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Research Paper

Playing at the edges, navigating sexual boundaries, and narrating sexual distress; Practices and perspectives of sexuality and gender diverse people who use GHB

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ABSTRACT

Background: Research addressing sexualised use of GHB to date has largely focussed on gay and bisexual men's GHB use in the context of chemsex, this research has highlighted risks and experiences associated with sexual violence. No studies have included people of diverse sexualities and genders and documented reported practices to ensure mutually gratifying and consensual sex in the context of sexualised drug use (SDU).

Methods: Semi-structured interviews were conducted with 31 people from sexuality and gender diverse communities living in Australia who reported three or more occasions of GHB use in the previous 12 months. Participants were asked about their use of GHB for sex, their experiences of GHB sex and their approaches to negotiating sexual boundaries. Data were analysed thematically.

Results: Most participants valued the sexual possibilities enabled by disinhibitory components of GHB and were cognisant of respecting other's sexual boundaries in the context of GHB sex. Participants reported strategies to ensure communication prior to and throughout GHB sex. However, several participants narrated experiences of GHB sex that they felt were distressing and, in some circumstances, sexually violent. In most instances participant's resisted terminology of sexual violence or non-consent as descriptors of their experience and none reported accessing sexual violence services.

Conclusion: Positive strategies to facilitate sexual communication prior to and throughout GHB sex should be reflected in health promotion and service level responses to promote affirmative and continuous consent among people who use GHB for sex. Education initiatives to help people engaged in SDU to recognise and respond to sexual violence if it occurs ought to be prioritised.

Introduction

Gamma-hydroxybutyrate (GHB) is a popular sexual enhancement drug known to induce euphoria, disinhibition, and increase libido (Dijkstra, Beurmanjer, Goudriaan, Schellekens, & Joosten, 2021). As a strong central nervous system depressant with the ability to alter states of consciousness and induce amnesia GHB is sometimes associated with sexual violence (Carthy et al., 2021; Morris, 2019; Németh et al., 2010). The use of GHB in the context of sex is often colloquially termed 'chemsex' or 'party and play' or described as sexualised drug use (SDU) (Maxwell et al., 2019; Race, 2015; Stuart, 2019; Tomkins et al., 2018). There has been much focus on SDU among gay and bisexual men (GBM) however a range of people from sexuality and gender diverse communities use GHB for sex (Edmundson et al., 2018; Hibbert et al., 2021). Discourses around SDU tend to reflect prolonged sex, which can involve multiple partners where practices are adventurous, uninhibited or deemed 'risky' (Drysdale et al., 2020). Often emphasised are risks associated with sexual consent; with some research reporting prevalent experiences of non-consensual sex or sexual violence in SDU settings (Bohn et al., 2020; Drückler et al., 2021; Ward et al., 2017; Wilkerson et al., 2021). Additional to studies that estimate the prevalence of sexual violence in SDU settings, research that examines the nuances of people's experiences around sex and consent in the context

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of drug use is required (Smith, Turner Moore, & Kolokotroni, 2018). This paper outlines the reported practices and perspectives of sexuality and gender diverse people who use GHB for sex, documents common approaches to pursuing gratifying and consensual GHB sex and outlines how people narrate sexual experiences deemed distressing some of which are named as sexual violence.

This paper does not seek to define consent in the context of drug use, however we acknowledge the definitional and conceptual debates that play out in this space. Understandings of sexual consent are variable and often ambiguous (Beres, 2007; Holmström et al., 2020; Palmer, 2013). The language of sexual violence is differentially understood, with terminology of sexual violence often resisted as adequate descriptors among survivors (Alcoff, 2014). Understandings of sexual violence among sexuality and gender diverse populations can be further clouded by mainstream depictions which focus on perpetrations by cisgender men against cisgender women (Beres, 2007; Fileborn, 2014). Rape myths: factually inaccurate though commonly held beliefs about sexual violence, are predominately heteronormative and cissexist and sexual violence experienced by sexuality and gender diverse people can therefore be minimised or not recognised at all (Mortimer et al., 2019).

How adults make judgments about acceptable levels of intoxication when gaining and giving consent is under-studied in empirical research. Complexity surrounds understandings of consent in the SDU context regarding whether and under what circumstances consent can be granted when one, both or all partners may be intoxicated (Clough, 2019; Cole, 2017). Commentaries on this subject mostly focus on the interpretation and application of criminal law (Clough, 2019; Cole, 2017; Palmer, 2013). In nearly all Australian jurisdictions, laws preclude consent when someone is sufficiently intoxicated that they are not able to freely agree to sexual activity (The Australian Law Reform, 2010). Studies that consider consent and intoxication typically focus on alcohol consumption among heterosexual and cisgender samples and frame intoxication as a binary state rather than something that exists on a spectrum or something that can cycle throughout periods of prolonged drug use (Hunt et al., 2022).

Studies that have sought to quantify the prevalence of sexual violence in SDU settings measure either non-consensual sex or sexual violence as a binary outcome and predominantly focus on GBM. A survey of GBM in Germany reported a 47% prevalence of non-consensual sex, defined by authors as an experience where a sexual partner did not respect boundaries (Bohn et al., 2020). In the Netherlands 21% of participants who engaged in chemsex reported an experience of non-consensual sex within the last five years, in this survey non-consensual sex was contextualised as a 'sexual experience(s) where someone went beyond limits or where you had unpleasant experience' (Drückler et al., 2021). A survey of sexual and gender minority people in Texas stated that 48% of participants who had attended sex parties in the last year reported experiencing sexual violence, this was defined as either the experience of intimate partner violence or sexual assault (Wilkerson et al., 2021).

Prevalence estimates of non-consensual sex or sexual violence highlight an experience warranting attention; however, taken on their own they cannot inform responses to sexual violence in the context of SDU. Very little qualitative research has been conducted at the intersection of sexual violence, lesbian, gay, bisexual, transgender, and queer people (LGBTQ+) people and SDU. A qualitative study among GBM engaged in chemsex in London England, reflected experiences of sex while not conscious, however participants typically resisted labelling this as sexual violence and articulated confusion associated with sexual experiences that were both pleasurable and distressing (Bourne et al., 2015). Research among male sex workers in the UK reflected circumstances in which consent may be compromised during sex work and noted that polydrug activity can reduce the agency of workers with occasionally detrimental consequences, such as the experience of sex beyond personal boundaries (Brooks-Gordon & Ebbitt, 2021). A study among Canadian GBM engaged in SDU explored participant approaches to facilitating and negotiating sexual encounters. This study reflected the fluidity of consent in the context of SDU, and documented practices of using smartphone applications to negotiate consent online (Joy et al., 2021). To our knowledge no qualitative studies addressing consent in the context of SDU have been conducted among lesbian bisexual and queer women or trans and gender diverse people.

Drawing on data from interviews with 31 people from LGBTQ communities, we report practices relating to exploring, communicating, and respecting boundaries throughout GHB sex. We also present participants' articulations and perspectives on GHB sex narrated as distressing and consider factors influencing whether participants named these experiences as sexual violence. We do not attempt to define consent or sexual violence in the context of SDU, rather we prioritise participants' reported practices and perspectives on this subject. Arising are several recommendations to inform community education and service level responses to ensuring sexual consent and recognising and responding to sexual violence in the context of GHB sex.

Methods

We interviewed 31 participants who identified as LGBTQ+ and had experiences of consuming GHB. Recruiting and interviewing protocols are described in detail elsewhere (Freestone et al., 2022).

Interviews explored contexts of GHB use, safety and wellbeing during use, experiences of overdose, and experiences of pleasure and harms, with a focus on GHB sex. This study was not designed to specifically examine consent or sexual violence in the context of GHB use, however questions regarding sex while using GHB were included in the interview schedule (Freestone et al., 2022).

All participants who used GHB for sex were asked about their approaches to pursuing gratifying sexual experiences when using GHB with relevant follow up questions asked. Follow up questions pertained to the nature of sex on GHB, the establishment, communication and negotiation of sexual boundaries, experiences associated with sexual boundaries not being respected and approaches to processing or addressing these experiences. Participants had the option to end the interview at any time and details of appropriate services were offered as required.

Interviews were transcribed verbatim. NVivo was used to facilitate data analysis, using a thematic framework approach (Ritchie et al., 2003). Through an unrestricted coding process, the first author reviewed participants' accounts and mapped recurrent experiences and perceptions, which were arranged into themes, and reviewed by co-authors. Data were anonymised at analysis and participant names are reported as aliases.

This study was approved by the UNSW Human Ethics Committee (HEC reference: HC200977)

Findings

Of 31 participants, 28 reported combining GHB with sex. As outlined elsewhere, the use of GHB for sex was not confined to GBM but practiced by people of a variety of gender identities and sexualities however among GBM, GHB was more commonly used alongside crystal methamphetamine (Freestone et al., 2022). Most participants reported consideration their own and others' boundaries when using GHB for sex; principles of empathy and reciprocal care framed many accounts.

> *GHB is a drug that to me is personally more risky because of the sexual element and I have sexual trauma and many people I know do. It's something I'm conscious of not perpetrating. Some people might be worried that they'll crash their friend's car. I'm worried that I'll accidentally violate someone's sexual boundaries.*
>
> *Alina, genderqueer, queer, 20s*

Two dominant, broad thematic areas emerged throughout our analysis. First, participants predominantly narrated experiences of GHB sex as exploratory, affirming, and safe and to ensure respect for their own and

Table 1
Navigating boundaries before, during and after GHB sex – an overview of reported practices.

	Practices
Pre-conditions for GHB sex	• Acknowledge GHB is a sexual drug, will likely increase sexual desire, only use it with people who are appropriate/comfortable/safe to have sex with • Asking for references about prospective sex partners within SDU networks and among friends • Always have sex without GHB or other drugs on first sexual encounter with new partner • Only have GHB sex in environments where preferences and boundaries can be verbally discussed • Only have GHB sex with well-known friends • Always assess someone's ability to articulate their personal sexual boundaries before GHB sex • Only have GHB sex in the context of intimate relationships with romantic partners • Only having GHB sex with one other person at a time, never engage with groups
Before GHB sex	• Mutually disclose sex interests, kinks, and fetishes • Mutually discuss and negotiate hard limits and soft limits around sex, set up the framework for a sexual encounter • Make decisions regarding how much GHB to dose based on comfort and familiarity with partner • Discuss and acknowledge the likelihood that all participants' sexual boundaries may be pushed while using GHB • Establish agreements about how to communicate verbally throughout sex • Establish 'safe words' (words that when said will immediately cease all sexual activity) • Establish verbal traffic light signalling 'green, yes', 'orange, not sure, slow down', 'red, stop' • Establish agreements around ceasing or continuing sex if one partner becomes unresponsive
During GHB sex	• Intuit a partner's responses to sex (non-verbally) • Use direct verbal communication to assert personal boundaries, or check in with a partner's boundaries • Use of verbal traffic light signalling 'green, yes', 'orange, not sure, slow down', red, stop' • Monitor partner for presence, or signs of distress or disassociation • Respond to loss of lucidity or responsiveness by stopping sex, taking a break and providing care • Reject unwanted advances from people seeking to join sex through body language, verbal communication and in some case physical force
After GHB sex	• Debriefing with partners after sexual experiences • STI testing • Repressing memories of sex named as uncomfortable or distressing • Cutting people off after sex deemed 'uncomfortable or distressing

other's sexual boundaries they highlighted several practices engaged before, during, and after GHB sex. These practices are outlined in Table 1. The application of strategies listed in Table 1 will be explored throughout this paper which has been organised to reflect the stages of GHB sex.

The second emergent theme relates to the way that participants narrated and responded to experiences of GHB sex described as difficult or distressing. In certain circumstances these experiences were named sexual violence.

Pre-conditions for GHB sex

Most participants expressed that they enjoyed GHB sex which was described as "primal", "connected", "disinhibited", "adventurous", "intense", "euphoric", and "intimate". Participants recounted the ways in which GHB sex helped them to explore and define their sexual boundaries (Freestone et al., 2022) a process that opened new physical sexual possibilities and for some, helped to heal from past emotional and sexual traumas.

> *In your body, it's like everything's magnified, therefore, wanna use different toys, bigger toys. They'll wanna do different things in different parts of their body too.*
>
> *Sabine, non-binary, queer, 50s*

This quote is indicative of a perspective highlighted by several participants who felt that the disinhibiting components of GHB can lead to bodily experiences that are usually out of reach. While participants seemed to value the disinhibition afforded by GHB, their accounts were often tempered by an awareness of the tenuous nature of playing at the edges of their physical tolerance while disinhibited.

A total of 11 participants (most of whom were trans) said that they adhered to strict rules around partner selection for GHB sex. Some expressed that they only have GHB sex with a romantic relationship partner, others suggested that they would never have GHB sex with someone on a first sexual encounter. A few participants said they would not have GHB sex with someone who had never used GHB before, others said they would not have GHB sex with someone who was not able to articulate their own sexual boundaries.

> *G is something that makes people horny. And, if I was to get cooked with someone and have sex with them, especially if like that was not something that, especially if they hadn't taken much before, it would feel verging on predatory to me. Like I don't feel that would be like a fair power dynamic to establish.*
>
> *Because you have experience on G?*
>
> *'Cause I have experience with it and I know how it affects me, and I know what to expect. And maybe the other person doesn't. I mean I just think that navigating consent and communication with someone around the first time that you sleep together is kind of difficult and I wouldn't want to potentially jeopardise that by, being high on a drug that makes you more uninhibited.*
>
> *Emily, transgender woman, queer, 20s*

In reflecting on disinhibition, participants valued the possibilities afforded by GHB sex while regarding it with caution so as not to violate boundaries, or experience harm. This perception was conveyed by three trans participants who spoke to their use of GHB sex to reclaim parts of their sexuality after the experience of sexual trauma.

> *For a lot of us, drug use is a way of accessing our sexualities… That's kind of where talking about consent gets interesting, to like doing things that ordinarily, like consensually using drugs to do things that ordinarily, if I was sober, would make me uncomfortable … I have trauma around giving head…the sound of my partner sucking my dick can really trigger me because I have trauma from being forced to perform, not forced physically but being coerced into performing oral sex on men…But I like using certain substances to be like, Well, actually if I'm on this, I'm horny enough so that doesn't usually trigger me.*
>
> *Alina, genderqueer, queer, 20s*

Alina's account highlights how participant's used GHB to play at the edges of their sexualities, a practice predominantly framed as enabling of sexual agency. Alina's acknowledgement of their sexual trauma and their proactive reflections around consent in the context of an intimate relationship reflects preconditions of trust that many articulated as mandatory for GHB sex.

Communicating before and during GHB sex

Overall, GBM in our sample did not prioritise considerations around familiarity, trust, intimacy, and connection with partners as preconditions for GHB sex and commonly reported GHB sex with casual or unknown partners. GBM sometimes emphasised the importance of early communication to ensure sexual compatibility before sex.

> *It is about negotiating. "Okay, this is what we're into. This is what we're not into." You know, drugs, chemsex. 'Cause it can mean lots of different things to different people. So, you know, barebacking and sexual practices…and then, when the person comes over and you do drugs, I think you usually expand on that and push boundaries a bit. But at least you know that that person's sort of on the same wavelength as you.*
>
> *Allan, cisgender man, gay, 60s*

Most acknowledged a range of sexual possibilities beyond conventional insertive, or receptive sex and participants felt that this range of possibilities necessitated a pre-sex discussion. These discussions informed participants' process of intuiting their partners' responses to sexual acts throughout a sexual encounter. Having a conversation online ahead of time to establish interests and boundaries, while a clear enactment of seeking consent, were framed by participants as a strategy in service of compatibility and pleasure, rather than consent.

Sex facilitated online and via hook-up applications afforded participants the opportunity to have detailed pre-sex conversations, spanning sexual preferences, HIV prevention strategies, drug preferences, intended drug consumption, and in some instances warnings about sexual traumas and triggers. As referenced in Table 1 sex facilitated online was contrasted to sex facilitated at beats, (a public area attended by gay men, where sexual acts occur) gloryholes, dance parties, or sex on premises venues.

> *I don't do glory holes or saunas, or anything, where you can't discuss things. It's generally in an environment where you can tell people, "I like doing this and I like doing that."… "What do you like to do?"*
>
> *Benjamin, cisgender man, bisexual, 30s*

Some in-person settings for GHB sex were considered to inhibit verbal communication resulting in occasional confusion around GHB sex and the use of condoms, determining sexual interest, and additional sex partners joining sex between two people without seeking consent.

Overall, participants expressed confidence to assert their boundaries but were concerned about violating someone else's sexual boundaries. This concern is demonstrated by Emily's quote above. Emily reflected on the power dynamics incumbent in being more familiar than a partner with the effect of GHB.

A further consideration around power emerged when some participants reflected on their integration of bondage and discipline, dominance and submission, and sadism and masochism (BDSM). By most accounts, the introduction of kink practices into GHB sex necessitated diligently establishing boundaries prior to a sexual encounter and setting up agreed mechanisms through which to communicate throughout sex. These practices as listed in Table 1 were outlined by Alex:

> *When I take G to facilitate chemsex, it's generally with one of my partners that I've known for a long time. We've got strong communication and we have a kink-friendly relationship, so there's a lot of negotiating. There's a lot of boundary setting, and there's a lot of making sure we've got safe words. And consent is always fluid. Consent whilst taking drugs is even more fluid for me. So, [if I have] a bit of a funny feeling and I'm not sure whether it's a good feeling or a bad feeling. I'll be able to throw out a safe word or one of my lovers and I use traffic-light signalling. So, red is just stop altogether. Green is 'fuck yeah, keep going' and orange is usually like 'I'm not sure about this. Can we stop and talk, or change it up a little bit?'*
>
> *Alex, genderqueer, queer, 20s*

Participants who self-identified as kinky appeared cognisant of consent and narrated their application of sophisticated strategies to negotiate consent. They attributed their practices around consent to the peer education processes entrenched in kink communities (Bauer, 2014; Dunkley & Brotto, 2019).

Alex's account highlights the fluidity of sexual consent during SDU and with regard for such fluidity highlights the importance of practices to continually check in throughout an encounter, such reflections regarding continuous consent were absent from many participant accounts.

Participants were not asked about considerations around thresholds of intoxication that may preclude their ability to give or gain consent, and participants did not proactively speak to this. In some instances, however, partners in GHB sex were said to lose lucidity to a degree that led the participant to stop sex.

> *I've had friends where they've just sort of passed out or keep on having sex within sort of group sex. You can tell that, you know, they're not … it looks like they're not quite there. So, quite often you'd stop and ask, "Are you alright?," and then eventually they are like "yeah", and then they would fall asleep.*
>
> *Max, cisgender man, gay, 20s*

When later asked to describe this further, Max said:

> *Some people they're sort of just drowsing off, and then you say something. "Oh, sorry, yeah, I'm okay," and then you would just sit them down and say, "Take a break." But some people can't stop moving and rolling around… you can spot it more easily. But you would react the same way and just try and make sure they're alright, … everyone knows that they've just had a bit too much and they need half an hour, an hour.*
>
> *Max, cisgender man, gay, 20s*

Max reflects on one instance where a partner was losing consciousness during sex and another instance in which a partner demonstrated overt signs of GHB overdose. In both circumstances Max articulates the importance of taking a break and providing care, which involved sitting with the partner throughout their rest.

Narrating sexual distress and sexual violence labelling

Several participants narrated experiences of GHB sex that they named as uncomfortable but which they did not name as sexual violence. Experiences of GHB sex narrated as distressing but not explicitly labelled sexual violence included unwanted sexual advances, touching, exerting sexual dominance without prior discussion, others inserting themselves into sex occurring between two partners, a partner inviting additional partners to join sex without discussion, being overdosed prior to sex, and sex while not conscious. From many vantages these experiences would be named sexual violence - however most participants did not narrate them this way.

Many were careful to draw distinctions between sex that they did not enjoy and sexual violence.

> *I can remember engaging in sexual activity after using G and feeling like not, not feeling affectionate. And feeling anxiety around, "Oh, I don't feel like I'm in control of my body." … I can remember thinking, "I don't feel in control. I don't really think I like this."*
>
> *Sharon, cisgender woman, lesbian, 30s*

When asked for a further reflection Sharon insisted that it was consensual, clarifying:

> *It was definitely consensual in terms of we had chatted before, and we had chatted afterwards. And, when I decided that I was gonna use G, I also decided that, why not? I'll give it a go.*

Sharon appears to consider her experience consensual due to her a pre-sex conversation and her initial agreement to give GHB sex "a go". Several participants reflected on GHB sex that they initially consented

to but did not enjoy and later regretted while proactively declaring the consensual nature of these encounters.

I remember being quite aggressive once and I didn't really enjoy that, to be very clear for the record, I'm not saying, I'm not calling this a sexual assault or anything like that, but I felt as though it was really aggressive, and I did sort of ask to stop and he didn't. So … And, eventually, he did but I think that he probably thought that that was more of a dominance thing that was sexually arousing, and I didn't. …

Martin, cisgender man, gay, 30s

Unlike Sharon, Martin recounts his request to stop which was not immediately respected, however Martin did not conceive of this as sexual assault but rather as a misunderstanding. Martin later recounted an experience of sex in which he lost consciousness and sex continued. Similarly, he did not use the language of sexual violence to describe this experience, when questioned as to why he resisted sexual violence labelling across both instances, Martin stated:

I suppose, if you looked at it on paper without emotion and names attached to it, you could describe that as sexual assault. I suppose my view would be that's up to me decide whether I felt violated and whether or not I was assaulted. And I don't.

Martin, cisgender man, gay, 30s

Martin emphasises his autonomy and authority to describe his experience. Martin's experiences around sexual dominance, sex while unconscious and resistance to sexual violence labelling were echoed by other GBM in the study.

Five participants disclosed experiences of others having sex with them while they were not conscious after using GHB, yet most did not use terminology of sexual violence to describe their experience. When asked to reflect on this, participants asserted that they didn't think their experience constituted sexual violence because they knew and were fond of the people involved, or because they didn't feel violated or in two instances because they enjoyed the encounter, as is demonstrated by Benjamin.

And then I saw him like shot it, so I did the same thing. And then I woke up in a sling… And I wasn't upset by it when I should have been. I mean I've effectively described a rape scene, but it didn't feel like that.

Can you tell me why?

Because I enjoyed it.

Benjamin, cisgender man, gay, 30s

Another participant attributed his partial enjoyment of sex commenced while not conscious to his interest in consensual non-consent, a term used to separate negotiated play from sexual violence (Beres & Macdonald, 2015). However, unlike other participants who negotiated kink as part of GHB sex, this participant did not say that he negotiated consensual non-consent and spoke of his experience as in part enjoyable but ultimately distressing and confusing; he did not however venture to name this experience sexual violence.

Only two participants used terminology of "non-consent" or "sexual assault" to narrate their experience, these are reflected below.

Dropping in front of people that I should not have dropped in front of. Like being robbed for a packet of cigarettes but sexual assault. There are things that happen when you're unconscious in front of people you shouldn't be unconscious in front of.

Michelle, transgender woman, heterosexual, 30s

My first GHB encounter was non-consensual and that was I dare say an overdose, and I was taken advantage of.

Jermaine, cisgender man, pansexual, 30s

Both Michelle and Jermaine reported distress associated with these experiences and did not describe them further. Variable levels of distress were associated with sex while not conscious - one participant reported no distress, some demonstrated considerable distress, several reported confusion or disorientation with three expressing that their interview was the first time they had spoken about such experiences. No participant stated that they accessed sexual assault services or ongoing counselling, neither Jermaine nor Michelle reported seeking support from services.

Participant responses to distressing GHB sex, whether named sexual violence or not, were commonly to cease contact with people associated with distress and repress memories.

Discussion

SDU has been characterised as an adventurous practice, where the disinhibition afforded by substances enables sexual exploration (Jerome et al., 2009; Weatherburn et al., 2017). Despite reports of prevalent sexual violence (Bohn et al., 2020; Drückler et al., 2021; Ward et al., 2017; Wilkerson et al., 2021) research has not widely documented how SDU participants navigate sexual boundaries. Participants in our study valued GHB sex and demonstrated an awareness of risks associated with sexual disinhibition. In response, several risk mitigation strategies were articulated, and we consider how these strategies were applied throughout the process of GHB sex.

Trans people and cis women in our study asserted preconditions for GHB sex related to careful partner selection. This practice appeared to extend opportunities to negotiate and communicate sexual boundaries and reportedly contributed to experiences of gratifying GHB sex. Conversely GBM reported GHB sex with casual partners and prioritised processes of ensuring sexual compatibility ahead of time via online conversation, a practice also reflected in SDU research among Canadian GBM (Joy et al., 2021). The ways that GBM negotiated sexual agreements regarding sexual health have long been documented (Carballo-Diéguez et al., 2006; Horvath et al., 2008; Race, 2010) our data indicate that similar practices playout with regards to establishing frameworks for consent. Across our sample these practices engaged prior to GHB sex, were described to facilitate safer sexual encounters however some in person settings were said to prohibit opportunities to discuss sexual consent. Community education resources addressing consent and SDU should reflect strategies commonly used to negotiate consent online and highlight a range of communication strategies that may be used to negotiate consent in person.

Trans participants who traversed kink and SDU communities described nuanced processes of establishing frameworks for sex, acknowledged the pronounced fluidity of consent in the context of SDU and described their use of both verbal and non-verbal communication strategies to ensure continuous consent. These approaches were narrated as being grounded in cultural norms of BDSM communities and were learned via peer education processes. There are established cultures of peer education among people from sexuality and gender diverse communities who use drugs (Bedi et al., 2020; Dunkley & Brotto, 2019; Southgate & Hopwood, 2001), and peer education processes around consent that have been modelled by kink communities (Beres & Macdonald, 2015; Summers, 2021) may well inform attempts to establish cultural norms around continuous consent in the context of SDU.

In most instances participants did not describe experiences such as sex initiated while not conscious as sexual violence, highlighting a disjunct between participants' perceptions of sexual violence and legal definitions. Resistance to terminology of assault, harassment or rape has been observed in research among several populations including GBM who practice SDU (Alcoff, 2014; Bourne et al., 2015). While it is important to respect the authority of people to interpret and narrate their own experiences (Alcoff, 2014), the marked reticence to use sexual violence terminology in our sample warrants further investigation. Cissexism and heteronormativity pervades both rape scripts and the public story of intimate partner violence which may contribute to a failure to recognise and name sexual violence as experienced by LGBTQ people

(Donovan & Hester, 2010; Mortimer et al., 2019). How rape scripts interface with understandings and experiences of sexual violence among those who practice SDU ought to be explored.

In our study, access to professional sexual assault or counselling services for the purpose of discussing sexual distress was not reported. Several barriers that may prevent sexuality and gender diverse people disclosing sexual violence and accessing formal support services have been identified in the literature. These barriers may include heteronormative stereotypes related to sexual violence and fears about cultural sensitivity of the person or service being disclosed to (Edwards et al., 2022). Recognising and naming experiences as sexual violence may also be a prerequisite to accessing sexual violence services (Bach et al., 2021). This challenge around service access may be partially addressed by education programs initiated to help people who practice SDU to recognise sexual violence if it occurs. Such programs have been implemented among general student populations (Anderson & Whiston, 2005), our study and others (Bourne et al., 2015; Brooks-Gordon & Ebbitt, 2021; Joy et al., 2021; Morris, 2019) demonstrate the potential value of programs specifically tailored for sexuality and gender diverse people who partake in SDU. Our findings also highlight the potential value of sexual violence services promoting themselves with accessible terminology that resonates with community language, while being careful not to minimise sexual violence by failing to appropriately name it (Mortimer et al., 2019). Service promotions that reflect common feelings of confusion or concern may have the benefit of encouraging service access among people who feel distressed regardless of whether they use terminology denoting sexual violence.

In highlighting different attitudes and practices towards partner selection, the environments in which sex takes place and sexual negotiations, our findings reflect the heterogeneity of cultural norms around drug use among varied LGBTQ communities. Future research ought to explore the interplays between cultural norms and SDU experiences of sexual violence, with a focus on differences relating to gender. By comparison to cis women and trans people, cisgender GBM more often spoke to experiences that they named challenging or distressing. Cisgender GBM were also more likely to use crystal methamphetamine alongside GHB for sex. The distinct states of disinhibition, alertness and responsiveness induced by GHB versus crystal methamphetamine may complicate consent. Our interviews focussed on GHB and did not explore the impacts of polysubstance use on consent communication; future research should explore this topic further. There is also a need for more research that explores how consent is differentially defined and understood by diverse LGBTQ people, with a focus on consent in the context of SDU.

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Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board where the research entailed animal or human participation. This study was approved by the UNSW Human Ethics Committee (HEC reference: HC200977).

Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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