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Consent and violence amongst men in the context of sexualised drug use: A systematic scoping review

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ABSTRACT

Sexualised drug use (SDU) is a highly prevalent phenomenon of increasing public health significance in communities of men who have sex with men (MSM). This prospectively registered PRISMA-ScR-adherent systematic scoping review examines the current state of knowledge surrounding violence amongst MSM in the context of SDU. A broad search was conducted across four databases, with no restrictions. Studies citing or cited by all database-identified records retained for full-text review were retrieved and screened. Three journals were hand-searched across the past five years, and three searches were conducted on Google Scholar. In addition, 13 key opinion leaders were contacted via email to request any additional published or unpublished data. The twenty-eight studies included in the final synthesis reported mostly qualitative data from geographically diverse non-representative samples, predominantly relating to sexual violence with other typologies seldom investigated or reported. Although quantitative data were limited, sexual violence appeared common in this context and was directly associated with impaired mental health and suicidality. Some participants reported first- or second-hand accounts of non-consensual administration of incapacitating doses of GHB/GBL to men who were subsequently raped. This was frequently perpetrated by men whose age, status, or financial privilege afforded them power over their victims. While reports from some participants suggested context-specific blurring of the lines of consent, a few quotes demonstrated a dearth of knowledge surrounding the centrality of consent in lawful sex. Given the historical denigration of MSM, any efforts to further investigate or address this issue must be community-led.

Introduction

Sexualised drug use (SDU) is an umbrella term that describes the use of drugs to enhance sex between partners of any gender (Demant et al., 2017; Moyle et al., 2020). The term chemsex refers to a distinct SDU practice between MSM, where specific drugs (i.e., *chems*) are used to disinhibit, intensify, and prolong sex, often with multiple concurrent or sequential partners identified using geosocial networking applications (apps; Bourne et al., 2015; MENRUS, 2018; Stuart, 2019). Drugs classified as *chems* differ between research groups (Amundsen et al., 2023). While some definitions include ketamine, cocaine or all drugs, crystal methamphetamine (crystal, Tina, T) and γ-hydroxybutyric acid/-γ-butyrolactone (GHB/GBL, G) are near ubiquitously acknowledged as *chems* (Amundsen et al., 2023) and are associated with physical aggression (Tomlinson et al., 2016) and sexual violence (Drury, 2020), respectively.

Violence is characterised by the threatened or actual use of physical force or power with a high probability of causing harm (Violence Prevention Alliance, 2004). Despite their greater likelihood of victimisation, violence experienced by MSM (and other LGBTQ+ people) remains under-researched (Avila et al., 2023), and so precise nomenclature for violence experienced by MSM during SDU (perhaps "hook-up violence") is lacking. Though broader in scope, intimate partner violence (IPV) describes any behaviour between romantic or sexual partners of any gender or sexual orientation which causes or has the potential to cause physical, emotional, or sexual harm (World Health

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Organisation, 2010, 2012). IPV survival is associated with mental and physical illness and injury, as well as under-employment and poorer academic performance (Campbell et al., 2002; Peltzer et al., 2013; Wood et al., 2020). Survivors also report unmet health needs, despite greater engagement with healthcare services (Plichta, 2004).

A growing body of literature suggests the experience of IPV amongst gay, bisexual, and other MSM occurs at a rate similar to or higher than IPV perpetrated against women (Finneran & Stephenson, 2013; Scott-Storey et al., 2023). A recent meta-analysis suggests that one in three MSM has experienced some type of IPV throughout their life, although it is not experienced uniformly across this population (Liu et al., 2021). Men living with HIV (LWHIV; 78 %) and those using HIV pre-exposure prophylaxis (PrEP; 44 %) appear to be at greater risk (Miltz et al., 2019; Pantalone et al., 2012), as do younger men (Edwards et al., 2015), men who have spent less time in formal education (Greenwood et al., 2002), men from minoritised ethnic groups (De Santis et al., 2014), and those using mobile applications to facilitate "hook-ups" (Choi et al., 2018; Duncan et al., 2018).

The types of harm experienced by MSM who experience IPV are similar to those experienced by women partnered with male perpetrators (Oliffe et al., 2014; Richards et al., 2003). However, there may be greater reciprocity between men, facilitating bidirectional physical harm (Stanley et al., 2006). Research suggests a higher proportion of MSM experience male-perpetrated sexual violence or coerced sex compared to the proportion of women who experience the same (Gilchrist et al., 2023; Scott-Storey et al., 2023). One manifestation of this is "HIV violence", historically characterised by non-disclosure of serostatus or deliberately transmitting HIV to ("pozzing") a sexual partner (Stephenson & Finneran, 2017). Ten percent of MSM in one convenience sample reported experiencing this type of violence (Stephenson & Finneran, 2017).

This review sought to understand violence between MSM in the context of chemsex. However, in the absence of a consensus definition, we were maximally inclusive and investigated violence between MSM in the context or as a consequence of the sexualised use of any drug, including alcohol (Goodyear et al., 2023). Specifically, we aimed to a) characterise the extant literature; b) understand the prevalence, correlates, context and sequelae of violence in this context; c) identify literature gaps; and d) identify any population- and context-specific metrics used in the literature to date.

Methods

A systematic scoping review was conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analysis protocol (PRISMA-P; https://osf.io/z5j63), literature search (PRISMA-S) and scoping review (PRISMA-ScR) extensions (Page et al., 2021; Rethlefsen et al., 2021; Shamseer et al., 2015; Tricco et al., 2018). Reporting checklists are presented in the Appendix.

Search strategy

Embase (OVID), MEDLINE (OVID), PsycINFO (OVID), and Web of Science Core Collection (WOS) were individually searched from their date of inception until 13 April 2023 using a comprehensive set of terms, as outlined in Supplementary Tables 1–4, which were informed by previous systematic reviews (Corey et al., 2022; Wang et al., 2023). Searches comprised three concepts combined with the Boolean classifier 'AND': (1) violence, (2) SDU/chemsex, and (3) MSM. Two Google Scholar searches were conducted on 14 April 2023, and the first 100 abstracts from each were screened against the inclusion criteria: (1) "chemsex" AND "violence"; (2) "chemsex" AND "abuse".

Using key words "bisexual", "chemsex", "gay", "men who have sex with men" and "sexualised drug use", the software 'Paperfetcher' (web-app version 5c6b273; Pallath & Zhang, 2023) was used to automate hand-searching five years (17th April 2018 – 18th April 2023) of three specialist journals: *Drug and Alcohol Dependence, LGBT Health, Substance Use & Misuse*. The software 'Spidercite', a derivative of citationchaser (Haddaway et al., 2022; Systematic Review Accelerator, 2023), was used on 20 April 2023 to facilitate backward and forward citation searching on all records retained for full-text review and any relevant systematic reviews identified by database searches. Thirteen key opinion leaders with thematic expertise were contacted once via email to request additional published or unpublished records ($n = 4$ responses). The corresponding authors of four studies were contacted to request additional data when the research aims or methods indicated that relevant data may have been collected, but not reported ($n = 0$ responses). Searches were not restricted by country of study, publication date, or language. The search strategy was peer-reviewed by two independent specialist librarians. In January 2025, the MEDLINE search was repeated, limiting results to those published following the original database searches.

Inclusion and exclusion criteria

Quantitative, qualitative, or mixed-methods primary research reporting on violence perpetrated or experienced by MSM during or as a consequence of SDU were eligible for inclusion. Journal articles, published conference proceedings, reports and dissertations were included. This study examined literature in any language and across all countries and settings. Systematic reviews and any form of journal communication not considered original research were excluded.

Record selection and data extraction

Bibliographic data from the database search were uploaded to the web-based systematic review software, Rayyan, for semi-automated deduplication (Ouzzani et al., 2016). Two reviewers independently screened all titles and abstracts against the inclusion criteria (LM, SCF). Disagreements were resolved through discussion (DJC, LM, SCF), and where consensus could not be reached, the full text was retrieved. Title-abstract screening for all records identified by Google Scholar, Paperfetcher, and Spidercite was completed by one reviewer (DJC, LM). Full texts of potentially relevant records were stored in the reference management software, Zotero (Center for History & New Media at George Mason University, 2010), and reviewed independently by at least two researchers (DJC, LM, SCF). Where there were disagreements regarding inclusion, DJC made the final decision. Non-English language records were translated using DeepL (*DeepL Translator*, n.d.) or with the assistance of colleagues who were either native speakers or had attained near-native fluency. Potentially relevant records which were known to the authors but were not identified by the searches were subject to the same screening process.

The included studies were divided among the team and a piloted data extraction table populated with the following by one researcher (DJC, LM, SCF, KM): 1) authors' names; 2) publication year; 3) country sample obtained from; 4) sampling method; 5) sample size; 6) sample setting (e.g., community or clinical/treatment-seeking); 7) participant age; 8) type (if disaggregated) of violence reported; 9) summary of findings; 10) any specific scales/metrics; and 11) peer-reviewed/not. Each cell was checked for inaccuracies by a second reviewer.

Data synthesis

Given the heterogeneity of outcomes reported in studies with quantitative data, meta-analysis was not appropriate. All extracted data were reviewed by the first author, who gained familiarity with the findings through re-reading and preparation of tables. Data were initially organised by research question and presented in a narrative summary. Since much of the data were qualitative accounts of non-consensual sex, these were grouped thematically and presented with illustrative quotes (and, when available, the participant's age, gender

identity, gender modality, and sexual orientation) to characterise SDU-related sexual violence amongst MSM. All authors had access to the extracted data, approved the final narrative, and contributed to the interpretation of the findings.

Results

Search results

The initial search yielded 7532 records. Following deduplication, title-abstract screening ($n = 7068$), and full text review ($n = 65$) against the inclusion criteria, 28 studies ($n = 10$ from databases, $n = 18$ from other sources) remained and were included in the final synthesis (Fig. 1). The second MEDLINE search returned 269 records, none of which were retained for full-text review. The source of each included study and reasons for excluding any text reviewed in full are listed in Supplementary Tables S5 and S6, respectively.

Characteristics of included studies

Twenty-eight studies ($n = 7$ mixed-methods, $n = 13$ qualitative, $n = 7$ quantitative, $n = 1$ case series), comprising >6500 MSM,[1] were included in the final synthesis (Table 1). All studies collected non-representative samples. Twenty-two of these were convenience samples, and seven used purposive methods. Only two studies reported the percentage of trans men in their sample (1 % and 3 %). Studies were conducted in Aotearoa/New Zealand ($n = 1$), Australia ($n = 1$), Bangladesh ($n = 1$), Botswana ($n = 1$), Finland ($n = 1$), Germany ($n = 1$), Mongolia ($n = 1$), the Netherlands ($n = 1$), Peru ($n = 1$), Singapore ($n = 1$), Spain ($n = 1$), Thailand ($n = 1$), Ukraine ($n = 1$), United Kingdom ($n = 6$), and United States ($n = 7$). Two studies recruited international samples. The most common type of violence reported was sexual violence ($n = 25$). However, this was inconsistently operationalised among the included studies. Non-consensual drug administration was reported in eight studies, physical violence in six, and psychological violence in one. Key findings from all included studies are presented in Supplementary Table S7.

Prevalence and correlates of violence amongst men in the context of SDU

A paucity of quantitative data precluded estimating the prevalence of violence (all types or type-specific) amongst men in this context. Reports of violence were largely restricted to those perpetrated during sexual activity which was consistently common across five quantitative reports. In one study, sexual harassment and rape during chemsex were reported by 40 % and 25 % of the participants, respectively (Cabezas et al., 2021). Almost half (47.2 %) of the participants disclosing chemsex practice in another study had a sexual experience in which their partner did not respect their boundaries (Bohn et al., 2020). In a retrospective case-note analysis of male survivors, 58 % reported recreational drug use in the context of sexual assault (Finnerty et al., 2019).

Almost half (42.9 %) of the chemsex participants in a clinical sample reported non-consensual sex, one in ten reported sex while unconscious, and 2 % reported that they were filmed or injected while unconscious (Ward et al., 2017). In the final study, participants who practised chemsex were up to 30 times (aOR 32.4, 95 % CI 14.2, 73.8) more likely to experience sexual violence than those who did not (Wilkerson et al., 2021). Physical IPV was reported in one report and found to be three times more common among SDU/chemsex participants than among those who did not practice SDU/chemsex (Passaro et al., 2020). While there was insufficient data to comment meaningfully on correlates of violence in this context, one study found that MSM who were younger and those reporting bisexual orientation were more likely to experience sexual violence than their older or gay counterparts (Cabezas et al., 2021).

Sequelae of SDU-related violence

Three percent of the participants in one study reported physical violence following and attributed to a chemsex session (Bohn et al., 2020). Another study found that a quarter of the participants who experienced chemsex-related sexual violence observed a directly associated negative impact on their mental health (Cabezas et al., 2021). This was supported by a qualitative report that chemsex-related rape resulted in one cisgender (cis) man's suicidality:

"*it took over 3 weeks for me to recover from physical injuries […] I was intent on killing myself; I'm like the only way I'm going to survive this is you know. I have to take my own life […]*" (41–50 years old cis man; Tan et al., 2021, p6).

One participant reported that an SDU partner deliberately transmitted hepatitis C virus to them (Smith & Tasker, 2018), and in another study, participants reported knowledge of MSM deliberately (and without consent) transmitting HIV during sex (i.e., "pozzing") on the "crystal scene" (Nation et al., 2018).

Characterising sexual violence

Three themes were identified in the extracted qualitative data, which largely reported various aspects of non-consensual sex amongst MSM in the SDU context: 1) non-consensual drug administration and incapacitated sex; 2) consent is poorly understood and defined in the SDU context; and 3) abuse of power to facilitate sexual violence perpetration.

Non-consensual drug administration and incapacitated sex. One-fifth of the participants in one study reported that drugs had been administered to them without their consent (Bohn et al., 2020). This was a recurrent theme in qualitative reports, where participants described the circumstances of non-consensual drug administration and subsequent experiences of non-consensual sex. In two studies, participants described the beginning of sexual encounters as seemingly consensual until drugs, likely intended to facilitate the experience, were administered to them. One participant described coercion, while another was not given the opportunity to decline:

"*One time I got offered some drugs and he sort of forced me to take some as well. It's kinda like peer pressure, which I have never been good at turning down. I did take the drugs he gave me before having sex because of him […] I remember how terrible I felt for days after*" (53-year-old cis man; McKie et al., 2020, p7).

"*he basically stuck a bottle of amyl nitrate under my nose, which I'd never experienced before, I had no idea what it was, and he basically said, 'inhale this' and, you know, I, being fairly naïve, I did […] next thing I know, he had entered me*" (Braun et al., 2009, p344).

Three participants described situations in which drugs were covertly added to someone's drink to facilitate sexual assault (Eriksson, 2021; Freestone et al., 2022; Medvid et al., 2020), usually GHB/GBL taken unknowingly at incapacitating doses:

"*some idiots put too much G[HB] into someone's drink in order to make the other pass out, and technically it's a rape. So they can do whatever they want to the guy*" (gay man, Eriksson, 2021, p18).

"*I saw him shot it, so I did the same thing. And then I woke up in a sling…*" (30–40-year-old cis gay man; Freestone et al., 2022, p5).

Similar reports were found outside the sex party context, including during commercial sex work:

"*One of my regular clients put some shit in my champagne, so I passed out and woke up with my whole body hurting. He and his friends raped me and it lasted almost all night long*" (21-year-old cis man; Medvid et al., 2020, p22).

Consent is poorly defined and understood in the context of SDU. The frequency with which sex without consent was reported, its

[1] It was not possible to report a precise participant count since several samples were inadequately characterised.

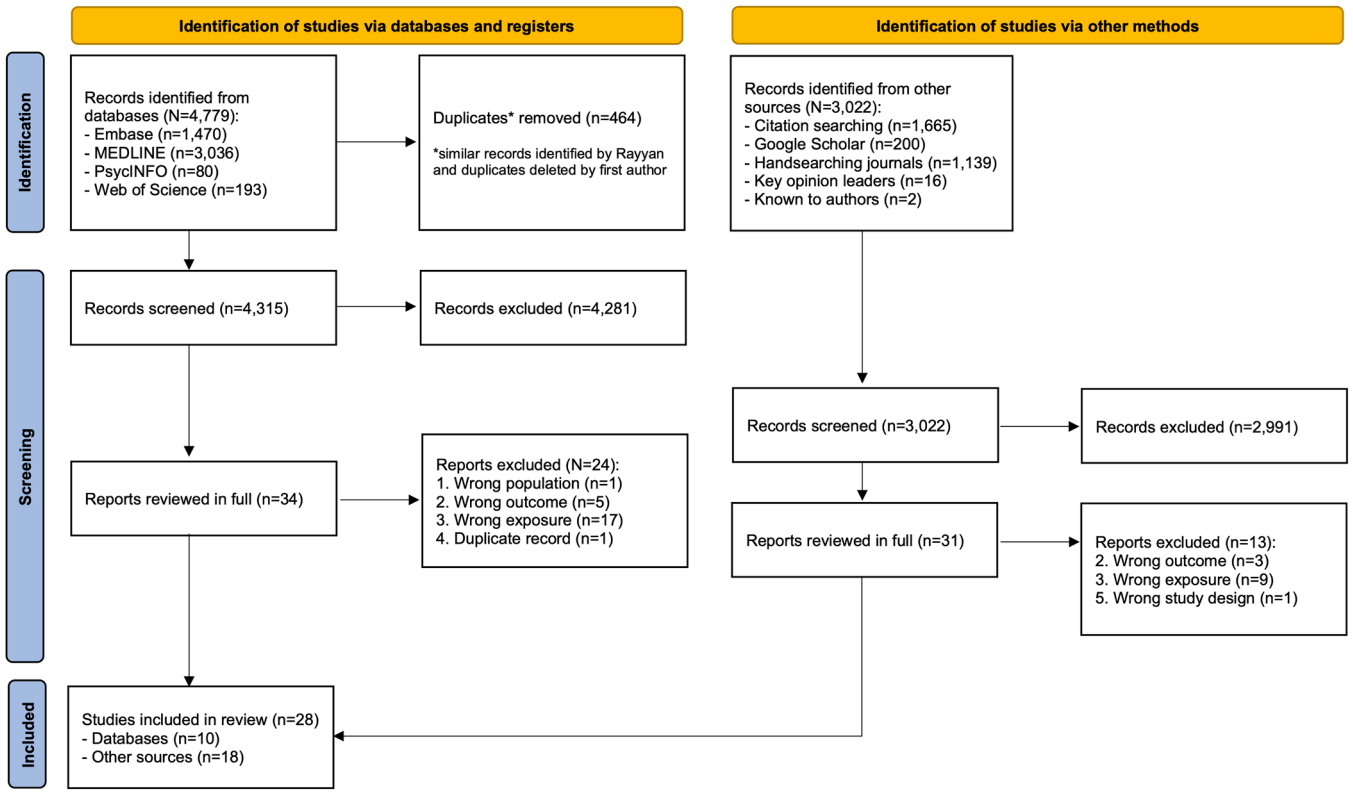

Fig. 1. PRISMA flow diagram.

occurrence in group settings, and the unwillingness of recipients to label their experience as sexual violence suggest that consent may be understood differently, or not at all, by MSM in some SDU settings. While participants in one study reported that intermittent loss of consciousness was typical of GHB/GBL sex, they also acknowledged that it was common for men to regain consciousness after longer periods to learn they had been or were being penetrated without their consent (Bourne et al., 2014).

In another study, a participant's account suggests an unknowing perpetrator who may have considered this acceptable or wanted sex:

"*Well, I sort of woke up or came to and I was naked, in his bed [laughter] and I remember the first thing he said to me, he said, I mean he was fucking me, he says, "Have you come yet?" That was the first thing I remember and it was the most horrifying*" (Braun et al., 2009, p344).

This was further supported by a 32-year-old cis gay man's account of assault, this time associated with slamming:

"*…I can say with a lot of confidence that almost every single time has been after they've injected […] one time I was bottoming, and it was unbelievably painful, and I kept on trying to push him off me, and he just kept on going until it felt like I was being sexually violated. I wouldn't necessarily call it a rape, but I do think that it might have fit the definition*" (Wilkerson et al., 2021, p2145).

Unwillingness to label rape was common among SDU/chemsex participants who differed in their understanding of whether sex was consensual (Bourne et al., 2014; Brooks-Gordon & Ebbitt, 2021; Freestone et al., 2022; Wilkerson et al., 2021). Some accounts suggest a lack of education surrounding consent, as one cis gay man "*didn't seem to realise that if you can't consent then it is sexual violence*" (Brooks-Gordon & Ebbitt, 2021, p11). Another knew he had "*effectively described a rape scene*" but "*wasn't upset by it when, really [he] should have been*" which may, again, suggest that the lines of consent become blurry for SDU/-chemsex participants (30–40-year-old cis gay man, Freestone et al., 2022, p22).

Abuse of power to facilitate sexual violence perpetration. Participants across studies described situations in which non-consensual drug administration and sex without consent were facilitated by the abuse of positions of power. In one study, a 19-year-old participant described a situation in which age and the authority of the sex party's host were used to facilitate assault and silence the survivor:

"*Once inside, the others wanted me to try ice. I didn't know what it was and didn't want to try, but eventually I gave in and next thing I knew I was taken to the bed and all of them undressed me. I was scared but didn't know what to do, I couldn't fight them off. Taking turns, they all fucked me throughout the night without condoms*" (Guadamuz & Boonmongkon, 2018, p253).

The vulnerability of younger SDU/chemsex participants was corroborated in another study in which one participant recounted, "*… but it's when I'm with somebody older that pulls the reins and be like, 'no, little nigga, you fixing do like this'*" (Nation et al., 2018, p743). He described "*a shift in power*" that precluded condom negotiation during SDU (Nation et al., 2018, p743).

In another account, it was the entire group attending a party that collectively leveraged power to perpetrate violence:

"*I've been to a party where they shoot—they give you a shot from hell. And they throw you in the sling and it's everybody in the fucking house coming in and out […] They pick weakest out of the crowd… And the time I was there, they did that to me… They know I'm—I like getting—having fun. Well, they gave me way big of a shot and the next thing I know, I'm in a sling, wake up five hours later with every guy—I don't know not one guy in the room… as soon as I got out…I had somebody take me straight to the hospital*" (44-year-old cis queer man, Wilkerson et al., 2021, p2146–7).

The participant's self-description as weak may refer to any number of characteristics, such as stature, sexual preference (i.e., most submissive), or social status in the party group (Wilkerson et al., 2021). Predatory behaviour from clients was often highlighted by MSM who participated in sex work and identified as a reason for not feeling able to intervene in situations of sexual violence. A cis gay man who witnessed violence against a sex worker found himself "*[not] having the guts to intervene and*

Table 1
Characteristics of included studies.

Author (year)	Aim	Country (setting)	Study design (analysis)	Sampling method	Sample size & characteristics	Type(s) of violence reported
Bourne (2014)	Understand the sociocultural context of chemsex and the perceived or experienced harms among GBMSM. Elicit meanings and values of chemsex practice and how these might be altered	UK (community)	Cross-sectional survey, IDI & FG (TA)	Convenience	1132 London-based MSM who participated in EMIS; 30 IDI. Age: 21–53, $\bar{x}$=36.0 years. 13 LWHIV, 16 white British, 13 white Irish, 8 white Other, 1 Black Caribbean, 2 "Other"; FG with MSM. Age: 25–53, $\bar{x}$=38.0 years. All white ethnicity	Sexual (penetration)
Bohn (2020)	Characterise mental health of MSM who practice chemsex and describe adverse consequences	Germany (community & clinical[#])	Cross-sectional survey	Convenience	300 (277 cis, 3 trans) MSM with a history of chemsex participation. Age: $\bar{x}$=40.2 years, SD=10.7 years. 92.4 % gay. 82.5 % German-born. 72.5 % students/professionals	NCDA Sexual (non-consensual acts during sexual encounters, experiences of violence in connection with sex)
Braun (2009)	Understand unwanted sex/sexual coercion experienced by MSM	Aotearoa/New Zealand (community)	Interview (TA)	Purposive & snowball	19 (17 gay, 2 bisexual) men. Age: 20–54 years	NCDA Sexual (forced, coerced, or unwanted sex)
Brooks-Gordon (2021)	Explore dangers of commercial use of chemsex drugs in UK	UK (community)	SSI (grounded theory)	Purposive	12 (10 men, 2 women). Age: 28–46 years	Sexual
Cabezas (2021)*	Characterise and explore the experience of violent experiences during chemsex practice	International (community)	Cross-sectional survey & focus groups (analysis)	Convenience	455 MSM. Age: 16–63 years (range), 27–37 years (modal group). 73.5 % Spanish	Sexual (including harassment and rape)
Drückler (2021)	Assess whether non-consensual sex is associated with chemsex practice	Netherlands (clinical)	Cross-sectional survey	Convenience	891 app users. Age: 39 years (med), 30–50 years (IQR). 273 (30.6 %) participated in chemsex in last month. 46.3 % Amsterdam-based. 93.2 % sex only with men	Sexual ("non-consensual sexual experience")
Eriksson (2021)	Document experiences of MSM LWHIV relating to community, sense of 'sexual self', stigma and health	Finland (community)	SSI (TA)	Convenience	17 cis gay men LWHIV. Age: $\bar{x}$=50.2, SD=11.2	NCDA Sexual
Fernández Alonso (2019)	Understand chemsex-related NCDA presentations to ED	Spain (clinical)	Case studies	Convenience	2 men LWHIV. Age: 28 years (from Spain) and 36 years (not from Spain)	NCDA/SQ Sexual
Finnerty (2019)	Review cases of male sexual assault attending a sexual health clinic	UK (clinical)	Retrospective case notes review	Convenience	38 men who attended a SHC and disclosed a sexual assault in past 6 months. Age: 28 years (med), 20.5–32.5 years (IQR). 61 % MSM, 21 % heterosexual. 3 % (n = 1) trans.76 % white British. 8 % LWHIV	Sexual (sexual assault)
Freestone (2022)	Characterise GHB/GBL experiences and identify where community harm reduction efforts may be bolstered and where interventions are required	Australia (community)	SSI (thematic framework)	Convenience	31 SGM. Age: 38.7 % 25–34 years. 32.3 % gay. 45.2 % cis	NCDA Sexual
Guadamuz (2018)	Understand the in-depth social meanings of *ice*[§] -sexual societies and secrecy surrounding its use, transactions between older and younger men and the role of technology	Thailand (community)	Narrative interviews, focus groups, online & offline observations (grounded theory)	Purposive	Count not reported. Age: 18–29 years	NCDA Sexual
Hequembourg (2015)	Examine patterns of sexual assault and associated risks among GBM	US (community)	Cross-sectional survey & event-based interview (content)	Convenience/ respondent-driven	183 (96 gay, 87 bisexual) men. Age: $\bar{x}$=24.3 years, SD=4.2 years. 51.9 % white. 80.8 % student/ professional	Sexual
Hine (2021)	Understand male-on-male rape in London	UK (criminal justice)	Retrospective case report analysis	Convenience	122 men. Age: ≥13 years	Sexual
Houston (2007)	Understand the demographic and psychosocial characteristics of MSM who experience IPV, and describe health problems that may be associated with abuse	US (community)	Cross-sectional survey	Targeted multi-frame convenience	817 MSM. Age: $\bar{x}$=33.0 years, SD=9.8 years. 74.5 % gay, 12.7 % bisexual, 51.3 % African Americans, 22.4 % whites, 16.3 % Latinos, other/ unknown ethnicity, 10 % unknown ethnicities, med education was "some college,"	Physical Sexual Verbal

(*continued on next page*)

Table 1 (*continued*)

Author (year)	Aim	Country (setting)	Study design (analysis)	Sampling method	Sample size & characteristics	Type(s) of violence reported
					med income was $31,000–$40,000/year	
Khan (2021)	Explore the effects of methamphetamine on the sexual lives of these people in Dhaka, Bangladesh	Bangladesh (community)	IDI and key-informant interviews (TA)	Convenience/ snowball and purposive (for key informants)	30 adults who used Yaba in preceding 6 months. 9 MSM, 11 MSW, 10 hijra. Age: >50 % 18–25 years. Many sex working	Physical Sexual
Lee (2008)	Document the subjective experience of recreational GHB/ GBL use to inform clinical treatment	US (community)	Ethnographic, SSI	Convenience	17 people with a history of GHB/GBL use. Age: $\bar{x}$=31 years, SD=7 years. 94 % male, 88.2 % student/professionals. Used GHB/GBL once to >150 times	Sexual (rape)
Maiorana (2021)	Explore experience of IPV, incarceration and HIV risk related to methamphetamine use among young Black MSM	US (community)	ID/SSI	Convenience	30 men. Age: 19–29 years. Most were gay, underemployed with low formal education	Physical (non-sexual)
Mashumba (2023)	Explore how men who were sex working experienced victimisation in interactions with sex tourists and the role of support groups	Botswana (community)	IDI (narrative, thematic and holistic content)	Convenience	"20 male sex workers…one was transsexual". 9 gay, 6 bisexual, 5 "very straight". 60 % LWHIV	Physical (non-sexual)
McKie (2020)	Examine the understanding and behaviours related to consent among MSM	International (Canada, US, West. Europe; community)	Cross-sectional/ mixed methods survey (TA)	Convenience	350 MSM. Age: $\bar{x}$=33.4 years, SD=11.3 years. 73.8 % Caucasian	NCDA Sexual (sexual assault)
Medvid (2021)*	Analyse violations of the human rights of chemsex workers^, in the context of HIV epidemic	Ukraine (community)	Cross-sectional survey, IDI	Convenience/ snowball	150 MSM. Age: 21–35 years, 48 % ≤25	Extortion Sexual
Nation (2018)	Describe experiences and perceived risks of HIV acquisition in young Black MSM to design population-specific preventive interventions	US (community)	Interview (narrative)	Purposive	12 men. Age: $\bar{x}$=26 years. 9 gay. Med age drug debut: 15 years. 4 employed part-time, 4 unemployed	"Pozzing"[$] Sexual (coercion)
Passaro (2020)	Understand context of IPV amongst MSM and/or transfeminine sexual partners, explore interaction between IPV and other HIV/sexual risk factors	Peru (community)	Cross-sectional survey	Convenience	456 MSM (med age: 27 years) and 120 trans women (med age: 29 years) not LWHIV but practicing CAI. 51.4 % uni/ technical education, 9.2 % no secondary education	Physical Psychological Sexual (sexual IPV: physical coercion to have sex when they did not want to)
Peitzmeier (2015)	Estimate prevalence and correlates of sexual violence against MSM and TW; describe the most common scenarios.	Mongolia (community)	Cross-sectional survey, IDI & FG (grounded theory)	Purposive (qual)/ respondent-driven (quant)	313 (29 TW) survey respondents. IDI 30 p's (11 MSM LWHIV, 12 MSM not LWHIV, 7 TW). FG 1) 3 TW; 2) 5 MSM. Age: all ≥16 years, med=28.0 years.	Physical Sexual (forced to have unwanted sex or raped) Social
Smith (2017)	Hear gay men tell their chemsex stories in the context of their lives	UK (clinical[##])	SSI (narrative)	Convenience	6 gay men. Age: 30 to 60 years. 4 white British, 2 white European. 4 identified as middle class, and 2 as working class	HCV infection
Stanton (2022)	Explored motivations for and subjective benefits of sexualised substance use	US (community & clinical)	SSI (grounded theory-informed TA)	Convenience	33 MSM LWHIV and sub-optimally engaged with care. Age: 54 (med), 26–68 years (range). 60.6 % Black/African American. 48.5 % had attended college. 75.7 % had an income ≤$20,000/year	Sexual (taken advantage of for sex) Verbal
Tan (2021)	Exploring the relationship between trauma and SDU among GBMSM	Singapore (community)	SS/IDI (TA)	Purposive	33 GBMSM. Age: 21–50 years (range), 50 % 31–40 years. 31 Singapore citizen. 25 ethnically Chinese. 16 Bachelor degree. 13 LWHIV	Sexual (violence, rape) Verbal
Ward (2017)**	Investigate consent among chemsex clinic attendees	UK (clinical)	Retrospective case notes review	Convenience	72 men. Age: 32 years (med). 56.9 % LWHIV. 15.3 % had HCV	Sexual (sexual assault, non-consensual sex, coercion, exploitation)
Wilkerson (2021)	Explore how poorly defined consent in chemsex/SDU settings contributes to violence among SGMs	US (community)	Cross-sectional survey & IDI (TA)	Convenience/ snowball	Survey: 1273 Texas-based SGM respondents, inc. 384 chemsex participants. Age: >13 years, $\bar{x}$=24.3 years, SD=12.4 years. IDI: 22 participants. Age: *n* = 18 20–30 years. 10 Black non-	NCDA Sexual (IPV or sexual assault in 12 months before the survey)

(*continued on next page*)

Table 1 (*continued*)

Author (year)	Aim	Country (setting)	Study design (analysis)	Sampling method	Sample size & characteristics	Type(s) of violence reported
					Hispanic, 10 White non-Hispanic, 2 Hispanic. 21 reported current polysubstance use, 1 in recovery	

Notes: *:charitable organisation report; **:conference proceedings;[§]:methamphetamine; [#]:HIV/sexual health services; [##]: therapeutic programme offered by a charity with chemsex expertise; [$]: deliberately transmitting HIV to a partner without their consent (second hand account); ^:MSM engaged in concurrent chemsex and sex work; app: geo-spatial networking application; CAI: condomless anal intercourse; ED: emergency department; EMIS: European MSM Internet Survey; FG: focus groups; GBM: gay and bisexual men; MSM: (gay and bisexual) men who have sex with men; GHB/GBL: γ-hydroxybutyrate/γ-butyrolactone; HCV: hepatitis C virus; IDI: in-depth interviews; IPA: Interpretative Phenomenological Analysis; IPV: intimate partner violence; LWHIV: living with HIV; med: median; NCDA: non-consensual drug administration; NR: not reported; SD: standard deviation; SDU: sexualised drug use; SGM: sexual and/or gender minority/ies; SQ: sumisión química (i.e., drug-facilitated sexual assault); SSI: semi-structured interviews; TA: thematic analysis; TW: transgender women; UK: United Kingdom; US: United States.

say … he is not looking well there, I think you should stop" (Brooks-Gordon & Ebbitt, 2021, p11).

Measuring violence between men during SDU

There was significant heterogeneity in the aspects of sexual violence that were measured and their operationalisation. This review identified no tools designed to specifically measure SDU-related violence amongst MSM.

Discussion

Key findings

The key findings of this systematic scoping review are presented in Table 2. The search yielded predominantly qualitative data on the association between SDU among MSM and sexual violence. Although quantitative data were limited and all studies reported on non-representative samples, sexual violence appeared to be commonplace among men during SDU. The available qualitative data suggest that violence during sex was facilitated by the administration of drugs, largely GHB/GBL, to SDU participants without consent or in larger doses than expected. This was commonly followed by non-consensual sex perpetrated by men in relative positions of power. Violence experienced by men in the context of SDU was not always understood as violence, assault or rape, suggesting potentially limited understanding of consent and violence amongst men in the context of SDU.

Recent research corroborates these findings, showing that MSM with a history of SDU are four times more likely to report IPV victimisation (Boots et al., 2024). Participants in a mixed-methods study described developing a fear of IPV as their chemsex participation increased after the height of the pandemic (Kamadjou et al., 2024). Moreover, LGB+ qualitative research participants who experienced IPV in other contexts also reported difficulties recognising their experiences as abuse or identifying as victims (Drouillard & Foster, 2024). This has been attributed to media portrayals that mischaracterise interpersonal violence (Drouillard & Foster, 2024).

Anecdotal reports suggest a growing number of MSM are becoming involved with the UK criminal justice system, consistent with the review's findings (Carthy et al., 2021). An editorial citing personal communication reported 256 chemsex-related convictions in London in 2022, mainly for violent offences, including physical assault, technology-facilitated abuse, theft, and stalking, with high recidivism rates (Carthy et al., 2021). While a large global survey confirms that MSM face a disproportionate risk of sexual IPV (Gilchrist et al., 2023), other studies suggest that emotional (MSM only) and psychological IPV (LGB+ adults) are the most prevalent forms of violence across contexts, with controlling and monitoring behaviours also reported more frequently than physical or sexual IPV (Pham et al., 2024; Yan et al., 2024; Yu et al., 2023). In the context of any stimulant use, physical IPV—often resulting in injury—appears to be the most common form of violence (Gizaw et al., 2024; Miller et al., 2024). Together, these studies indicate that SDU-related violence may be inadequately captured by existing research. There is an urgent need for studies that take a more holistic approach to understanding violence within this context.

Implications for policy, practice, and research

Given the historical denigration of MSM and the current global recession of LGBT+ liberation, it is crucial that the response to this issue is proportionate and non-alarmist so that further stigma and hate crimes are not incited (American Civil Liberties Union, 2023; Dávila, 2021; Madrigal-Borloz, 2023). There is considerable cultural nuance to SDU practices among MSM (Morris, 2019). Consequently, research must be co-produced, policy informed by remunerated partners with lived and living experience, and language chosen carefully to avoid compromising community trust (Dávila, 2021). Table 3 summarises the implications of these findings for various professional stakeholders. Recent reviews suggest that among existing interventions for sexual problems experienced by MSM, few are intended to support survivors of IPV (Avallone

Table 2
A scoping review of consent and violence amongst men in the context of sexualised drug use: Key findings.

Key findings
1. Twenty-eight unique studies were identified from which mostly qualitative data was extracted. Included records were geographically diverse and recruited non-representative samples comprising >6500 MSM
2. Data related to sexual violence greatly exceeded that of other violence typologies
3. In the few quantitative reports, SDU participation appeared to be associated with sexual violence victimisation
4. SDU-related sexual violence contributed to mental ill health and suicidality
5. Overdose-related loss of consciousness was commonly reported and often led to participants being penetrated without consent by one or more partners prior to waking
6. Administration of drugs to SDU participants without their consent appeared common and often led to overdose and non-consensual sex
7. Survivors of legal rape/other sexual violence were reluctant to label their experience as such and reporting to the police was rare
8. Men in positions of power, often related to age or familiarity with the SDU "scene", took advantage of younger participants or those disempowered through criminalised sex work
9. Violence preceding (e.g., related to drug acquisition) or following (e.g., related to withdrawal) SDU was not commonly reported (or investigated)
10. This review identified no tools designed to specifically measure SDU-related violence or its sequelae

Notes: MSM: men who have sex with men; SDU: sexualised drug use.

Table 3
A scoping review of consent and violence amongst men in the context of sexualised drug use: Implications for policy, practice, and research.

Focus	Implications
Policy	- General population services supporting MSM who practice SDU should employ paid experts by lived and living experience - Funding should be allocated to the development or maintenance of specialist survivor support services for MSM delivered by MSM/the wider LGBT+ community - The police should collaborate with harm reduction and abstinence support services and establish a memorandum of understanding with the MSM community. This agreement would ensure that MSM found in possession of drugs for personal use are signposted to appropriate support and face no criminal charges or sanctions that may deter reporting of violent crime or use of emergency services - Law enforcement officers and paramedics should complete mandatory unconscious bias training and receive regular education about SDU practice and drug use patterns among MSM - Institutional homo/biphobia in the police force must be addressed immediately. There should be a low threshold for dismissing and prosecuting officers in instances of police brutality
Practice	- Providers* should ask chemsex participants about experiences of sexual violence during each assessment - Providers should raise awareness of the risk of violence in the SDU setting, educate about sexual consent in an SDU setting and encourage service users to be active bystanders - SDU participants should be encouraged to measure and record their own GHB/GBL doses. A measuring syringe and "G diary" should be provided as standard in chemsex harm reduction packs alongside accessible information about consent and how to access support following non-consensual sex - Providers should be mindful of the lack of evidence-based survivor and perpetrator interventions for MSM and adapt general population interventions using an LGBT+ capability framework
Research	- Quantitative data, from representative samples of MSM (who practice SDU), are needed to understand the prevalence and correlates of violence amongst men in this context [1] - Both qualitative and quantitative data should be collected to understand the sequelae of sexual and other violence in this specific context [2] - Qualitative research and discrete choice experiments may offer insight into the extent to which consent is poorly defined or understood in this setting [3] - Existing evidence-based survivor and perpetrator interventions should be adapted using knowledge acquired from [1–3] and trialled with MSM who practice SDU - Researchers should endeavour to address the current erasure of trans MSM from much of the literature

Notes: *: sexual health and substance use service providers; GHB/GBL: γ-hydroxybutyrate/γ-butyrolactone; LGBT+: lesbian, gay, bisexual, transgender, and other sexual and gender minorities; MSM: men who have sex with men; SDU: sexualised drug use.

et al., 2024), and primary prevention programmes tailored to the community appear to be similarly limited (Blackburn et al., 2023). However, there is some evidence that simple education interventions may be effective at improving the understanding of IPV among MSM and increasing their self-efficacy to use services (Coulter et al., 2025).

Limitations

To the best of the authors' knowledge, this PRISMA-adherent scoping review is the first to explore violence amongst men in the context of SDU. The maximally inclusive approach, including both non-English-language manuscripts and non-peer-reviewed reports, and robust search – across multiple databases and supplemented with "citation chasing", journal hand searching, and contact with global key opinion leaders – is likely to have identified a near-exhaustive list of relevant records. However, the findings must be understood in the context of some limitations. Search terms were not identical across databases. Moreover, title-abstract screening following citation chasing and journal handsearching was not completed in duplicate. However, high concordance on the dual-screened database search results suggests eligible records were unlikely to be missed.

Several factors limit the generalisability of the findings. Most studies were conducted in a single language, which risks excluding members of both native and migrant populations with poorer literacy. Online recruitment and participation introduce concerns surrounding the digital exclusion of people with low incomes, those experiencing homelessness, and those experiencing technology-facilitated abuse. These limitations, considered alongside the self-selecting nature of convenience sampling, explain the predominance of highly educated participants with high incomes. Moreover, included studies, which were predominantly conducted in large metropolises (e.g., London or Bangkok), may have limited generalisability between urban areas and to suburban or rural communities of MSM. Future work should aim to recruit larger, more representative samples.

Conclusion

Sexual violence is a significant yet under-investigated risk of SDU practised by MSM. It appears to be highly prevalent in this context, often facilitated by non-consensual administration of incapacitating drugs and further complicated by blurred lines of consent. Given the implications for public health, there is an urgent need to develop this area of study with a body of work that champions co-production with a diverse range of community partners.

CRediT authorship contribution statement

Dean J. Connolly: Writing – review & editing, Writing – original draft, Supervision, Project administration, Investigation, Formal analysis, Conceptualization. **Santino Coduri-Fulford:** Writing – review & editing, Investigation, Conceptualization. **Katherine Macdonald:** Writing – review & editing, Investigation, Formal analysis. **Gail Gilchrist:** Writing – review & editing, Supervision, Formal analysis. **Luke Muschialli:** Writing – review & editing, Investigation, Formal analysis, Conceptualization.

Declaration of competing interest

The authors have no conflict of interest to declare.

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