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Sexual and Gender Minority Men’s Bystander Behaviors and Barriers in Response to Witnessing Minor Sexual Aggression

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Abstract

Objective: Sexual and gender minority (SGM) men experience sexual assault victimization. Encouraging people to become involved when they witness high-risk sexual situations as a prosocial bystander is one preventative mechanism to address sexual assault victimization. However, research assessing the extent that SGM men will intervene when they witness a concerning male-to-male sexual situation and barriers that prevent intervention is lacking. We sought to address these gaps.

Method: SGM men ($n = 323$, $M_{\text{age}} = 39.4$, range 18–77) completed a web-administered survey. Participants were asked if they had witnessed a high-risk sexual situation and, if so, to describe how they intervened; if they did not intervene, they were asked to explain why not. Data were analyzed using thematic analysis.

Results: Nearly 50% ($n = 157$) of participants reported witnessing a situation that may require intervention, of those men 40% reported involvement. When SGM men intervened, their behaviors included direct and indirect verbal and nonverbal strategies. Reasons for not intervening included not appraising the situation as risky, not viewing it as their responsibility to intervene, or lacking the self-efficacy to act.

Conclusion: SGM men reported similar barriers to intervention that heterosexual young adults encounter. Participants also provided a variety of intervention tactics that could be included in bystander intervention initiatives to increase their effectiveness and inclusivity. Additional efforts are needed to modify intervention initiatives at both the individual and community level.

Keywords

sexual and gender minorities; bystander behavior; alcohol; intervention; sexual assault prevention

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Introduction

Sexual and gender minorities (SGMs) can identify as gay, two-spirit, bisexual, transgender, and intersex, as well as with gender identities, gender expressions, or sexual orientations, that diverge from societal, cultural, physiological, or traditional norms (Sexual and Gender Minority Research Office of the National Institutes of Health, 2020). Sexual assault victimization, defined as sexual activity that occurs without someone's consent, is a pervasive problem for SGM men (Hequembourg et al., 2015). Indeed, 26% of gay men and 37% of bisexual men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (National Center for Injury and Prevention Control (NCIPC), 2010). Additionally, 64% of transgender respondents reported being a victim of sexual assault (Grant et al., 2016). Experiencing a sexual assault is associated with myriad consequences (Hequembourg et al., 2015).

To address high rates of sexual assault victimization, bystander intervention programs were developed and focus on training people to intervene when they see concerning sexual situations (e. g., Kirk-Provencher et al., 2021; Salter et al., 2022), including experiences of harassment, sexist comments, stalking, sexual and partner violence (Coker et al., 2020; Hoxmeier et al., 2020). However, these programs tend to focus on the prevention of male-to-female sexual assault and are largely grounded in research conducted with cisgender, heterosexually identified college students (Kirk-Provencher et al., 2021). Because bystander research tends to include participants who identify as cisgender and heterosexual and assess people's experiences witnessing concerning heterosexual situations, this limits the extent that bystander programs may be effective for SGMs (Kirk-Provencher et al., 2021). Indeed, a recent review of bystander intervention programs found that only 3 of the 28 programs reviewed included content representing SGMs (Kirk-Provencher et al., 2021). To develop comprehensive and inclusive prevention programs that could assist SGMs with identifying risk in their own community and increasing the likelihood of intervention, researchers need to understand how SGMs experience and engage in prosocial bystander behavior (Coker et al., 2020; Hoxmeier et al., 2020; Kirk-Provencher et al., 2021; Salter et al., 2022). Thus, the goal of this study was to assess if and how SGM men intervene when they witness concerning sexual situations among two men. If SGM men do not intervene, we further assessed potential barriers that might prevent intervention.

Bystander Intervention to Prevent Sexual Assault

Bystander intervention is grounded in the Bystander Decision-Making Model (Latane & Darley, 1968) that suggests people move through five different steps prior to intervention: noticing an event (step 1), interpreting that event as concerning or risky (step 2), taking intervention responsibility (step 3), having self-efficacy to intervene (step 4) and deciding to intervene (step 5). Of importance, researchers have argued that a critical step in the model is step 2 because if people do not encode a situation as concerning or risky then they will not move forward with intervention (Bridges et al., 2020). Within each step of this model there are different barriers that can inhibit intervention (Burn, 2009) such as alcohol intoxication (e.g., Leone et al., 2018). There are also facilitators to bystander intervention

such as knowing the person who needs help (Bennett et al., 2017). However, research assessing these barriers and facilitators among SGM men is lacking.

SGMs and Bystander Intervention

Historically, sexual assault prevention has failed to address the larger systems of oppression and domination that facilitate experiences of sexual assault for people of diverse identities, such as SGMs (Harris & Linder, 2017). According to Minority Stress Theory (Meyers, 2003), SGMs may be at an elevated risk of experiencing sexual assault because they inhabit an environment where their identity is stigmatized and discriminated against which can increase the risk for SGMs to experience sexual assault victimization (Espelage et al., 2018; Flanders et al., 2019). Because the risk of experiencing a sexual assault is high within the SGM community, encouraging SGMs to intervene if they witness concerning sexual situations may help reduce rates of sexual assault victimization for the community. Yet, there could be specific barriers that prevent SGM men from intervening when they witness concerning sexual situations in their community. For instance, identifying patterns of abuse and violence outside the context of heterosexual encounters may be difficult for SGMs because culturally, assault prevention tends to focus on cis women's experience of violence within heterosexual encounters (Richardson, 2022). Further, there are perceptions that unwanted sex is normal within the SGM community (Gasper et al., 2021). Thus, intervention may seem less warranted as SGM men should "know" how to handle these situations.

To date, research on SGMs and bystander attitudes and intervention is scarce, and when available, results seem mixed. For instance, 42% of SGM men reported witnessing a situation of relationship abuse and nearly two-thirds reported intervening either verbally or physically. These men intervened because the person who needed intervention looked uncomfortable, they felt responsible to get involved, or they had empathy for the other person (Salter et al., 2022). Moreover, SGM students have higher odds of intervention than cisgender, heterosexual students (Hoxmeier et al., 2020). Alternatively, other researchers found no difference in bystander self-efficacy (Mennicke et al., 2020) or likelihood to act (Toews et al., 2020) when comparing sexual minority and heterosexually identified students—suggesting that the two groups may be more similar than different. However according to a recent evaluation, bystander intervention programs were more effective for heterosexually identified students than sexual minority students (Coker et al., 2020; Waterman et al., 2021).

One reason for the discrepancy in bystander interventions effectiveness with SGMs may be that bystander programming focuses on male-to-female sexual assault encounters (Kirk-Provencher et al., 2021). Specifically, bystander intervention programs focus on teaching young adults how to identify sexual assault risk factors and intervene in contexts where a (presumed cisgender, heterosexual) woman is being victimized, and a (presumed cisgender, heterosexual) man is perpetrating. Although this is a common sexual assault scenario, by limiting sexual assault contexts, bystander programs miss opportunities to expand their impact. First, programs miss an opportunity to educate about other groups who are at risk for sexual assault, such as SGMs. Second, programs miss an opportunity to discuss who can be a potential perpetrator, as all people can engage in sexual aggression perpetration. Finally,

programs miss an opportunity to educate SGMs about how to identify risk and intervene in same-gender concerning sexual encounters. However, to address these barriers and create more inclusive bystander programming, researchers first need to assess if and how SGMs engage in prosocial bystander behaviors within same-gender concerning sexual encounters (Hoxmeier et al., 2020).

Contextual Factors and Bystander Intervention

Sexual assault risk factors are prevalent in alcohol-intensive environments, such as bars, parties, or clubs (McKie et al., 2020; Testa & Cleveland, 2016). These alcohol-intensive environments can pose a juxtaposition to SGMs. SGMs may seek out certain alcohol-intensive environments because they find a sense of community, belongingness, and safety (e.g., gay bars/clubs). These environments can also pose a level of risk. Indeed, gay and bisexual men discussed bath houses, dark rooms, and clubs, as being environments that can increase the risk of nonconsensual sexual activity occurring (McKie et al., 2020). Additionally, 67% of gay and bisexual men who experienced a recent sexual assault reported they consumed alcohol prior (Hequembourg et al., 2015), and gay and bisexual men discussed how both alcohol and drug use were related to their nonconsensual sexual experiences (Gasper et al., 2021). Given that alcohol intensive environments present a nexus of risk factors for sexual assault victimization—intoxicated patrons, potentially vulnerable sexual partners, norms which encourage the coalescing of substance use and sexual activity—they provide an opportunity for SGM men to intervene as bystanders as well. Yet, SGM men may choose not to intervene in some alcohol-intensive environments if they are also SGM spaces (e.g., gay bar/gay clubs) as intervening in an SGM alcohol-intensive environments could bring increased negative attention to SGM settings. As such, assessing whether alcohol-intensive environments and alcohol use emerge as barriers or facilitators to bystander intervention for SGM men when they intervene in concerning male-to-male sexual encounters is important.

Current Study

The current study is part of a larger study focused on the sexual risk and protective behaviors of SGM men. The current study is exploratory and aimed to assess SGM men's bystander experiences during male-to-male sexual encounters that appear concerning given that SGM men experience sexual assault victimization (NCIPC, 2010; Grant et al., 2016). Specifically, we examined whether SGM men perceived having an opportunity to intervene in a potential concerning male-to-male sexual encounter, contextual factors associated with these bystander opportunities, barriers to intervention, and bystander behaviors. The following research goals (RG) guided our exploratory study: **(RG1)** assess the types of opportunities SGM men have to engage in prosocial bystander behavior and whether they intervene during a concerning sexual situation with two men; **(RG2)** assess whether alcohol consumption and location of a concerning situation are associated with SGM men's bystander experiences; **(RG3)** assess barriers to intervention among SGM men when witnessing a concerning sexual situation with two men; and **(RG4)** assess how SGM men intervene in a concerning sexual situation with two men.

Methods

Participants

Participants were recruited via Qualtrics' national panel which is a third-party sample aggregator. All participants resided in the United States. Before we received the data, Qualtrics removed rapid responders, participants with duplicate IP addresses, and those with incomplete responses. We also limited our analytic sample to participants who were 18 or older, identified as a SGM man, completed the measures of interest, and did not fail reading checks; 340 people completed demographic measures with 17 participants set aside for not meeting these inclusion requirements. Therefore, our final analytical sample included 323 SGM men. The mean age of the sample was 39.4 years old ($SD = 14.0$; range 18–77) and most participants identified as White (71.5%) or Hispanic/Latino (11.5%). Most of the sample identified as a cis man (92.6%), and gay (74.0%) or bisexual (25.4%); most participants reported some form of college education or higher (80.2%). See Table 1.

Procedure

Participants were invited to take part in a 30-minute, anonymous web-administered survey about their sexual experiences. Following informed consent, participants completed a demographic measure and a series of questions about their sexual behaviors. Relevant to the present study, participants completed open and closed-ended questions about opportunities for intervention, intervention behaviors, and contextual factors for intervention. The study protocol was approved by University of Arkansas Institutional Review Board.

Measures

Opportunity and Intervention.—Participants were asked “Have you ever seen a guy grabbing or touching a man in a way that made him feel uncomfortable?”¹ Response options were yes or no. Participants who indicated yes were then asked, “Did you get involved in this situation?” Response options were yes or no.

Intervention Behaviors and Barriers.—Participants who indicated yes—that they became involved in the situation—were asked: “Please describe in as much detail as possible what you did during this situation.” Participants who indicated no—that they did not become involved in the situation—were asked, “Please describe why you did not get involved in this situation.” Both questions were open-ended.

Contextual Factors of Intervention.—If participants reported witnessing a situation that might require intervention, they were asked contextual questions including “Was alcohol involved in this situation?” (response options: yes or no) and, “Where did the situation take place?” (response options: a bar, a house party, a club, on the street, or your home).

¹Our question used the word “uncomfortable” as we attempted to capture people who were able to notice a situation (step 1 of the bystander decision making model) and then identify it as potentially concerning (step 2), without prompting them about a narrow set of circumstances that may or may not match the situation they experienced.

Quantitative Analysis

For RG1, we used descriptive statistics in SPSS 24 to examine whether men had the opportunity for intervention and if so, whether they intervened. We also used descriptive statistics to examine contextual factors associated with the intervention situation (RG2). To assess if contextual factors differed in situations where men chose to act or not, we conducted chi-square test of independence analyses. Using G*power (Faul et al., 2007), our sample size is underpowered for the presence of alcohol ($1-B = .22$) and for location of bystander opportunity ($1-B = .31$), based on post hoc power analyses ($\alpha = .05$, $1-B = .80$), with small effect sizes [$V = .114-.156$]. However, our sample size reflects prior research with SGM participants who reported situations where they could intervene (Salter et al., 2022).

Qualitative Analysis

To analyze participants' responses about their intervention behaviors we conducted a thematic analysis (Braun & Clarke, 2006). The first and third authors reviewed a random sub-sample of responses (20%) from participants who did and did not get involved in a situation. We independently inductively identified conceptual similarities in participants' responses and noted relevant observation in the data. We then convened to discuss our independent reviews and via an iterative process developed themes and subthemes. We developed operational definitions for the themes and sub-themes, which were then reviewed by the fourth author, who also provided feedback. Again, via an iterative process, we revised and finalized these themes and operational definitions in consultation with the fourth author. This analysis resulted in two separate codebooks being created: 1) for men who did not intervene and 2) for men who did intervene.

We realized there was significant overlap between our themes and the bystander decision making model (Latane & Darley, 1968) and barriers associated with engaging in bystander behavior (Burn, 2009). Thus, during our analysis process, we interpreted our themes through the lens of the Bystander Decision-Making Model of Intervention to align people's responses with the five steps of the model (e.g., step 2, unsure of risk) and illustrate how, organically, parts of the bystander decision making model were being mentioned in participants responses.

Next, the first and third author coded a subset of 10 responses, after which discrepancies were discussed in a team meeting. At this point, because we were highly aligned in our interpretation, we moved on to code the full dataset. A response could be coded as more than one theme. To ensure both coders were consistent in their interpretation of responses, Cohen's kappa (Perreault & Leigh, 1989) was calculated after coding was completed. We had an average Cohen's kappa coefficient of 0.90 for the themes related to bystander intervention (Range = 0.78–1.0) and 0.88 for themes related to barriers to intervention (Range = 0.67–1.0), suggesting acceptable to excellent interrater reliability. When discrepancies in the coding occurred, we discussed them, and a final consensus was reached. Our sample size is appropriate for this qualitative analysis, as themes were straightforward, the sample was homogenous, and saturation was reached (Braun, Clarke, Hayfield, & Terry, 2018). Within our qualitative analysis, three participants were removed

from the group of men who reported bystander intervention and five from the group of men who reported not intervening for providing non-coherent responses.

Results

RG1: Opportunity and Intervention

Of the 323 SGM men in our study, 48.6% indicated having an opportunity to bystand where they say a guy was grabbed or touched by another man in a way that made this man feel uncomfortable. Two men reported they intervened when they witnessed this situation; however, in their open-ended responses, they reported that they did not act. These two participants were recategorized into the group of men who did not intervene. Of the men who intervened, 74.5% reported that alcohol was involved. Regarding location, 43.9% indicated being at a bar, followed by a house party (21.0%), a club (19.1%), on the street (12.7%) and then in their own home (3.2%). Of importance, 84% of the settings participants had an opportunity to intervene in would be considered an alcohol-intensive environment (e.g., a party, bar). Of the SGM men who had the opportunity to intervene, 39.5% reported intervening.

RG2: Contextual Factors and Intervention

Of the 62 SGM men who reported that they intervened, 80.6% reported alcohol use was involved in the situation. For the 95 SGM men who did not intervene, 70.5% reported alcohol use was involved in the situation; there was no significant difference between those who intervened and the presence of alcohol, $\chi^2 = 2.02, p = .155, Cramer's V = .114$. Regarding location, for SGM men who intervened, 48.4% reported this situation happened in a bar, followed by a house party (24.2%). For those who did not intervene, 41.1% of SGM men reported this situation happened in a bar, followed by a club (23.2%,). There was no significant difference in location by SGM men's choice to intervene, $\chi^2 = 3.18, p = .432, Cramer's V = .156$.

RG3: SGM Men's Barriers and Reasons for Not Intervening

For the 95 SGM men who reported they witnessed an event that might need intervention, their reasons for not intervening aligned with the larger bystander literature on barriers to intervention (Burn, 2009).

Step 2: Unsure of Risk.—Participants discussed various ways they struggled to identify risk in a potential sexual assault situation and how this prevented them from intervening. For example, a 50-year-old gay cis man reported he did not get involved, “*because even though I felt that the guy should not be groping [groping] the guy[,] the guy didn't seem to be bothered.*” Another 28-year-old gay cis man reported he did not intervene because, “*I knew that both had consented to the sexual encounter, but one did not seem to enjoy it.*” Within these responses, men highlighted the challenges of comparing information they knew from what they perceived. Stated differently, the men appeared to know that some level of consent was present in these encounters. However, they perceived the situation as concerning because they realized a social norm was being violated (e.g., we should not grope) or that someone appeared to not be enjoying the encounter. This reflects a

potential internal process with bystander decision making where people are re-evaluating the information presented to them with what they know to weigh if intervention is warranted.

In a different set of responses, a 65-year-old gay cis man reported he did not intervene because “*it occurred at the gay bath house where this behavior is commonplace so i didnt really think that i should interfere.*” This was echoed in a 25-year-old gay cis man’s response where he did not intervene because they were in a public area. Specifically, he stated, “*we were in a public area where alcohol was consumed. Touching happens in every direction, welcomed or not. It’s not uncommon to see a situation go sideways and end without someone having to intervene.*” Here, these men highlight how norms of alcohol intensive environments may suggest that touching, regardless of want, is something men should expect in certain settings. The limitations posed by alcohol intensive environments is concerning given that most men in this study reported that was where they witnessed a problematic sexual encounter.

Step 3: Did Not View the Situation as their Responsibility.—Participants reported they did not become involved because they did not perceive the situation as their responsibility. For instance, a 51-year-old gay cis man reported, “*it was none of my business so I did not involve myself to the situation.*” A 26-year-old gay cis man reported, “*i felt it wasn’t none of my business at the time and didn’t want to get involved and cause further issues.*” Suggesting a situation is not someone’s responsibility is a common refrain for explaining why someone chose not to get involved—particularly from men who do not want to approach all situations as one that requires them to be a “superhero or savior” in.

Step 4: Lacked the Self-Efficacy to Act.—SGM men suggested their lack of self-efficacy to pro-socially bystand prevented them from becoming involved. For instance, a 27-year-old gay cis man reported he did not intervene because, “*I unfortunately did not feel empowered to get involved in the situation.*” A 37-year-old gay cis man reported, “*I saw someone grabbing a guy in the bus but I was too afraid to do anything.*” A 34-year-old bisexual cis man reported,

It was when I was first really exploring my true sexuality back when I was in college. To be honest, I was so scared and anxious about being out that I was too timid to really do anything that would draw attention to myself. It wasn’t the right thing, but I understand now why I was the way I was.

SGM men’s confidence to act in potential sexual assault situations appears to be influenced by a variety of factors. This is not surprising as part of self-efficacy is not just being confident to do a behavior but being confident to do that behavior in various situations that pose different intrapersonal and environmental challenges. Reflecting on men’s responses, their self-efficacy to intervene may change based upon 1) how great the chance of becoming hurt is, 2) how much power they think they hold in an environment, and 3) their own comfort with their sexual identity.

Environment Prevented Intervention.—In addition to intrapersonal barriers to intervention, SGM men reported the environment presented a barrier to their willingness or ability to intervene. Within these responses was a consistent pattern from men that their

ability to act was impacted by the layout of the environment and their inability to arrive quickly enough to the situation at hand. For instance, a 45-year-old gay cis man reported, “*It was far away from where I was. There were a lot of people between us.*” A 36-year-old bisexual cis man reported he did not intervene because, “*It was at a bar and I was far across the room and it was busy.*” A 25-year-old gay cis man reported, “*I wasn’t able to get there fast enough.*”

Someone Else Intervened.—In a few instances, SGM men reported they did not intervene because someone else did. A 28-year-old gay cis man reported, “*Because security saw it as well as I did*” and another 28-year-old gay cis man reported, “*Someone else got involved but I would have stepped in if he needed help too.*”

The Potential Victim Handled the Situation.—Finally, some SGM men did not intervene because the person who may have needed intervention was able to remove themselves from the situation. A 28-year-old gay cis man reported, “*Situation was handled between the two appropriately and didn’t see a need to get involved.*” A 53-year-old gay cisman reported, “*person handled it themselves with a satisfactory result.*”

RG 4: SGM Men’s Intervention Behaviors

Across the 62 SGM men who intervened, men discussed different ways they appraised the situation as risky (step 2 of the bystander model). SGM men also discussed five different bystander behaviors they reported using (step 5 of the bystander model).

Step 2: Appraised Risk.—SGM men identified various ways they could assess risk in a situation. These responses contrast with the men who suggested they had a difficult time identifying risk and that prevented their intervention (Unsure of Risk in the non-intervention group). Instead, in the current responses, men appeared to identify several factors that assisted them with weighing the risk of a situation. Specifically, they tended to appraise or realize risk through five different signs: 1) age difference between the potential victim and perpetrator, 2) physical aggression toward one person, 3) intoxication of either the potential victim and/or perpetrator, 4) someone was “creepy” or “weird” and 5) a potential perpetrator followed another person.

A 34-year-old gay cis man reported intervening after watching someone “chase” another person around the bar and this person appeared intoxicated during this situation, “*A guy at a bar making moves on another guy, moving around the room. The guy being chased just got there and not into the other, who was inebriated....*” A 32-year-old gay cis man reported his situation involved men of two different body sizes, with one being larger and more aggressive, and that one person was uncomfortable with the situation. He reported, “*It was at a sex club, this really aggressive big guy grabbed a much smaller one and began trying to insert his fingers into the man’s rectum. The man was obviously uncomfortable and the interaction was unwanted...*” A 61-year-old gay cis man discussed that he noticed that someone had consumed too much alcohol and an age gap between the potential victim and perpetrator—with the perpetrator being older. He reported, “*Many, many years ago a guy had too much to drink and was pushing himself onto a younger guy. The younger guy*

initially tried to ignore him and tried walk away. The older guy grabbed him and stuck his hand down his pants. My partner and I both got involved...

Step 5: Direct Verbal Intervention.—SGM men reported that they intervened in these situations by verbally saying something. Of importance within these responses, they appeared to be confrontational, and this may reflect larger gender norms which suggest men be direct and aggressive within their intervention behaviors. A 67-year-old gay cis man reported he intervened by addressing the potential perpetrator and saying, *“I told the agressor to knock it off, and advised security to keep an eye on him.”* A 26-year-old gay cis man reported he, *“told the guy to get off him or I was going to fuck him up and he said he was just playing”* and another 44-year old gay cis man reported, *“I told the other guy to leave and he did.”* Additionally, within these responses, men suggested the potential perpetrator appeared to listen to them, which might further encourage men to be confrontational when they intervene; however, being confrontational could led to an elevated chance of violence occurring between the bystander and potential perpetrator.

Step 5: Direct Physical Intervention.—SGM men reported they intervened physically by either shoving, hitting, slapping, or separating/removing the perpetrator and victim of sexual assault. A 21-year-old gay trans man reported how he removed his friend from this situation, *“The man took advantage of my friend when he was drunk, touched him inappropriately, and then I budged in and took my friend away from him.”* An 18-year-old trans man reported he also separated the perpetrator and victim when he saw a questionable situation, *“When i saw it happen I imidiatly [immediately] tried to stop the situation by separating the two. Ill try and help in an uncomfrotable [uncomfortable] situation between other people if I must [sic].”* A 43-year-old gay cis man reported he intervened after he, *“saw a guy making the moves on someone that was too drunk to say yes I go[t] the person out of the situation before he got raped.”* Within these situations, men appeared to use physical intervention tactics that might have the greatest likelihood to reduce the risk of an assault occurring (e.g., removing the potential victim from the situation) and the lowest chance of them getting hurt.

Contrasting this intervention tactic, some men reported being more forward in their physical intervention, which may increase the risk of the bystander getting injured. For instance, in a different situation, a 21-year-old gay cis man described pushing someone away from his friend at the club, *“I saw the man grab my friend at a club during this situation. I then proceeded to push the guy back a little bit and tell him politely to back off of my friend. The man put his arms up and walked away.”* In pushing the potential perpetrator away, this person may increase the risk the potential perpetrator responds with aggression; however, the participant does suggest that he informs the potential perpetrator, *“politely to back off”* which may suggest a balance between the forcefulness and being direct.

Step 5: Pretending to be Romantically Involved with the Potential Victim.—Some SGM men reported acting in this situation by pretending they were romantically involved with the person who needed intervention; this indirect tactic may be commonly used across gender and sexual identity as larger dating norms may suggest that if someone is romantically involved, this means they are not available. A 20-year-old gay trans man

reported, “*I watched my friend get his ass grabbed, I stepped in and pretended to be his boyfriend.*” Another 20-year-old gay trans man reported, “*I simply went up to the man and realized the individual who groped him was drunk. I took him away from the situation by pretending to be his boyfriend and he was very thankful for my efforts.*”

Step 5: Involved Someone Else.—SGM men also reported they informed or involved someone else, such as security or the police. The use of outside third parties, and in particular police or security, may reflect the environmental contexts where most of these intervention behaviors are occurring—in bars or clubs. A 30-year-old gay cis man reported, “*A friend was groped while ordering a drink at a bar and was noticeably upset, I confronted the individual and had him removed by security/doormen.*” A 35-year-old bisexual cis man reported, “*I shoved the guy away. Called the police for help.*” A 67-year-old gay cis man reported, “*I told the aggressor [aggressor] to knock it off, and advised security to keep an eye on him.*”

Step 5: General Intervention Behaviors.—Some SGM men reported acting in these situations, but their intervention behaviors were too broad to be categorized. For instance, a 20-year-old gay cis man reported “*I calmly went over and defended my man friend.*”

Discussion

The goal of the current study was to assess SGM men’s bystander experiences when witnessing a potential concerning male-to-male sexual encounter. Of 157 men who reported an opportunity for intervention, 40% became involved (RG1). These concerning sexual encounters tended to involve the presence of alcohol (75%) and overwhelmingly happened in alcohol-intensive environments such as bars, parties, and clubs (RG2). Men’s discussion of barriers to intervention and intervention behavior tended to align with the Bystander Decision Making Model and reflected our quantitative findings. Specifically, for SGM men who did not intervene, their reasons aligned with barriers to intervention specifically at Steps 2, 3, and 4 (Burn, 2009; RG3). Regarding intervention behaviors, SGM men reported using a variety of tactics to intervene which primarily focused on Step 2 (identifying risk) and then reflected different intervention tactics (Step 5).

SGM Men’s Barriers to Intervention

We found that 60% of SGMs did not intervene despite witnessing a risky sexual male-to-male situation. Overall, there were several similarities between SGM men’s barriers for intervention in the present study and heterosexual young adults’ barriers (Burn, 2009). First, some SGM men reported they were unsure of the risk associated with a situation (Burn, 2009; Pugh et al., 2016; Salter et al., 2022). SGM men may have been unsure of risk due to larger norms surrounding men and the SGM community. Specifically, there is a broader (hetero)gender perception that men are always willing to have sex, suggesting they cannot be victims of sexual assault (Jozkowski & Peterson, 2013). Additionally, unwanted sexual touching and sexual violence may be normalized within the SGM community (Gasper et al., 2021; Salter et al., 2022). Risk identification for SGM men may be complicated then

by norms surrounding gender and sexuality which inform SGM men that intervention is not needed for other SGM men.

Second, of the men who witnessed a high-risk sexual situation, 40% reported it was not their responsibility to become involved (step 3). People may not view situations as their responsibility because they do not have a shared identity with the person who needs assistance (Levine et al., 2005). In a recent study, SGM men reported a reason for their intervention was that they experienced sexual assault before and felt responsible for preventing other people from having these experiences (Salter et al., 2022). Relating this to our participants, perhaps they did not have these histories or did not perceive they had a shared identity with the person who may have needed help, which prevented them from taking responsibility. Additionally, (hetero)gender norms suggest that men are less likely to intervene in situations because they do not want to interfere with other (hetero)men's spaces (Carlson, 2008). Finally, many of the situations described where SGM men did not intervene referenced being in public or social alcohol-intensive settings where diffusion of responsibility can occur. Because others were present in these situations, participants may have perceived that other people could intervene. Or because no one else was intervening, participants may have thought the situation was not risky (Burn, 2009). This is concerning though, as most bystander situations were occurring when people were consuming alcohol and in alcohol-intensive settings (RG1). In this case, norms surrounding group identity, gender, responsibility levels, and alcohol may prevent SGM men from taking responsibility in these situations.

An additional 19% of SGM men reported they lacked the self-efficacy to act (step 4). Within this theme, men reported they were not confident in their ability to deescalate a situation (Salter et al., 2022). There were also concerns surrounding stigma-threat and men's involvement in the SGM community. Stigma-threat (Ahrens, 2006; Miller et al., 2011) occurs when someone is concerned there will be a negative response to their behavior. In response, they change their behaviors to avoid this negative response. Some of our participants may have been concerned that their intervention behaviors or their identity as an SGM would result in a negative reaction from those they bystanded for. Therefore, they did not bystand. Further, men's comfort within the larger SGM community may also impact their self-efficacy to bystand. While only one person mentioned that because they were not fully out yet, this decreased their self-efficacy to act, this may be an area worth pursuing further. Especially as the US enters a different era of hostility toward the SGM community (e.g., Don't Say Gay laws or laws which ban gender affirming care), which may cause some SGM people to feel even less comfortable being open about their identity or engaging in behaviors that could potentially inform others of their identity, such as intervening on a risky sexual same-gender interaction.

In addition to intrapersonal barriers, some men reported the environment as a barrier to intervention in two ways: 1) the physical layout and 2) cultural norms of alcohol-intensive environments. First, SGM men reported that the layout of alcohol-intensive environments prevented intervention because it was too crowded, loud, or dark; reflecting prior research (Graham et al., 2006). The layout of alcohol intensive environments being a barrier to bystander intervention is particularly concerning when 84% of our reported situations where

a participant had an opportunity to bystander were in these settings. Second, consistent with prior research (Gasper et al., 2021; McKie et al., 2020) some SGM men reported that unwanted touching is normative in alcohol-intensive and highly sexualized environments, like the environments participants described in their responses. Thus, witnessing such behavior in an alcohol intensive environment may not automatically be perceived as concerning and not cue men into seeing a situation as worthy of their involvement. Unfortunately, SGM men also report that leaving these highly sexualized and alcohol intensive environments when unwanted sexual advances are made is difficult (McKie et al., 2020), underscoring the importance of bystander in these contexts. Cultural norms may suggest unwanted touching is normative in these environments and if someone witnesses this, intervention is not required.

SGM Men's Intervention Behaviors

We also found that 40% of SGMs reported intervening when they witnessed a concerning male-to-male sexual situation; this is consistent with prior research on SGM men's bystander behaviors (Salter et al., 2022). SGM men commonly intervened by saying something to the two people involved or physically stepping in. More specifically, SGM men reported they separated two people or pushed a potential aggressor away from a potential victim, which are common bystander tactics (Kaya et al., 2020; Orchowski et al., 2020; Salter et al., 2022). Our participants also reported using less aggressive, indirect intervention tactics such as pretending to be romantically involved with a potential victim. This is consistent with intervention strategies in which young men pretend to be romantically involved with a woman in male-to-female sexual aggression situation (Oesterle et al., 2018). Taken together, there appears to be similarities in the tactics SGM men and heterosexual, cisgender young adults use to intervene in concerning sexual situations.

Limitations

First, we were underpowered to detect differences in our sample. Thus, our quantitative findings should be taken with caution. Continued efforts to recruit larger sample sizes of SGM participants is needed to replicate our findings and extend research on SGM people's bystander experiences. Second, our sample predominantly identified as White and greater efforts are needed to include people of color in sexual violence research. Indeed, there are racial differences in bystander opportunities and behaviors (Hoxmeier et al., 2021). Racial minorities may experience unique circumstances that hinder or enhance bystander behavior, and how the intersection of different minority identities and system-level factors (e.g., oppression) influence bystander barriers and behaviors warrant further attention. Third, our sample also consisted of predominately cisgender, gay men and we combined sexual and gender minority men. However, the facilitators, barriers, and bystander experiences gender minority men and sexual minority men experience could be vastly different. Indeed, gender minority and sexual minority college students may have different opportunities to bystander and use different intervention strategies (Hoxmeier et al., 2020). Fourth, we did not assess how different structural inequalities and experiences with stigma and oppression could influence bystander behavior and intervention among SGM participants. Given that some participants discussed concern about being "outed" by intervening, examining how these larger systematic issues impact bystander behaviors is warranted.

Fifth, our bystander item asked men if they saw a situation where someone was uncomfortable—by using the word uncomfortable to prompt men, they may have responded about a situation that was not sexual assault or may not have resulted in an assault. Men also reported on experiences of unwanted touching in our study; however, our item may not comprehensively assess all types of unwanted touching experiences. Men may have also witnessed nonconsensual behavior and not conceptualized it as uncomfortable. Because our question did not ask men about sexual acts specifically, we cannot ensure that all the situations men discussed are sexual assaults.

Sixth, we only asked for details about the bystander behaviors men used; we did not solicit demographic information of the victim or perpetrator or their relationship with the participant. As such, we could only determine this information if a participant volunteered it in their narratives. Finally, we are unsure how long ago these events took place and recall biases may occur. Additionally, people may be recalling events that happened during a different socio-political and cultural timeframe, which may have influenced bystander behaviors and barriers.

Future Research Directions

Despite these limitations, our findings provide steps for future research. We used open-ended questions to elicit responses about a specific bystander experience among SGM men. From our findings, the behaviors and barriers to bystander intervention conceptually aligned with the bystander decision making model and those reported by heterosexual young adults with some minor, but valuable differences. For instance, SGM men discussed identifying risk by noticing someone was “weird” or “creepy,” that one person was “following another” around a space, or an age discrepancy between the potential victim and perpetrator. For barriers, some men discussed discomfort with their own sexual identity or a size discrepancy between a potential perpetrator and them. Some, but not all, of these risk identifiers and barriers are discussed in bystander literature and measures. Researchers could consider developing items to assess these behaviors and barriers and pilot test them with SGMs to develop comprehensive measures of bystander constructs.

Prevention, Clinical, and Policy Implications

Given our results, there are several prevention implications. First, to address the barrier that SGM men questioned if what they witnessed was a risky situation (step 2), bystander programs and social media campaigns could highlight the importance of checking in with someone whenever someone perceives the situation could be concerning, questionable, or risky. SGM men did report cues they used to identify risks and some of these cues could be included in intervention to assist with increasing risk detection; however, contextualizing these cues would be important. Some men reported an age discrepancy between men or intoxication level of the participant as risk cues. A person being older than another does not inherently mean a situation is assaultive, nor does two people consuming substances together suggest a situation is automatically assaultive. Thus, interventionist will have to be tentative in their discussion of risk identification.

Second, bystander interventions can work on increasing SGM men's self-efficacy for intervention (step 4). For instance, some of the men in our study indicated not having the self-efficacy to act because they were worried about escalating a situation. Thus, interventionists could focus on providing SGM men with necessary skills that help deescalate situations, such as verbal intervention tactics over physical ones to increase self-efficacy. Yet, some men's lack of self-efficacy was brought on by larger societal concerns. As we continue to encourage people to intervene, we also want to be mindful of their own health and safety. The current US climate toward SGM people is hostile and thus, interventionist should be careful in how we advocate for bystanding within same-gender encounters.

Regarding barriers presented by alcohol-intensive environments, changing the settings of these environments may be an unreachable goal for bystander intervention programs that target individuals. Therefore, mitigation may be the more realistic path. SGM men could be provided information about these potential setting limitations and skills to overcome them—such as informing a bartender or bouncer of a potential situation. Importantly, these findings highlight the need for environment-level interventions at establishments (e.g., Safer Bars; Graham et al., 2004) that cater to SGM populations. Thus, programming efforts could focus on LGBTQIA+ settings to increase bouncers, wait staff, and bartenders' ability to recognize risky sexual situations and intervene, and with bar owners to modify environmental risk factors for aggressive behavior (Graham et al., 2004). Indeed, through community outreach, engagement, coalition building, and research, we can work together to prevent sexual violence for all.

Conclusion

In conclusion, we found significant overlap in bystander behaviors and barriers reported in our study and larger bystander work. The idea that bystander intervention programs are less effective for SM students (Coker et al., 2020; Waterman et al., 2021) is somewhat surprising given these similarities. Perhaps bystander intervention is less effective for SMs because our broader sexual violence prevention work takes a power-evasive, identity neutral approach to prevention (Harris & Linder, 2017) and is not meaningfully engaging in a discussion around gender norms, heterosexism, patriarchy, and additional systems of power and oppression that allow sexual violence to continue (Gasper et al., 2021). Therefore, moving forward, tailored programming toward SGMs is necessary to develop inclusive bystander programming.

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References

- Ahrens CE (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, 38(3–4), 31–34. 10.1007/s10464-006-9069-9 [PubMed: 16838072]

- Banyard VL, Plante EG, & Moynihan MM (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32, 61–79. 10.1002/jcop.10078
- Bennett S, Banyard VL, & Edwards KM (2017). The impact of the bystander's relationship with the victim and the perpetrator on intent to help in situations involving sexual violence. *Journal of Interpersonal Violence*, 32(5), 682–702. 10.1177/0886260515586373 [PubMed: 26037814]
- Braun V, & Clarke V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. 10.1191/1478088706qp063oa
- Braun V, Clarke V, Hayfield N, & Terry G (2018). Thematic analysis. In Liamputtong P (Ed.), *Handbook of research methods in health social sciences* (pp. 1–18). Basel, Switzerland: Springer.
- Bridges AJ, Dueweke AR, Marcantonio TL, Ham LS, Wiersma-Mosley JD, & Jozkowski KN (2020). Two studies investigating associations between sexual assault victimization history and bystander appraisals of risk. *Violence Against Women*, 27(10), 1736–1757. doi: 10.1177/1077801220940390 [PubMed: 32672105]
- Burn SM (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles*, 60, 779–792. 10.1007/s11199-008-9581-5
- Carlson M (2008). I'd rather go along and be consider a man: Masculinity and bystander intervention. *The Journal of Men's Studies*, 16(1), 3–17. 10.3149/jms.1601.3
- Coker AL, Bush HM, Clear ER, Brancato CJ, & McCauley HL (2020). Bystander program effectiveness to reduce violence and violence acceptance within sexual minority male and female high school students using a cluster RCT. *Prevention Science*, 21(3), 434–444. 10.1007/s11121-019-01073-7 [PubMed: 31907755]
- Espelage DL, Basile KC, Leemis RW, Hipp TN, & Davis JP (2018). Longitudinal Examination of the bullying–sexual violence pathway across early to late adolescence: Implicating homophobic name-calling. *Journal of Youth and Adolescence*, 47(9), 1880–1893. 10.1007/s10964-018-0827-4 [PubMed: 29500577]
- Faul F, Erdfelder E, Lang A-G, & Buchner A (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39, 175–191. 10.3758/BF03193146 [PubMed: 17695343]
- Flanders CE, Anderson RE, Tarasoff LA, & Robinson M (2019). Bisexual stigma, sexual violence, and sexual health among bisexual and other plurisexual women: A cross-sectional survey study. *The Journal of Sex Research*, 56(9), 1115–1127. 10.1080/00224499.2018.1563042 [PubMed: 30632801]
- Graham K, Bernards S, Osgood DW, & Wells S (2006). Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction*, 101(11), 1569–1580. 10.1111/j.1360-0443.2006.01608.x [PubMed: 17034436]
- Graham K, Osgood DW, Zibrowski E, Purcell J, Gliksmann L, Leonard K, ... & Toomey TL (2004). The effect of the Safer Bars program on physical aggression in bars: results of a randomized controlled trial. *Drug and Alcohol Review*, 23(1), 31–41. 10.1080/09595230410001645538 [PubMed: 14965885]
- Grant JM, Mottet LA, Tanis DM, Harrison J, Herman JL, & Keisling M (2016). Injustice at every turn: A report of the National Transgender Discrimination Survey (pp. 1–8). https://transequality.org/sites/default/files/docs/resources/NTDS_Exec_Summary.pdf
- Gaspar M, Skakoon-Sparling S, Adam BD, Brennan DJ, Lachowsky NJ, Cox J, ... & Grace D (2021). “You're gay, it's just what happens”: Sexual minority men recounting experiences of unwanted sex in the era of MeToo. *Journal of Sex Research*, 58(9), 1205–1214. doi: 10.1080/00224499.2021.1962236 [PubMed: 34369847]
- Harris JC, & Linder C (Eds.). (2017). *Intersections of identity and sexual violence on campus: Centering minoritized students' experiences* (First edition). Stylus.
- Hequembourg AL, Parks KA, Collins RL, & Hughes TL (2015). Sexual assault risks among gay and bisexual men. *Journal of Sex Research*, 52(3), 282–295. 10.1080/00224499.2013.856836 [PubMed: 24483778]

- Hoxmeier JC, Mennicke A, & McMahon S (2020). Bystander intervention opportunities and prosocial behaviors among gender and sexual minority college students. *Journal of Interpersonal Violence*, 1–27. 10.1177/0886260520967131
- Hoxmeier JC, O'Connor J, & McMahon S (2021). Undergraduate students as bystanders to sexual violence risks: Differences in reported intervention opportunities and behaviors by racial identity. *Journal of Interpersonal Violence*, 36(9–10):4668–4689. doi:10.1177/0886260518790593 [PubMed: 30084294]
- Jozkowski KN, & Peterson ZD (2013). College students and sexual consent: Unique insights. *Journal of Sex Research*, 50(6), 517–523. 10.1080/00224499.2012.700739 [PubMed: 23039912]
- Kaya A, Le TP, Brady J, & Iwamoto D (2020). Men who intervene to prevent sexual assault: A grounded theory study on the role of masculinity in bystander intervention. *Psychology of Men & Masculinities*, 21(3), 463–478. doi:10.1037/men000249
- Kirk-Provencher KT, Spillane NS, Schick MR, Chalmers SJ, Hawes C, & Orchowski LM (2021). Sexual and gender minority inclusivity in bystander intervention programs to prevent violence on college campuses: A critical review. *Trauma, Violence, & Abuse*, 24(1), 110–124. 10.1177/15248380211021606
- Latane B, & Darley JM (1968). Group inhibition of bystander intervention in emergencies. *Journal of Personality and Social Psychology*, 10(3), 215–221. 10.1037/h0026570 [PubMed: 5704479]
- Leone RM, Haikalis M, Parrott DJ, & DiLillo D (2018). Bystander intervention to prevent sexual violence: The overlooked role of bystander alcohol intoxication. *Psychology of Violence*, 8(5), 639–647. 10.1037/vio0000155 [PubMed: 30505616]
- McKie RM, Skakoon-Sparling S, Levere D, Sezlik S, & Humphreys TP (2020). Is there space for our stories? An examination of North American and Western European gay, bi, and other men who have sex with men's non-consensual sexual experiences. *Journal of Sex Research*, 57(8)1–12. 10.1080/00224499.2020.1767023 [PubMed: 30624090]
- Mennicke A, Geiger E, & Brewster M (2020). Interpersonal violence prevention considerations for sexual minority college students: Lower campus connection, worse perceptions of institutional support, and more accurate understandings of sexual consent. *Journal of Family Violence*, 35(6), 589–601. 10.1007/s10896-019-00089-5
- Meyer IH (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. 10.1037/0033-2909.129.5.674 [PubMed: 12956539]
- Miller AK, Canales EJ, Amacker AM, Backstrom TL, & Gidycz CA (2011). Stigma-threat motivated nondisclosure of sexual assault and sexual revictimization: A prospective analysis. *Psychology of Women Quarterly*, 35(1), 119–128. 10.1177/0361684310384104
- National Center for Injury and Prevention Control. (2010). NISVS: An overview of 2010 findings on victimization by sexual orientation (pp. 1–2). Center for Disease Control. https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf
- Oesterle DW, Orchowski LM, Moreno O, & Berkowitz A (2018). A qualitative analysis of bystander intervention among heavy-drinking college men. *Violence Against Women*, 24(10), 1207–1231. doi:10.1177/1077/1077801218781931 [PubMed: 30037315]
- Orchowski LM, Edwards KM, Hollander JA, Banyard VL, Senn CY, & Gidycz CA (2020). Integrating sexual assault resistance, bystander, and men's social norms strategies to prevent sexual violence on college campuses: A call to action. *Trauma, Violence, & Abuse*, 21(4), 811–827. 10.1177/1524838018789153
- Perreault WD, & Leigh LE (1989). Reliability of nominal data based on qualitative judgments. *Journal of Marketing Research*, 26(2), 135–148. 10.1177/002224378902600201
- Pugh B, Ningard H, Ven TV, & Butler L (2016). Victim ambiguity: Bystander intervention and sexual assault in the college drinking scene. *Deviant Behavior*, 37(4), 401–418. 10.1080/01639625.2015.1026777
- Richardson JW (2022). "It doesn't include us": Heterosexual bias and gay men's struggle to see themselves in affirmative consent policies. *Sexuality, Gender & Policy*, 5(1), 69–86. 10.1002/sgp2.12040

- Salter M, Robinson K, Ullman J, Denson N, Oveden G, Noonan K, Bansel P, & Huppertz K (2021). Gay, bisexual, and queer men's attitudes and understandings of intimate partner violence and sexual assault. *Journal of Interpersonal Violence*, 36(23–24), 11630–11657. 10.1177/0886260519898433 [PubMed: 31948330]
- Sexual and Gender Minority Research Office of the National Institutes of Health. (2020). Sexual and gender minority research office annual report: Fiscal year 2020 (pp. 1–17). National Institute of Health. https://dpcpsi.nih.gov/sites/default/files/SGMRO_Annual-Report_FY2020_508.pdf
- Testa M, & Cleveland MJ (2016). Does alcohol contribute to college men's sexual assault perpetration? Between-and within-person effects over five semesters. *Journal of Studies on Alcohol and Drugs*, 78(1), 5–13. 10.15288/jsad.2017.78.5
- Toews ML, Spencer C, Anders KM, & Taylor L (2020). The role of campus environment on bystander intentions and behaviors. *Journal of American College Health*, 1–7. 10.1080/07448481.2020.1807554
- Waterman EA, Edwards KM, Banyard VL, & Chang H (2021). Age and sexual orientation moderated the effects of a bystander-focused interpersonal violence prevention program for high school students. *Prevention Science*, 1–12. 10.1007/s11121-021-01245-4

Table 1

Demographics

Total (n = 323)	
Age <i>M</i> (<i>SD</i>)	39.4 (SD = 14.0 range 18–77)
Gender Identity	
Cis man	299 (92.6)
Trans man	9 (2.8)
Gender Queer	6 (1.9)
Transwoman	5 (1.5)
Non-Binary/Third Gender	3 (0.9)
Prefer to self-describe	1 (0.3)
Race/Ethnicity	
White	231 (71.5)
Hispanic/Latino	37 (11.5)
African American	27 (8.4)
Asian American	12 (3.7)
Multiracial	9 (2.8)
American Indian or Alaska Native	3 (0.9)
Other Race/Ethnicity	2 (0.6)
Native Hawaiian or Pacific Islander	2 (0.6)
Sexual Orientation	
Gay	239 (74.0)
Bisexual	82 (25.4)
Self-described own identity	2 (0.6)
Education	
High School or Less	64 (19.8)
Some form of College	212 (65.6)
Graduate Education	47 (14.6)
Income	
\$34,999 or less	87 (26.9)
\$35,000 to 99,999	181 (56.0)
\$100,000 or more	47 (14.)
Prefer not to answer	8 (2.5)

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