguishing between self and non-self—these are elements that characterize the victims of sexual violence, as the texts collected in the volume *La culture de l’inceste* (The Culture of Incest) strikingly illustrate (Brey and Drouar, 2022).

1. Understanding the relations between experiences of violence, sexual trajectories and health

The state of knowledge on sexual violence against sexual minority men raises questions both on the data available to shed light on this phenomenon and on how they are used to measure it. Beyond the issues of statistical sampling constraints and differences in research strategies on sexual minorities (Rault and Trachman, 2023), one of the key challenges is to open the ‘black box’ of the data used to establish correlations and examine the grounds on which attention is given to some variables rather than others (Becker, 2014, Chapter 3). Having done so, we can then outline the particular value of our data in this context.

Binary conceptions of violence and a focus on sexual violence in childhood: limitations of existing research

Most studies on sexual violence towards gay and bisexual men are based on quantitative data. The literature includes studies analysing the greater prevalence of childhood sexual violence among sexual minority men compared to straight men; studies on links between childhood sexual violence and risk behaviours among men who have sex with men (MSM); and finally, studies on the diversity of forms of sexual violence experienced by sexual minorities throughout their lives.

Regarding the disproportionate prevalence of childhood sexual violence among sexual minorities, the meta-analysis of Friedman et al. (2011) compares samples of individuals who report sexual attraction or practices with persons of the same sex, or who identify as gay, lesbian or bisexual, with straight individuals, differentiating by gender, in samples from schools in North America. They conclude that sexual minorities face a greater risk of childhood sexual violence, with sexual minority men at particularly high risk. Based on a probabilistic sample of 22,071 individuals in three US states, Andersen and Blosnich (2013) show (without distinguishing by gender) that gay, lesbian and bisexual individuals are more likely to have experienced childhood sexual abuse than heterosexual individuals.

Numerous studies have established a link between experiences of childhood sexual violence among sexual minority men and sexual risk behaviours (Paul et al., 2001; Relf et al., 2004; Brennan et al., 2007; Mimiaga et al., 2009; Schilder et al., 2014; Phillips et al., 2014; Williams et al., 2015). In their meta-analysis, Lloyd and Operario (2012) find that both MSM who are HIV-positive and MSM who have unprotected sex are more likely to have experienced sexual violence in childhood. Along with the many studies on sexual minorities and childhood sexual violence, a handful of studies have shown that sexual minorities experience sexual violence throughout their lives. This includes sexual violence in adulthood, imposed by physical force or threat (Krahé et al., 2000; Rothman et al., 2011; Wegner and Cue Davis, 2020) as well as intimate partner sexual violence (Messinger, 2011, 2017).

One of the limitations of these studies concerns the definition of childhood sexual violence and the place that victims give it in their lives (Borough et al., 2015; see also Arreola et al., 2008). Most studies analyse sociodemographic variations in the prevalence of sexual violence (in terms of sexual identification and racial and ethnic identities in particular); but the importance of sexual violence in the lives of gay and bisexual men—whether it has the status of a circumscribed past event or a determining element in the way individuals conceive their ongoing existence—may also vary.

The focus on sexual violence in childhood is a second limitation of existing research. This focus is linked to the recent construction of childhood sexual violence as a social problem, driven notably by social movements and public policies. This contributes not only to defining certain events as violence, but to shaping how individuals interpret some of their experiences, and in particular to the status of childhood violence as a major trauma with lifelong consequences (Hacking, 1995, Chapter 4; 1999, Chapter 5). As Hacking emphasizes, this framing is not a matter of questioning victims' experience or the gravity of such violence, but of emphasizing how this experience is determined by a specific historical context and linked to the categories available to individuals to describe what happens to them. Differences in the construction of violence as a social problem may lead researchers to attend more to some trajectories and variables than to others, overlooking potential sources of insight. For example, there has been far less research on bisexual women and men than on lesbian women and gay men (Yoshino, 2000) and relatively little investigation of sexual violence in the intimate partner context (Messinger, 2017).

Finally, feminist scholarship has shown that in women's lives, the distinction between experiences of sexuality and experiences of violence is not a self-evident one, given the gendered organization of sexuality. Sexuality between men raises other questions, given the specific organization of male sexual subcultures, not uncommonly characterized by sexual scripts featuring domination and humiliation, and where partners sometimes have little or no knowledge of one another (Hennen, 2008; Rubin, 2010). Work in gay and lesbian studies has examined the consequences of these multiple uses and meanings of sexuality for the understanding of forms of sexuality between men, and the place of coercion and consent within them (Bersani, 1987; Halperin, 2007; Trachman and Bérard, 2018; Buggs and Hoppe, 2023). These studies highlight the need to situate and understand sexual violence towards sexual minority men in the context of the specificities of their sexual subcultures and practices.

A survey on violence that sheds light on the multiple dimensions of sexual life

In 2015, the French Institute for Demographic Studies (INED) carried out the Violence and Gender Relations (VIRAGE) survey. Its aim was to measure

gender-based violence towards women and men in metropolitan France generally (Brown et al., 2020), but also specifically towards members of minority populations, and in particular sexual minorities. In anticipation of the limited presence of sexual minorities in the random sample of the French population, an additional volunteer sample of lesbian, gay, bisexual and/or trans individuals was surveyed with a modified questionnaire. This additional survey, VIRAGE-LGBT (Trachman and Lejbowicz, 2020), was conducted between November 2015 and March 2016. The respondents were recruited by distributing the questionnaire to the members of over a hundred community organizations, by posting links on community websites and handing out flyers and posters advertising the survey at community bars and events, etc. The questionnaire was self-administered online. In total, 10,612 individuals started the questionnaire and 7,148 completed it, a completion rate of 67%. To avoid recruiting only victims of violence, the survey was not presented as being focused on this topic, but as a survey on ordinary aspects of the lives of gay, lesbian, bisexual and trans people. The questionnaire began with a set of questions on the respondent's sociodemographic characteristics and health status. It then asked a series of questions about experiences of violence.

Specific measures were taken to overcome methodological difficulties with capturing sensitive experiences while ensuring high-quality data. The questions on experiences of violence distinguished their time of occurrence (in the preceding 12 months or earlier, designated as 'during your life', their form (verbal, psychological, physical, sexual), the spaces where they occurred (educational institutions, the workplace, public spaces, with the intimate partner, in past relationships, in the family). In keeping with recommendations on statistical surveys on gender-based violence (Walby and Myhill, 2001), the questionnaire did not use the word *violence*, and described each event as precisely as possible (for example, having been hit, having been forced to touch someone's sexual organs or have one's own touched, having sexual relations against one's will, etc.). For persons who reported such experiences, questions were then asked on the date, the context, the emotional consequences, and the perceived seriousness of the acts.

In VIRAGE-LGBT, the definition of the family context was broad: it included not only family members but others close to the family (a neighbour, carer, babysitter, etc.). The family context was defined not by legal or biological relatedness, but by closeness in everyday family social life. The survey also recorded experiences of violence in public spaces. These forms of violence are also analysed here, defining this category of acts by the perpetrators rather than the location of the violence, as violence committed by persons not close to the victim, taking place in the victim's neighbourhood, in bars, shops, or gyms, for example. We look at the psychological, physical and sexual dimensions of intimate partner violence, defining this as violence committed by a spouse or partner, regardless of whether the partners lived together.

An analysis by sexual configurations

Our analyses are based on data from the 3,288 men in the VIRAGE-LGBT database who reported both identifying as gay or bisexual and engaging in sexual practices with other men. This restriction of the sample to individuals amongst MSM who also identify as gay or bisexual focuses the analysis on individuals whose gay or bisexual identity is most likely to be part of their way of life.

We began by calculating descriptive statistics on the sociodemographic, sexual and health characteristics of our sample. We then performed a multiple correspondence analysis (MCA) on the sexual configuration variables, followed by mixed clustering (k-means clustering with 100 clusters and then agglomerative hierarchical clustering) based on the coordinates of individuals on the first ten axes of the MCA. The advantage of factor analysis is that, rather than defining the indicators used to constitute different groups a priori, it identifies correlations between variables, pinpointing connections and oppositions between their different values (Husson et al., 2016). It brings out the main dimensions that organize the differences and similarities between individuals. Clustering algorithms group together individuals in a way that maximizes the similarity between the members of each group (cluster) while maximizing the difference between groups (Husson et al., 2016). Each group is then coded as one value of a new categorical variable—here, a cluster of sexual configurations—that summarizes the multiple initial variables in the MCA bearing on various aspects of respondents' sexuality and experiences of sexual violence.

We then performed logistic regressions on the relation between the risk of reporting different health problems and membership in one of the sexual configuration clusters. Here, we selected three types of health variables: perceived health, which represents an overall, subjective evaluation of health and which is highly correlated to mortality (Idler and Benyamini, 1997); HIV seropositivity;⁽⁴⁾ and four indicators of mental health: lifetime suicide attempts, lifetime bulimia nervosa, major depressive episode at the time of the survey,⁽⁵⁾ and dark thoughts (of preferring to be dead, self-harm, etc.) in the previous 12 months.

Dichotomous logistic regressions were estimated separately for each health variable, excluding missing responses. The control variables, apart from sexual configurations, were age group, level of education, occupational category, and type of area of residence. These variables were not used to construct the group but may be correlated with both health and sexual configuration. The category

(4) The information collected consists of the respondent's self-reported HIV status and the date when those who are HIV positive became aware of their seropositivity.

(5) The survey module used to identify depressive episodes is drawn from the Mini-International Neuropsychiatric Interview (MINI). The one on bulimia nervosa is presented in Scodellaro et al., 2017, along with an interpretation of the development of these disorders in stressful situations. In psychiatry, bulimia is characterized by binge eating combined with methods of compensation aimed at controlling weight (induced vomiting, taking laxatives, fasting, intense physical activity), sometimes with fatal consequences.

of sexual configurations chosen as a reference is, as is classically the case, one that includes a large number of individuals, to ensure that the results are robust, and that represents an extreme situation with regard to the phenomena under study, in order to maximize the contrasts with the other categories. The configuration we label ‘conjugal sexual sociability’ meets these two criteria.⁽⁶⁾

The variables used in the MCA and clustering analyses concern the respondents’ sexual trajectory (attraction, practices, identification; number of partners; first sexual relations; reactions of close relations to the respondent’s sexual identity; payment for sex); their use of spaces of male sexual sociability (saunas, outdoor cruising spaces, sex clubs, dating platforms and apps); and their partnership history and current relationship situation (intimate partner relationships lasting more than four months). Together, they offer a picture of individual sexual sociability: that is, forms of social relations between individuals with varying degrees of closeness, in which minority sexualities may be practised or discussed, where short-term or lasting affective relations may be formed, and which, in addition to sexual interactions as such, are central to the lives of some gay and bisexual men (Warner, 1999; Rubin, 2010).

As we considered the boundary between violence and sexuality to be a question in its own right, and not a presupposition of the analysis, we chose to analyse all sexual events, including acts of violence, without assumptions about their relative importance or status.

Unlike most previous studies, we did not set violence apart and analyse its relations to sexual practices or orientation, but instead integrated it into the characterization of sexuality. The acts categorized here as childhood sexual violence include unwanted sexual touching, attempted rape and rape within the family before the age of 18. Responses on the nature and repetition of acts were used to construct an indicator of family sexual violence with five categories of severity (Charruault et al., 2020): *no* reported experiences of violence; *less severe*, representing sexual touching on less than five occasions; *severe*, consisting of sexual touching on at least five occasions or a single rape or attempted rape; *very severe*, with multiple instances of rape or attempted rape; and *indeterminate*, if a response to any of the questions on acts of violence is missing for a respondent. We also included in the analysis variables for the occurrence of rape or attempted rape over the last 12 months, regardless of the context; lifetime instances of rape or attempted rape by an intimate partner; lifetime instances of rape, attempted rape or sexual assault in public spaces; and consent to the first sexual relations.

The first four axes in the multiple correspondence analysis (graphs of axes 1 to 4 in Appendix 1) account for 67.7% of total variance (Benzécri modified rates). The ten first axes, which were then used for clustering, accounted for 86.0% of total variance. The first axis reflects the intensity of sexual sociability,

(6) The analyses were carried out using SAS and SPAD.

with number of sexual partners over the respondent’s lifetime and in the past year as typical variables. The second axis differentiates identification as either gay or bisexual. The third axis reflects childhood sexual violence. The fourth is structured by sexual violence in adulthood.

This initial analysis allowed us to distinguish five groups with different sexual configurations (see Appendix 2 for the distribution of individuals and clusters on the first two factorial planes). The use of five clusters was based on the Davies-Bouldin index,⁽⁷⁾ which was lower for this number of clusters than for an immediately higher or lower number. In this case, inter-cluster inertia represented 35.1% of total inertia.

2. Sociability, peripherality, violence: the dimensions of sexual configurations

Different configurations are distinguished by ways of life and experiences of violence

Table 1 presents the descriptive statistics on the sociodemographic characteristics, experiences of violence and health status of the men in our sample. Comparing them to data on MSM in France, these can be understood to reflect some of the characteristics of this population with respect to the majority population: relatively young, educated (nearly 77% have a tertiary qualification) and urban (Bajos et al., 2008; Trachman and Lejbowicz, 2020). The proportion who reported living with HIV (13%) is close to that seen in other French surveys (Alain et al., 2021). Note that a small proportion of the sample ($n = 47$)

Table 1. Characteristics of gay and bisexual men in France in 2015–2016: sociodemographics, health status, and sexual violence

		%	Number
Socio-demographic characteristics	Age		
	20–29	27.8	913
	30–39	22.8	751
	40–49	25.1	824
	50–69	24.3	800
	Highest educational qualification		
	None	1.4	45
	Lower secondary	7.5	248
	Upper secondary	14.1	463
	Bachelor’s degree or other initial tertiary qualification	14.4	472
	Master’s or PhD		
	Don’t know/Don’t wish to say	62.3	2,047
		0.4	13
	Area of residence		
	Paris region	37.9	1,246
Other urban agglomeration	54.2	1,782	
Rural area	7.6	251	
Don’t know/Don’t wish to say	0.3	9	

(7) The Davies-Bouldin index is a measure of similarity between clusters, based on dispersion within clusters and separation between clusters. It is a function of the mean of the ratio of the distances between individuals and the centroid of the cluster and the distance between the centroid and that of the most similar cluster. It can vary between 0 (best classification) and infinity.

Table 1 (cont'd). Characteristics of gay and bisexual men in France in 2015–2016: sociodemographics, health status, and sexual violence

		%	Number
Sexuality and intimate partnerships	Sexual identification		
	Gay	91.1	2,994
	Bisexual	8.9	294
	Currently has intimate partner	57.3	1,883
	Lifetime number of male partners		
	10 or less	23.9	785
	11 to 30	19.5	641
	31 to 100	22.4	735
101 or more	20.6	678	
Don't know/Don't wish to say	13.7	449	
Regular or occasional visits to sexual sociability spaces	52.9	1,738	
First sexual relations were:	Not wanted but accepted	10.8	355
	Forced	1.6	53
Experiences of sexual violence	In the family context before age 18		
	None	91.0	2,992
	Less severe	1.3	43
	Severe	2.2	71
	Very severe	4.8	159
Indeterminate	0.7	23	
Lifetime experiences of intimate partner sexual violence	2.1	70	
Sexual violence in public space before age 18	5.8	192	
Rape or attempted rape in last 12 months (all contexts)	2.0	67	
No sexual violence reported	85.8	2,820	
Health status	Reported HIV serological status		
	HIV negative	85.5	2,812
	HIV positive	13.1	429
	Don't know/Don't wish to say	1.4	47
	Current perceived health		
	Very good or good	81.5	2,679
	Fairly good, bad or very bad	18.3	602
	Don't know/Don't wish to say	0.2	7
Current major depressive episode	20.7	680	
Dark thoughts over the past 12 months	27.0	888	
Lifetime bulimia nervosa	6.2	204	
Lifetime suicide attempts	17.4	572	
Total	100.0	3,288	
<i>Population:</i> Men who have had sex with men and/or who identify as gay or bisexual.			
<i>Source:</i> VIRAGE–LGBT survey, INED, 2015–2016.			

did not report their HIV status. Around 9% of the men in the sample identify as bisexuals. This is similar to the percentage seen in other convenience samples (Velter et al. 2015), but community-based collection strategies only capture a specific fraction of bisexual individuals (Kuyper et al., 2016). Moreover, the choice to define bisexuality through identification means that our results are not strictly comparable with those of other analyses carried out in France, which have generally defined it in terms of lifetime sexual practices with both women and men (for a discussion of this point, see Maillochon, 2023).

The sample also features some known characteristics of common forms of gay sexual sociability: a high number of sexual partners (43% of individuals had had more than 30 in their lifetime), widespread use of specific spaces of sexual sociability (40% of the sample), and a large number of persons who do not have an intimate partner (43%) (Bajos et al., 2008; Velter et al. 2013). The data on health status indicates that the mental health of this population is poor: 17% had attempted suicide at least once, 21% reported a set of symptoms suggestive of ongoing depression at the time of the survey, 27% reported dark thoughts (wishing to be dead/thinking of self-harm) at the time, and 6% had a history of bulimia.

On sexual violence, 9% of respondents reported having been victims in childhood (before the age of 18), 6% in public spaces under the age of 18, and 2% with an intimate partner in their lifetime. Two per cent of men reported having experienced rape or attempted rape in the preceding 12 months, in all contexts combined. These prevalences are relatively low compared to previous findings. For example, in surveys carried out in the United States in the same period, 30 to 47% of gay and bisexual men and MSM reported lifetime experiences of sexual violence (Black et al., 2011; Chen et al., 2020; Rothman et al., 2011). But international comparisons of rates of violence are difficult, as the relevant surveys are conducted differently, the populations delimited in different ways, the questions variable,⁽⁸⁾ and the reporting and perception of violence influenced by national contexts, public policies, the training of police and legal professionals, etc. (Dobash and Dobash, 1984). In terms of the social context, although sexual violence later gained some visibility in France with #MeToo and #MeTooGay, at the time of the VIRAGE-LGBT survey, in 2015 and 2016, the phenomenon was largely absent from the public sphere. In this context, some victims undoubtedly did not consider themselves as such, or did not wish to report their experience. While a portion of respondents reported having been subjected to acts of violence, 86% did not.

The superposition of sexuality and violence in the respondents' lives can be seen in the circumstances of their first sexual relations: 2% of the respondents reported that they were forced into it, while 11% reported what could be described as having submitted to it (not desiring but accepting it). The small share of reported forced sexual relations may reflect a negation of violence resulting from the strategies deployed by certain aggressors to mask violence as sexuality by avoiding the use of force, acting gently and expressing amorous feelings (Dussy 2013). The median age at sexual debut decreased with the degree of coercion, significantly so at the 0.001 level: age 11 among those forced into it; 16 among those who submitted to it, and 18 among those who wished for it.

(8) The questions are not always presented in publications, and it is hard to know to what extent differences in wording influence responses (Cavalin, 2016, p. 730 et seq.).

The multiple correspondence analysis identified five distinct clusters of sexual configurations. Table 2 presents the sexual and partnership variables that most distinguish each cluster from the sample as a whole. The complete results can be found in Appendices 3 (active variables) and 4 (other socio-demographic characteristics). The clusters can be grouped together based on the dimensions that organize them: one dimension that distinguishes individuals with a high degree of sexual sociability from those with a more conjugal sociability; one dimension that groups together many bisexual men, but also gay men less involved in gay sociability; and a dimension that distinguishes between individuals who reported experiences of sexual violence based on whether they occurred exclusively in childhood or throughout their lives.

The largest cluster (39%, $n = 1,294$) consists predominantly of gay men with a high degree of sexual sociability. The individuals in this cluster are more likely to identify as gay (98%) than the sample as a whole (91%); they reported a large number of sexual partners both in their lifetime (41% reported having had more than 100) and in the last 12 months (42% reported having had at least 15); and they were more likely to regularly visit both physical spaces of sexual sociability (saunas, backrooms, outdoor cruising locations: 58% reported going occasionally, and 25% regularly) and digital ones (73% regularly). They were more likely to perceive themselves as very masculine (17%) and less likely to perceive themselves as feminine or not very masculine (15%). Few reported experiencing sexual violence at any time or in any context (e.g. 98% reported no family sexual violence, and 99.5% no intimate partner sexual violence). They tend to be older than the sample as a whole (59% were aged 40 or older at the time of the survey), more likely to be in higher-level occupations and to live in the Paris region. Other elements also highlight specificities in the intimate orientations of this group: they are more likely than the sample as a whole to have had their first male partner between the ages of 18 and 20 (29%); this partner is more likely to have been an acquaintance or someone they met recently (75%); they are more likely to have had only male sexual partners (75%); and they are less likely to have an intimate partner (45%). This group is characterized by an intense sexual sociability.

The second, almost equally large cluster (38%, $n = 1,254$) consists of gay men with a partner. Individuals in this group are also more likely to identify as gay (99%), but above all they were more likely to have an intimate partner at the time of the survey (76%). They had had far fewer sexual partners than the sample as a whole (41% reported fewer than 11 lifetime partners), were less likely to spend time in physical spaces of sexual sociability (58% reported never doing so) and made relatively little use of online dating apps/platforms (34% reported never doing so). Their sexuality with their intimate partner was also more exclusive (59% had not had a new partner in the preceding 12 months). They were more likely to report that their family members accept their sexuality (their mother in 70% of cases, their father in 55%). They were

Table 2. Sexual configurations, sociability and violence among men who have sex with men and who identify as gay or bisexual, 2015–2016, by cluster (%)

	Intense sexual sociability (39.4%)	Conjugal sexual sociability (38.1%)	Peripheral gay sexuality or bisexuality (13.7%)	Sexual violence in childhood (6.3%)	Disseminated violence (2.4%)	Overall (100.0%, N = 3,288)
Identification as gay	98.4 ***	98.6 ***	49.6 ***	91.4 NS	88.8 NS	91.1
Currently has intimate partner	44.7 ***	76.2 ***	39.4 ***	55.8 NS	47.5 NS	56.8
Never had a partner	12.3 NS	7.9 ***	24.3 ***	10.1 NS	8.8 NS	12.0
More than 100 lifetime sexual partners	40.7 ***	4.6 ***	6.0 ***	23.6 NS	22.5 NS	20.6
Occasional visits to saunas, backrooms, outdoor cruising areas	57.7 ***	21.5 ***	35.0 *	48.1 ***	36.3 NS	39.6
Regular use of online dating apps/platforms	72.6 ***	12.2 ***	40.5 NS	45.6 NS	58.8 **	43.1
Mother totally accepts sexuality	25.9 NS	36.3 ***	4.9 ***	20.2 *	15.0 *	26.3
Coerced into first sexual relations	10.4 NS	8.1 ***	12.4 NS	21.6 ***	22.5 **	10.8
Severe or very severe sexual violence within the family in childhood	0.7 ***	0.2 ***	1.1 **	97.6 ***	13.8 *	7.0
Sexual violence in the family before the age of 10	0.0 ***	0.0 ***	0.2 ***	54.3 ***	2.5 NS	3.5
Sexual violence by an intimate partner, lifetime	0.5 ***	1.0 ***	1.3 NS	2.4 NS	51.3 ***	2.1
Sexual violence in public spaces at age 18 or over	2.4 NS	1.5 ***	1.3 *	3.4 NS	46.3 ***	3.0
Experienced rape or attempted rape over the previous 12 months	0.0 ***	0.0 ***	0.2 **	1.9 NS	77.5 ***	2.0

*** $p < 0.001$; ** $p < 0.01$; * $p < 0.05$; ns: $p \geq 0.05$; with p = the probability that the distribution of the characteristic within the cluster is the same as in the whole sample.
Population: Men who have had sex with men and/or who identify as gay or bisexual ($n = 3,288$).
Interpretation: 98.4% of individuals in the 'intense sexual sociability' cluster identify as gay, versus 91.1% in the whole sample, a difference that is significant at the .001 level.
Source: VIRAGE-LGBT, INED, 2015–2016.

also less likely to have experienced sexual violence (2% in the family, 1% from an intimate partner). This cluster is younger than the first (61% were under the age of 40 at the time of the survey) but their socio-economic characteristics are similar. This cluster represents a conjugal sexual sociability.

The third cluster consists of a group of men who are more likely to identify as bisexual (50%). They reported fewer sexual partners than the sample as a whole (11% had not had any in the preceding year), were more likely to be single (24% had never had a partner), and were less involved in gay sexual culture (e.g. 41% reported going occasionally or regularly to bars), often had the sense of being slightly feminine or not very masculine (29%), and their family was markedly more likely to be unaware of their sexuality (their mother in 75% of cases, their father in 79%) They were less likely to report experiences of sexual violence than the sample as a whole (1% in the family, 1% in public spaces). Their occupational status is lower (24% were in higher-level occupations), they are more likely to live outside the Paris region, and they are more frequently at either extreme of the age distribution (38% were aged between 18 and 29, 33% were 50 or over). Their way of life involves forms of gay sexuality and bisexuality that could be described as 'peripheral', i.e. lifestyles and relations to self that feature a lesser investment in gay sexual subcultures, with lesser social capital, at a distance from both real and imaginary figures of gay male sexuality marked by the affirmation of self, masculinity, and gay desire (on this peripheral sexuality, see Trachman, 2018).

The final two clusters consist of individuals who reported experiences of sexual violence. The fourth cluster (6%, $n = 208$) consists of men who experienced sexual violence in childhood or adolescence, whether in the family context (54% reported such experiences before the age of 10) or in public spaces (15% before the age of 18). Individuals in this cluster were more likely to report that their family rejected their sexuality (13% and 14% reported total rejection by their mother and father respectively). In terms of their sexual trajectory, they were more likely to have had partners of both sexes (55%), and only occasionally spent time in spaces of male sexual sociability (48%). They were slightly younger than the sample as a whole (80% were 30 or over), less likely to be in higher-level occupations (26%), and less likely to live in the Paris region (34%).

The fifth and final cluster (2%, $n = 80$) consists of individuals who reported experiences of intimate partner sexual violence (51%) and/or rape or attempted rape in the preceding 12 months (78%). This cluster thus consists of recent victims at the time of the survey. The group also seems to be characterized by the dissemination of violence across their trajectories, with a greater proportion reporting experiences of sexual violence before the age of 18 (10% reported experiencing sexual violence in public spaces as minors), and in particular being forced into their first sexual relations (23%). They were also more likely to report having sometimes or often had sexual relations they did not want

(38%). They were more likely to use online dating apps (59%) and to go to saunas, backrooms or outdoor cruising locations (24%), and less likely to have an intimate partner at the time of the survey (48%) but had had partners in the past (41%). The sexuality of many was unknown to their parents (25% to their mother), and where it was known, it was more likely to be rejected (by 31% of their mothers). This was the youngest group of men (36% under age 30), with the lowest level of education (26% had only a lower secondary school diploma), and its members were most likely to live in the Paris region (40%) or other major urban agglomerations (56%).

Strong links between sexual violence and poor health

We measured the probability that individuals in each of the five clusters would report health problems, all else equal (Table 3; complete results in Appendix 5). The objective was to identify vulnerabilities, but also to provide further insights on the place and meaning of sexuality in different lives. We chose the conjugal social sexual sociability cluster, which reported the least violence and the best health status, as the reference cluster (see Section 1.2). Men with intense sexual sociability were significantly more likely to be HIV positive ($OR = 4.2$), as were members of the cluster of individuals who experienced childhood sexual violence ($OR = 2.9$). The results from the small cluster of individuals who reported experiences of severe sexual violence in adulthood suggest such an effect as well, although the result did not reach the significance threshold ($OR = 2.0, p = 0.08$).

Table 3. Sexual configurations and health status (odds ratios)

	Reported HIV status	Dark thoughts	Lifetime suicide attempts	Current major depressive episode	Lifetime bulimia	Poor perceived health ^(a)
Conjugal sexual sociability	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>	<i>Ref.</i>
Intense sexual sociability	4.2 ***	1.8 ***	1.1	1.5 ***	1.1	1.2
Peripheral gay sexuality or bisexuality	0.9	1.9 ***	1.0	1.4 *	0.9	1.3
Childhood sexual violence	2.9 ***	2.7 ***	3.8 ***	1.9 ***	3.3 ***	1.8 **
Disseminated violence	2.0	2.6 ***	2.0 **	2.2 ***	3.5 ***	2.1 **

(a) Fairly good, poor or very poor perceived health, rather than good or very good.
 *** $p < .001$. ** $p < .01$. * $p < .05$.
Population: Men who have had sex with men and/or who identify as gay or bisexual.
Control variables: Age, level of education, occupational category, area of residence.
Interpretation: One regression model per health variable. All else equal, individuals in the intense sexual sociability cluster were significantly more likely (at the $p = .001$ level) to be HIV positive than individuals in the conjugal sexual sociability cluster.
Source: VIRAGE-LGBT, INED, 2015–2016.

The mental health indicators offer a more detailed picture of vulnerability, beyond the question of HIV status alone: the two clusters of victims of sexual violence, in childhood and disseminated, were more likely to report recent dark thoughts (OR of 2.7 and 2.6, respectively) and an ongoing major depressive episode (OR of 1.9 and 2.2, respectively)—considerably more than the members

of the intense sexual sociability cluster (OR of 1.8 for dark thoughts, 1.5 for major depression). Other health data confirm this particular mental health vulnerability: the risks of lifetime suicide attempts (OR of 3.8 with childhood violence and 2.0 with disseminated violence), bulimia (3.3 and 3.5), and poor perceived health (1.8 and 2.1) were significantly higher than the reference cluster only in the clusters of victims of violence. In a population where poor health is fairly common, these findings highlight negative experiences specifically correlated with exposure to sexual violence.

The peripheral gay and bisexual cluster is similar to the intense sexual sociability group in terms of mental health (OR of 1.9 and 1.4 for dark thoughts and depression, respectively), but with rates of HIV positivity similar to the conjugal sociability cluster (non-significant OR).

3. Stigmatization of minority sexuality, sexual violence and spaces of male minority sexuality: discussion and limitations

Gay masculinities and the changing space of possible sexualities: the historical and generational dynamics of sexual configurations

The analyses above show, first of all, that the place, and likely the meaning, of sexuality varies across different sexual configurations. In the lives of gay men with an intense sexual sociability, sexuality occupies a particularly important place. For these individuals, involvement in a gay sexual culture represents a specific way of life, and undoubtedly constitutes an important element of individual identity. These are characteristics seen in the small erotic communities that developed beginning in the 1960s among Western gay men around a particular sexual practice or social space (Pollak, 1982; Rubin, 2010; Giraud, 2014), in a context of stigmatization and repression, including through criminalization (Gauthier and Schlagdenhauffen, 2019). The lesser tendency of individuals in this cluster to report experiences of sexual violence can be understood in light of this way of life: not having been subjected to violence may make it possible for individuals to experience sexuality and sexual sociability between men as spaces of pleasure and discovery, rather than as problematic.

On the other hand, this way of life could also lead individuals not to classify or report certain experiences as violent, and perhaps to normalize them (Hlavka, 2014). The sexual scripts that predominate in these social spaces, characterized by anonymity, often brief encounters and sexual relations, featuring a highly variable degree of acquaintance with partners, can lead individuals to accept a certain number of interactions without applying consent as a norm, 'playing the game' even if this is not strictly in keeping with what they want (Green, 2011). The valuing of an assertive, or even 'macho' masculinity (Levine, 1998; De Busscher, 2000) in gay culture beginning in the 1970s undoubtedly contributed to privileging the assertion of sexual desire over negotiation or the imperative to consider a lack of desire. Spaces of gay male sociability are also

spaces of masculine sociability: here, the organization of gay sexuality is inscribed in a gendered and differentialist conception of sexualities, characterized by a norm of masculine sexuality conceived as a need that must be satisfied (Ferrand et al., 2008), marked by ‘male sexual entitlement’—what Srinivasan (2021) described as ‘the false conviction that men have a right to sex, a right that they can coercively enforce’ (p. 174).

In the cluster of gay men in intimate partnerships—whether their intimate orientation is governed by the conjugality itself, or the conjugality reflects a certain relationship to sexuality—several elements seem to speak of a lesser investment in sexual sociability, which may also reflect a specifically conjugal sexuality. This cluster can be regarded as representing a positive experience of gay sexuality that is relatively distinct from gay sexual culture. Younger people have grown up in a world where having same-sex partners has progressively come to be an established part of the space of possible sexualities. It is in this group that the respondents’ parents are most widely accepting of their sexuality. This shift away from multi-partner sexuality emerged beginning in the 1990s among the most privileged fractions of the gay male population (Adam, 1999), and may reflect a conception of gay sexuality centred less on external sociability than on the domestic space. In France, the creation of a civil partnership open to same-sex couples in 1999 (PACS) and the legalization of same-sex marriage in 2013 doubtless contributed to this shift (Rault, 2011, 2023).

The peripheral sexuality cluster shows some characteristics that distinguish bisexual men from a portion of gay men. This group is often invisible in studies that do not draw this distinction. They are less likely to have an intimate partner, have fewer sexual partners, and their close personal circles are less likely to be aware of their sexuality (Trachman and Lejbowicz, 2020). These traits characterize not only some bisexual men, but also some gay men: this cluster is defined as much by its relations to gay subcultures as by sexual identification. Sexuality seems to have a less important place in the lives of the men in this group. This may in part be a question of inequalities in access to sexuality: there are essentially no spaces of sexual sociability aimed at bisexual individuals, and the negative social images associated with bisexuality, male bisexuality in particular, limit these individuals’ ability to find a partner (Deschamps, 2002; Dodge et al., 2016). It may also be a consequence of individuals assigning sexuality a lesser place in their way of life. This group, which includes people from both extremes of the age scale, seems to be particularly heterogeneous in social terms. The meaning of identification as bisexual has changed in recent decades, as have bisexual men’s relationships to gay culture and sociability. The stigmatization, and even the exclusion of bisexual men from community spaces in the 1980s (Armstrong, 1995) are doubtless less prevalent today (Anderson and McCormack, 2016); these spaces now allow for a broader repertoire of modes of masculinity and are less centred on relations between men (Hennen, 2008). It may be that some young men who identify as bisexual or gay live out their sexuality at a

distance from traditional gay social contexts while also avoiding long-term relationships, or never having experienced one.

The differences between the groups thus reflect historical and generational changes in the social image of gay sexuality, bisexuality and the space of possible sexualities. They may also echo events that have marked the lives of different age groups in different ways, in particular the HIV/AIDS epidemic, to which the oldest cohorts were more exposed. This not only helped to create the conditions for a normalization of gay sexuality (Pinell, 2016), it meant being confronted with the death of close friends and partners, the silence and violence of their families, and a sexuality marked by risk and prevention (Pollak, 1988; Girard, 2013). Vulnerabilities in mental health are undoubtedly linked to the difficult political and demographic contexts that faced the oldest groups in the sample. The higher relative proportion of bisexual men at the oldest ages may reflect higher HIV/AIDS-related mortality among men in these age groups who identified as gay. But ways of experiencing HIV and the associated risk have evolved. In a context where the epidemic has become chronic and an undetectable viral load allows individuals to avoid passing on the virus (Race, 2001), a portion of gay men do not necessarily view HIV-positive status as something to be absolutely avoided, but as an acceptable risk associated with the quest for sexual pleasure (Adam et al., 2005; Bauermeister et al., 2009).

An analysis of HIV status with respect to sexual configurations sheds light on this point. Among gay men with intense sexual sociability, the results align with the associations seen for men living with HIV in other French surveys: more sexual partners, earlier sexual debut, more regular use of spaces of male minority sexuality (Velter et al., 2013). We can thus hypothesize that the excess risk of HIV-positive status in this group is explained simply by greater exposure through larger numbers of sexual partners and diversity of sexual experiences, but that it is not necessarily linked to negative experiences expressed through risk-taking. Intense sexual sociability could also result in part from HIV-positive individuals' avoidance of, or exclusion from, intimate partnerships. The spread of knowledge about non-transmission when viral loads are undetectable may have lifted some barriers to entering intimate partner relationships in the years since the VIRAGE-LGBT survey. Among the victims of disseminated violence, HIV-positive status is part of a wider situation of especially poor health, including mental health, in which case seroconversion can be seen as just one stage in a longer trajectory of vulnerability. Here, risk-taking may be better understood in the context of a wider situation of disrupted health and well-being, rather than in terms of sexual sociability itself. But the questionnaire does not allow us to further analyse sexual risk behaviours.

The dissemination and circumscription of sexual violence

What place does sexual violence occupy in the ways of life of gay and bisexual men? The majority of the sample faced less than total acceptance of

their sexuality by their parents, many were coerced into their first sexual relations, and many had mental health problems. But this vulnerability must not lead us to consider that the lives of all gay and bisexual men are marked by sexual violence. First, it is far from a universal experience in these populations. And second, even though we chose not to draw an a priori distinction between groups based on the experience of sexual violence, instead integrating those experiences into an analysis of sexual experiences generally, our analyses identified particular groups whose trajectories are marked by violence, and that are additionally distinguished by their sexuality.

The two groups of victims of violence that emerged are differentiated by their intimate orientations. They tended to spend greater amounts of time in spaces of sexual sociability than those in a conjugal sexual configuration, but less than those in a configuration of intense sexual sociability, and they had not necessarily had larger numbers of sexual partners as a result. The cluster with disseminated violence is distinguished by the greater proportion who reported sometimes or often having sex when they did not want to. This may reflect a specific relation to sexuality, for the sake of others rather than themselves. Individuals who experienced childhood sexual violence less often spent time in spaces of sociability, whether sexual or not, but half regularly used dating apps/platforms. They reported fewer sexual partners, both in their lifetimes and in the previous 12 months. From this point of view, they seem to show a certain caution, or even a degree of withdrawal, perhaps linked to their early experience of sexual violence.

The differentiation of situations of childhood sexual violence from those with violence disseminated across the lifespan is an important result of our analyses. It points to a need to avoid a homogenizing conception of sexual violence, but rather to take into account its context and timing. A great deal of research has focused on childhood sexual violence experienced by MSM. But this population is also affected by sexual violence later in life, in intimate relationships and in public spaces, which has particularly negative effects on the victims' health. There is a need to better investigate and understand these other experiences of violence. Acts of sexual violence in public spaces can be driven by homophobia; but they can also be linked to spaces of sexual sociability and the use of dating apps, in contexts where the norm of consent does not always predominate. Further research is needed to understand these negative experiences within sexual minority communities, a phenomenon that the construction of these spaces as 'safe' has doubtless tended to obscure. Gay and bisexual men are also affected by intimate partner violence. Here too, a context where these phenomena have mainly been analysed as forms of male violence against women (Messinger, 2017) has doubtless led to a dearth of attention to their occurrence in these other cases.

To analyse sexual violence, we believe it must be situated in the context of distinct sexual configurations, but also of other social relations, in particular

age and social class. The individuals in the disseminated violence group are younger, less educated, and hold lower-status occupations than the sample as a whole. The implications of these specificities may be understood from the perspective of the acceptance of minority sexualities, and the resources needed for self-affirmation. From this point of view, more precarious living conditions, combined with lesser acceptance of minority sexualities, particularly by family members, could favour the dissemination of violence. Around 18% of the individuals in the disseminated violence cluster left their family home following a conflict (results not presented). But the specificities of this group may also be looked at in relation to the other sexual configurations: in this case, even if these individuals move in spaces of male sexual sociability, they may experience them less as a refuge than as a site of risk. From an intersectional perspective, certain social relations, in particular age and class, may determine experiences of violence among sexual minority men in socially dominated positions. Such a possibility might be obscured under an approach focusing solely on the stigmatization of sexual minorities.

Our analyses not only identify situations involving particular vulnerabilities, they also identify more protective situations. We do not, however, view intimate partnerships in themselves as a protective factor, for several reasons. Our analyses highlight the existence of intimate partner violence within sexual minorities. It may also be that individuals subjected to violence in childhood have greater difficulty with intimate partnerships. That individuals with a partner are less likely to have been victims of childhood sexual violence may reflect a selection effect, with inequalities in access to intimate partner relationships determined by those experiences. It is also possible that having a partner lowers the propensity to perceive or report past sexual violence. In this case, the results would reflect not lesser exposure to violence, but their being circumscribed within a certain phase of some victims' life trajectory, with an intimate partner relationship allowing them to limit the place of sexual violence in their lives and to leave negative experiences behind them. Finally, the conjugal focus of some gay and bisexual men involves specific sociabilities and lifestyles, as a couple, which may be less diversified: it may not be the fact of having a partner as such that is protective, but rather the associated ways of life that protect against some risks, with practices centred on the couple (Courduriès, 2011). It could also be that as couplehood is a factor in the normalization of same-sex relationships (Giraud, 2016), it can reduce hostile or aggressive reactions from the majority population.

The limitations of non-probabilistic sampling and a general population sample for capturing minority vulnerabilities

This study has a number of limitations. The use of non-probabilistic sampling means that it is difficult to generalize from the results. In addition, while the data collection strategy aimed at targeting sexual minority individuals in their diversity makes it possible to analyse people with varied profiles, it leaves

aside some individuals who are of particular interest for the research question. This is particularly the case for victims of sexual violence: collection strategies not specifically targeting victims tend to miss those in particularly difficult situations (Myhill, 2015). Similarly, the survey may have failed to capture a specific fraction of HIV-positive MSM, missing men who are in particularly precarious situations, linked notably to their HIV status, and who are less able to answer a relatively long online questionnaire (Marsicano et al., 2014).

There are also limitations linked to the survey questions. VIRAGE-LGBT was a specific component of a general population survey on gender-based violence. As such, while certain questions were added for sexual minorities, most questions were administered to all respondents to ensure comparability of results. The resulting instruments did not allow all minority experiences to be captured: questions on certain sexual practices between men, as well as the consumption of psychoactive substances in a sexual context, would have allowed more specific vulnerabilities to be identified, and certain singular aspects of gay subcultures more generally to be captured (Race, 2009). Other questions would have helped to better discern the experience of living with HIV/AIDS and its connections with sexual violence: on viral loads, for example, or more precise information on seroconversion and risk-taking.

Finally, an intersectional analysis of sexual violence would require taking into account a wider range of social relations, and how they determine exposure to violence, its recognition as such, and its reporting. We have emphasized age and class relations among gay and bisexual men. Information to situate respondents in terms of social relations of race and ethnicity is also needed. It is also important to question the conceptions of social relations that underlie some commonly used indicators. In a context where lived experiences of sexual violence are structured by gender, and the forms of masculinity present in gay subcultures determine perceptions of violence (McKie et al., 2020; Sternin et al., 2021), the VIRAGE survey is built on a largely binary concept of gender. Differentiating between masculinities is an important avenue for future research to better understand sexual violence experienced by sexual minority men.

Conclusion

New research is needed to understand the place of sexual violence in the lives of gay and bisexual men. This does not mean searching for a hidden link between minority sexualities and sexual violence, as if gay and bisexual individuals were a homogeneous group and violence always had the same effects. In our view, a more fruitful approach is to analyse the place of sexual violence in specific ways of life, sexual subcultures, and relationships to sexual desires. By investigating sexual sociability, we can examine minority sexualities not as a single specific form of desire or 'sexual orientation', but as a historically situated diversity of ways of life. The image of gay sexuality with a high degree

of sexual sociability, strong connections to public and community spaces, and an attachment to a specifically gay world may be giving way to other forms of minority sexualities that are more focused on the private sphere and more porous to majority populations. While older generations specifically conceived gay social spaces as safe spaces for self-discovery, younger generations also seem to perceive them as sites of risk.

By identifying differentiated ways of life, our analyses also show that violent events do not have a single, unvarying effect, but are inscribed in the lives of sexual minority individuals in distinct and varied ways. They may be disseminated and ultimately characterize an entire way of life, or be limited to a particular moment or aspect of the individual's existence. Historical change in the lifeways of gay and bisexual people, in terms of political recognition and access to intimate partnership, have no doubt influenced how individuals in these populations experience the violence that they are exposed to. It is more illuminating to analyse elements that favour the dissemination or circumscription of violence—how its effects on health can be attenuated, and possibly consigned to memory—at the level of historically situated ways of life and social inequalities, going beyond the question of membership in a sexual minority alone.

Finally, the analyses presented above highlight the need to investigate a broad spectrum of violence affecting sexual minority men, rather than focusing only on childhood sexual violence. Such violence doubtless figures in the sexual debut of a portion of sexual minority men; but they may also experience violence throughout their lives, including by gay perpetrators, in community spaces, and within intimate partnerships. The opposition between safe community sexual spaces and a threatening heterosexual world obscures inequalities within these groups, and the violence that may be associated with them. This violence is not only a matter of belonging to a single, unified social minority: experiences vary depending on other social relations, in particular those of age and class. Here, it is crucial to heed feminist critiques of approaches to sexual violence that obscure the diversity of identities and their intersections.



APPENDIX

Table A.1. Logistic regressions, health variables (odds ratios)

	Reported HIV status	Dark thoughts	Lifetime suicide attempts	Current major depressive episode	Lifetime bulimia	Poor perceived health ^(a)
Sexual configuration						
Conjugal sexual sociability	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Intense sexual sociability	4.2 ***	1.8 ***	1.1	1.5 ***	1.1	1.2
Peripheral gay sexuality or bisexuality	0.9	1.9 ***	1.0	1.4 *	0.9	1.3
Childhood sexual violence	2.9 ***	2.7 ***	3.8 ***	1.9 ***	3.3 ***	1.8 **
Disseminated violence	2.0	2.6 ***	2.0 **	2.2 ***	3.5 ***	2.1 **
Ages						
18–19	0.1 *	0.7	0.5	0.8	0.4	0.3 *
20–29	0.2 ***	0.7 *	0.8	1.0	0.8	0.5 ***
30–39	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
40–49	1.7 ***	1.0	1.2	1.0	1.0	1.3
50–59	3.1 ***	0.9	1.0	1.1	0.6 *	1.8 ***
60–69	2.9 ***	0.6	0.9	0.9	0.5	2.0 *
70 and over	1.5	0.7	1.4	1.6	<0.1	5.4 ***
Level of education						
Primary	1.2	1.2	2.6 **	2.4 *	1.1	0.9
Secondary	1.4 *	1.0	2.3 ***	1.6 ***	1.3	1.2
Undergraduate/initial higher education	1.3	1.1	1.8 ***	1.1	1.0	1.0
Graduate	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Don't know/Don't wish to say	0.9	0.6	8.0 *	1.3	5.0	2.5

Table A.1. (cont'd) Logistic regressions, health variables (odds ratios)

	Reported HIV status	Dark thoughts	Lifetime suicide attempts	Current major depressive episode	Lifetime bulimia	Poor perceived health ^(a)
Occupational category						
Self-employed farmer	< 0.1	0.5	0.4	< 0.1	5.7	0.8
Self-employed (non-farming)	1.5	0.9	1.1	1.0	0.9	1.0
Higher-level occupation	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Intermediate occupation	1.2	1.0	0.9	1.4 *	1.7 *	1.5 **
Clerical and sales	2.2 ***	1.2	1.5 *	1.7 **	2.3 **	2.4 ***
Manual worker	1.0	1.3	0.9	1.8 *	2.1 *	2.0 *
Retired	1.1	1.2	0.6	0.6	1.5	1.3
No occupation	2.7 ***	2.0 ***	1.3	1.9 ***	1.5	3.1 ***
Don't know/Don't wish to say	2.0 **	1.0	0.6 *	1.3	1.1	1.4
Area of residence						
Rural area	0.9	0.8	1.1	0.7	0.9	0.8
Paris region	Ref.	Ref.	Ref.	Ref.	Ref.	Ref.
Other urban agglomeration	0.8 *	1.0	1.1	0.9	1.3	1.0
Don't know/Don't wish to say	1.1	1.2	0.5	0.7	< 0.1	0.6
c	0.799	0.618	0.658	0.632	0.680	0.660

(a) Fairly good, poor, or very poor perceived health, rather than good or very good.
 *** $p < .001$. ** $p < .01$. * $p < .05$.
 c = (number of concordant pairs + 0.5 (number of different pairs – number of discordant pairs) / number of different pairs). The closer c is to 1, the more accurately the model predicts the dependent variable (such as having had dark thoughts in the last 12 months).
Population: Men who have had sex with men and/or who identify as gay or bisexual.
Control variables: Age, level of education, occupational category, area of residence.
Interpretation: One regression model per health variable. All else equal, individuals in the intense sexual sociability cluster were significantly more likely (at the $p = .001$ level) to be HIV-positive rather than HIV-negative, compared with the conjugal sexual sociability cluster.
 Source: VIRAGE-LGBTI, INED, 2015–2016.

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Résumé**Claire SCODELLARO, Mathieu TRACHMAN, Liam BALHAN • LES VIOLENCES SEXUELLES DANS LES VIES DES GAYS ET DES BISEXUELS. CONFIGURATIONS, DISSÉMINATION ET ORIENTATIONS INTIMES**

Les violences sexuelles subies par les minorités sexuelles masculines ont fait l'objet de travaux qui se sont largement focalisés sur les abus sexuels subis dans l'enfance, occultant les violences à l'âge adulte. Les études prennent peu en compte les spécificités et la diversité des modes de vie de ces populations et les différentes manières de vivre les violences subies. À partir d'un échantillon d'hommes s'identifiant comme homosexuels et bisexuels issu de l'enquête de l'Ined Virage-LGBT sur les violences de genre menée en France en 2015-2016, cet article montre qu'il existe une diversité de situations au sein de cette population. En prenant en compte l'ensemble des violences sexuelles ayant eu lieu dans l'enfance ou à l'âge adulte, ainsi que plusieurs dimensions de la sexualité – identification, pratiques, sociabilité –, cinq configurations sexuelles se dessinent et se différencient par la place qu'y tiennent la sexualité, l'exposition aux violences et le rapport aux sociabilités homosexuelles. Cette approche permet d'identifier différents modes de vie au sein des minorités sexuelles masculines, dont certains sont sans doute propres à certaines générations, et de cerner des individus ayant subi des violences sexuelles tout au long de leur vie, y compris exercées par d'autres homosexuels, et qui semblent se disséminer dans leur existence. L'appartenance à une minorité sexuelle et les évolutions de son acceptation ne sont pas les seuls éléments permettant de saisir les logiques des violences sexuelles subies par cette population : l'organisation genrée de l'homosexualité masculine, les manières dont les vies des homo-bisexuels s'inscrivent dans des rapports de classe et d'âge incitent à proposer une approche intersectionnelle de ces violences.

