SEXUAL CONSENT CHALLENGES AMONG GBMSM: RATES, REASONS, AND RISK FACTORS

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Abstract

Gay, Bisexual, and other Men who have Sex with Men (GBMSM) experience disproportionately high rates of nonconsensual sexual experiences (NSEs), yet accurate prevalence estimates remain elusive due to inconsistent terminology and measurement limitations. This dissertation comprises two studies aimed at improving understanding and measurement of NSEs in GBMSM. Study 1 examined how GBMSM label and report NSEs, comparing self-identification with experiences assessed through behavioural indicators. Among a Canadian sample of 346 GBMSM, 64.5% endorsed a history of NSEs via a two-part question, while 66.8% reported such experiences on the Sexual Experiences Survey–Short Form Victimization. Demographic analyses revealed higher prevalence among trans men and People of Colour. Study 2 validated the Reasons for Consenting to Unwanted Sex Scale (RCUSS) using bifactor exploratory structural equation modeling. Results supported a multidimensional structure with three interpretable group factors—emotional, interpersonal, and contextual pressures—alongside a general factor. Together, these findings highlight the importance of nuanced, inclusive assessment tools and culturally responsive frameworks to better understand and address consent-related challenges in sexual minority populations. This research has critical implications for measurement, public health, and the development of interventions tailored to GBMSM's lived experiences with sexual consent negotiation and coercion.

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Artificial Intelligence (AI) was used via ChatGPT in limited and supportive capacities during the later stages of the dissertation writing (once the AI tool had become available). Specifically, this AI-assisted tool was used to manage and organize references, check for spelling and grammar, and improve language clarity and conciseness. These tools were only used for the reference section, the general discussion, and the community-based participatory research section. No AI assistance was used in the study conceptualization, writing, or data analysis and was not used at all for the general introduction, and studies 1 and 2. All content reflects the author's original work, interpretations, and contributions.

General Introduction

Sexual violence among college-aged individuals has been discussed in the academic literature as early as the 1950's (Kirkpatrick & Kanin, 1957). More recent research focused on the complexity of sexual consent negotiation to better understand the precursors to sexual violence. With new movements being mobilized via technology, such as the #MeToo movement, it is becoming increasingly difficult for law makers, government officials, and institutions to ignore sexual violence (Choo et al., 2019; Dame et al., 2020; Fedina et al., 2018). Sexual consent in heterosexual individuals is still a growing field of research, but much has been learned over the past decades. However, a significant paucity of research regarding sexual minority persons exists and this dissertation research program will focus on the experiences of gay and bisexual men, and other men who have sex with men's experiences with sexual violence and factors associated with challenges to effective sexual consent negotiations.

Historical and Legal Background of Sexual Consent

To understand current attitudes and concepts of sexual consent in Western societies, it is important to briefly examine the development of the definition of sexual consent over the past century. The notion of sexual consent emerged as women demanded the right of consent to marital sexual activity and control over reproduction. Early women's rights activists such as the suffragettes let to the first developments of reproductive education and contraception (e.g., Margaret Sanger founded Planned Parenthood in 1916; Wardell, 1980). With the feminist movement of the 1960s and the introduction of hormonal birth control, sexuality became increasingly accepted as a 'recreational activity' versus a reproductive activity (Petchesky, 1995). The prevalence of pre-marital sex increased along with the need to negotiate non-marital sexual activity. Prior to the current, more liberal understandings of sexuality in the Western

world, gender norms preceded sexual choice, and women were expected to provide sex to their husbands (Hasday, 2000). Sexual activity outside, or before marriage was religiously and legally sanctioned (Holcombe, 1983; Ilkkaracan, 1998) and women had significantly less social and economic power and/or freedom. Further, in many cultures and religions, sex was also deemed appropriate only for reproduction and of central importance to a marriage (Zaidi et al., 2009). Thereby, the ability to negotiate or decline sex was taboo and often met with violence or reprisal (Anderson, 2002; Wiederman, 1997).

Feminist groups of the 60's and 70's began advocating for women's equal rights and agency regarding their bodies, reproduction, and sexuality (Laws, 1971). Within marriage, non-consent and force were first labelled as *marital rape* with legal recourse in 1983 (Bill C 127; Koshan, 2010). A description of terminology describing consent for sexual activity, regardless of marital context, was formally introduced in 1992 as an amendment to Bill C-127. In addition, sexual consent was defined as "the voluntary agreement of the complainant to engage in the sexual activity in question" in section 273.1 of the Canadian Criminal Code (Criminal Code, 1985). Further descriptions of consent outlined that sexual consent could not be obtained when the complainant was incapable of providing consent, the accused induced the sexual activity by abusing a position of power, or the complainant expressed a lack of agreement to engage in or continue the activity (Koshan, 2010).

The first research in Canada investigating 'Consent to Sexual Activity' was published by Byers in 1980. In a survey conducted with 539 university students, 91% reported at least one incident of what was then termed as 'sexual miscommunication', over half involving attempted intercourse. Byers reported several reasons for the high prevalence of 'sexual miscommunication': a disconnect in how individuals understood sexual communication, poor

correspondence between verbal and overt behaviour, ambiguous signals, and influence of other potential variables (e.g., nature of the relationship, previous sexual intimacy, “characteristics of the woman that may affect how men perceive a sexual behaviour”).

Research regarding sexual consent has steadily increased over the past four decades. A University of Ottawa library journal database search indicated that research on “sexual consent” increased from 317 results in the 1990s to just over 4000 during the past two decades. Despite increased research attention and political activism, there remains ambiguity in what constitutes sexual consent and how it is clearly communicated. An early, widely recognized definition of sexual consent is, "the freely given verbal or nonverbal communication of feelings of willingness to engage in sexual activity”[1] (Hickman & Muehlenhard, 1999, p. 259). Another, more recent definition, includes sobriety and context, “one’s voluntary, sober, and conscious willingness to engage in a particular sexual behaviour with a particular person in a particular context” (Willis & Jozkowski, 2019, p. 1723). Given the rise in public discourse—legislative, judicial, and educational authorities have had to adapt and respond leading to new laws in regard to *affirmative consent* (Shumlich & Fisher, 2018, 2020). Affirmative consent implies that for consent to be given, persons must verbally and explicitly state that they are wanting sex. Several lawyers and social scientists have argued that, while well-intentioned, the new legislation may be a step backwards in the understanding of consent negotiation (Marciniak, 2015; Tinkler et al., 2018). One critique is that consent in not a one-time negotiation, but rather, should be ongoing throughout the sexual encounter. However, this distinction is not clearly understood and difficult to operationalize in research (Burgin, 2019) and complex in lived experiences. Another challenge

[1] While the most updated terminology was used throughout the introduction pertaining to non-consensual sexual experiences (NSEs), there are times where other terminology was presented in the text (e.g., sexual assault, sexual coercion, rape). This was intentional to maintain the language that was used in the studies cited.

with affirmative consent policies lies within the fact that researchers have known for some time that nonverbal/indirect consent cues (i.e., touching, eye glances) are more common than verbal/direct consent cues (i.e., explicitly asking for sexual activity with another; Humphreys et al., 2017). Yet, indirect signals may be ambiguous and open to interpretation. This may result in increased misunderstandings and potentially, purposeful misinterpretation as to whether a person has provided sexual consent (Humphreys & Herold, 2007). This could be, in part, because many people are uncomfortable vocalizing their sexual wants and desires and/or feel that a more explicit approach may negatively influence the 'mood' of the sexual experience (e.g., turn their partner off; Humphreys, 2007; Jozkowski et al., 2017; Jozkowski & Peterson, 2013). While the definition of sexual consent has evolved, it remains challenging to educate people in general - and sexual minorities in particular, on the implementation of effective sexual consent negotiations.

Prevalence of Sexual Assault

A systematic review including 34 articles pertaining to sexual violence on US university campuses between 2000-2015 was published in 2018 (Fedina et al., 2018). The authors found that the most common forms of sexual assault were unwanted sexual contact (e.g., touching) and sexual coercion, followed by sexual assault of those under the influence of drugs or alcohol. Regarding methodology, Fedina and colleagues (2018) noted that prevalence rates were difficult to determine due to underreporting and the varying definitions of sexual assault and sexual consent. Of the 34 studies examined, 22 used cross-sectional research designs, 11 used longitudinal designs (spanning between two-months and the four-year duration of the college degree), and one was a randomized control trial using control groups with a two-month follow-up. Further, 16 of the 34 articles used versions of the Sexual Experiences Survey (Koss &

Gidycz, 1985). Even with some commonalities in measurement, Fedina and colleagues (2018) noted that it was still difficult to synthesize results due to unique individual differences, barriers to consent negotiation, and experiences of sexual violence. They also noted that lower prevalence rates of sexual assault might also be expected in longitudinal studies with shorter follow-up periods compared to cross-sectional studies measuring victimization since entering college.

A particular difficulty in defining unwanted sexual behaviour is the explicit use of the word "no" as being required to meet methodological criteria set by some researchers, others required the use of force, while still others used broader criteria involving coercion and harassment without force. Hence, language and clear parameters of how sexual violence is measured in research is crucial to get a more accurate representation of sexual experiences that individuals have that are non-consensual (Koss & Gidycz, 1985, Koss et al., 2007). One way to do this, while also capturing underreporting of sexual violence, is to measure the concept behaviourally. For instance, asking for more specific context and people's sexual experiences and whether those experiences were wanted. The Sexual Experiences Survey (Koss & Gidycz, 1985; Koss & Oren, 1982) was used in many studies examining attempts of unwanted sexual contact by using behavioural accounts (e.g., "someone fondled, kissed, or rubbed up against private areas of my body…or removed my clothes without my consent") in lieu of asking whether one has experienced sexual coercion, assault, and/or rape.

One other suggestion has been offered by researchers (Kilimnik & Humphreys, 2018) to capture the experience(s) of unwanted sexual contact. These researchers sampled 296 university students asking questions about their sexual consent attitudes and their sexual experiences. Whether one identifies with sexual assault labels or not is significantly related to attitudes and

beliefs about sexual consent. There is consensus among researchers that the term “non-consensual sexual experiences” or NSE’s may best capture all sexual experiences that are unwanted, not being limited to those that resulted from force, alcohol use, or verbally saying “no” in vain (Himelein et al., 1994; Kilimnik & Humphreys, 2018; Kilimnik et al., 2018; Kilimnik & Meston, 2021; McKie et al., 2020; Peterson & Muehlenhard, 2007).

One of the largest limitations noted in Fedina and colleagues (2018) systematic review were sampling methods; participants were mostly White, heterosexual, female students with higher educational achievement. As such, generalizability to larger groups is problematic. Specifically, the authors proposed that researchers explore consent and sexual assault in more inclusive and diverse samples. They make particular mention of LGBTQ+ individuals and people of colour highlighting that many of the articles reviewed recognized that neglecting to include one or both of these populations in their samples was a limitation.

It is important to consider that there are situations where someone might choose to consent to sex that is unwanted and times where they cannot consent to sex that is wanted. Peterson and Muehlenhard (2007) explored the complexities of “wantedness” in women's sexual experiences, arguing that wantedness, consent, and pleasure are distinct but often conflated concepts. Through qualitative analysis, they show that individuals may consent to sex they do not want—such as agreeing to sex with a partner to avoid conflict, out of guilt, or to meet perceived obligations (even without coercion). Conversely, some may want sex but not be able to consent due to power imbalances, ethical reasons, or incapacitation. These dynamics complicate traditional binary definitions of rape and consent. While their research focuses on women, the framework has important implications for gay and bisexual men (GBM), who may similarly face

social pressures, internalized expectations, or relational dynamics that lead to consensual but unwanted sex.

Sexual Consent and Gay/Bisexual Men

Sexual consent negotiation is already complex but may be uniquely complicated for gay and bisexual men (GBM). It has been well documented that GBM are disproportionality more likely to experience NSEs in adulthood compared to heterosexual men (e.g., Peterson, et al., 2011). Rothman and colleagues (2011) conducted a systematic review of 75 studies conducted between 1989 and 2009 and found prevalence rates of adult sexual assault ranging between 10.8% and 44.7% for GBM. In another study, prevalence rates for NSEs were reported as high as 67% in gay men (Hequembourg et al., 2015). These numbers are much higher than the United States national reported average among heterosexual men (2-3%). Similar to the systematic review of heterosexual college women, it is noted that the language used, sampling methods (e.g., population-based samples vs. convenience samples), and methodological criterion defining sexual assault were deemed to be contributing factors for the large range in prevalence rates. Qualitative accounts detailing sexual assault and difficulty 'saying no' or attempting to refuse NSEs suggest that many men (regardless of sexual orientation) who have had NSEs tend to classify their experiences in different ways or speak to unique barriers (Kilimnik & Meston, 2021; McKie et al., 2020). Thus, further exploration and parsing out different forms of sexual consent barriers is warranted to better understand how GBM interpret and classify their non-consensual sexual experiences in order to glean more valid prevalence rates (Donne et al., 2018; McKie et al., 2020; Peterson et al., 2011; Rothman et al., 2011).

Barriers to Sexual Consent Negotiation for GBM

There have been several unique barriers to consent negotiation for GBM potentially associated with an increased risk of experiencing NSEs: a) social determinants of health for GBM (e.g., history of oppression, segregation, and violence), b) intrapsychic stressors (e.g., masculinity, personal views of sexual consent and labeling of sexual violence), c) external factors (e.g., community-based stressors), d) power dynamics in the relationship, and e) sexualized spaces meant specifically for, or used by, GBM.

Social Determinants of Health for GBM

Just as it is important to go back historically to understand sexual consent among heterosexual individuals, it is equally important to address historical accounts related to sexual activity among GBM. To effectively and appropriately understand vulnerable communities or those who have been marginalized, it is crucial to consider the impact of oppression these individuals have experienced historically. These prior oppressions and/or "unfreedoms" likely affect thoughts and behaviours at the individual and community levels (e.g., shape community norms, prescriptive of what is and is not acceptable behaviour; Wallerstein et al., 2017). Social determinants of health are one important aspect of understanding why rates of NSEs are disproportionally high in GBM. In other words, to understand where individuals are currently at, we must first understand the antecedents and what brought them to where they are now. The World Health Organization (WHO) identifies social determinants of health as including factors related to peace, shelter, education, food, a stable ecosystem, sustainable resources, social justice, and equity (Raphael, 2006). LGBTQ+ communities often experience several of these social inequalities, and as such, should be taken into consideration when examining negatively skewed outcomes, including NSEs and challenges with sexual consent.

Access to shelter, food, and a stable ecosystem can be antecedents to sexual assault among all groups, not just GBM. Researchers have noted that a lack of these basic needs can lead individuals into transactional sex (i.e., sexual activity for basic needs, such as food and shelter) or sex work. This is especially true in socioeconomically underprivileged contexts. Bauermeister and colleagues (2017) conducted a cross-sectional study of 1,183 GBM aged 18-29 years examining psychosocial vulnerabilities in the Detroit, Michigan, USA area. They found that 40% of participants in the study had engaged in transactional sex with casual or current partners. Further, those who were multiply marginalized (e.g., GBM and also a person of colour and have faced oppression in more than one domain), were more likely to have experienced transactional sex or sex work across all countries in their review (Minichiello et al., 2015). Relatedly, those who have been forced out of their family homes as a result of coming out are also more likely to have experienced transactional sex and/or sex work due to vulnerability with regard to shelter, food, and other basic human needs (Abramovich, 2012; Newton, 2018).

Another of the social determinants of health listed by the WHO is access to high-quality education. Comprehensive sex education includes skill development to communicate sexual agency and preferences (Muehlenhard et al., 2016). While researchers have consistently found that comprehensive sexual health education is crucial to later positive sexual outcomes (including consent negotiation), many places in North America still do not have adequate sex education in schools (e.g., de Castro et al., 2018). In the United States, many states still have abstinence only sex education. Hence, when faced with a potential sexual encounter, young persons are disadvantaged and unprepared to negotiate the sexual situation and discuss their sexual needs, desires, wants, and/or lack thereof (Clark & Stitzlein, 2018; Kramer, 2019). Sexuality education with a focus on sexual consent negotiation and NSEs was explored by Willis

and colleagues (2019) using content analysis of 18 state health education standards in the United States. Only two of the 18 K-12 curricula mentioned sexual consent. Further, Hall and colleagues (2019) produced a similar report examining the curricula in all US States. Overwhelmingly, students are not learning about sexual consent and students indicated that they were not currently satisfied with their sexuality education. Issues pertaining to LGBTQ+ individuals and consent was reported as lacking altogether. In Ontario, McKay and colleagues (2014) surveyed 1002 parents with children attending publicly funded schools. Of those surveyed, 87% of parents felt that it was important to very important that sexuality education should be taught in schools. School-aged children and young adults have consistently expressed their disapproval in the current sexuality education curriculum in Ontario with particular mention (via parent surveys and protests) of sexual consent and LGBTQ+ issues (Davies & Kenneally, 2020; Iskander & Shabtay, 2018). A more recent study asked Canadian parents if they were comfortable with sexuality education being formally taught in elementary and secondary schools on 33 topics. A total of 85% of parents felt that sex education should be taught in schools (Wood et al., 2021). Of the 33 topics, several are relevant to GBM and consent negotiation and received very high rates of endorsement by parents that such topics should be discussed in school. For instance, 98.4% of the total sample (i.e., Canada-wide) felt that personal safety should be discussed; 90.8% felt that sexual orientation issues should be included; and 95.8% felt that sexual consent negotiation strategies should be taught.

Many GBM have reported negative experiences when reporting NSEs to police (Walls et al., 2016) and academic institutions (Smidt et al., 2019). Javaid (2015) conducted a review of empirical literature and found that there may still be negative and homophobic attitudes held by some police based on the belief that men cannot be victims of sexual violence. Another study

using vignettes compared 108 university students to 62 RCMP (Royal Canadian Mounted Police) personnel on attitudes and beliefs about NSEs. Both the student and RCMP groups held biases towards same-sex vignettes that described the experience of NSEs (e.g., "As crimes go, how violent was this incident?", "Do you think the perpetrator has probably acted this way in the past?"; Cormier & Woodworth, 2008). Several respondents in both groups stated that the 'perpetrator' in the same-sex scenarios would act more violently and have sexually assaulted others in the past. Another vignette-based study was conducted by Franklin and colleagues (2019) and administered to 467 police in the five most metropolitan areas of the United States. Arrest likelihood decreased if the vignette involved a same-sex NSE. The authors concluded that this may suggest that police participants held traditional beliefs about rape myth acceptance and hypermasculinity.

Professionals in health and law enforcement may benefit from training in LGBTQ+ topics and historical discrimination. Indeed, following a five-hour training offered to 81 officers in the United States on LGBTQ+ topics in policing, resulted in significantly increased knowledge and confidence in using LGBTQ+-affirmative approaches compared to scores at baseline (Franklin et al., 2019). Some police precincts have LGBTQ+ Liaison Units (e.g., the Atlanta Police Department; Israel et al., 2014). Similar initiatives are seen in medical training. A needs assessment of pre-medical undergraduate students and professors was conducted at a mid-size university in the United States. Researchers reported that there was an overall eagerness and desire to have more training on LGBTQ+ topics, and interest in better understanding social determinants of health (Cooper et al., 2018). This is positive progress given that many LGBTQ+ still feel unsafe to speak to their physicians and other health care providers about sexuality

issues, including sexual violence, number of sexual partners, etc. (Bonvicini, 2017; Mccrone, 2018).

By examining social determinants of health, we are better able to understand unique barriers to sexual consent negotiation by underprivileged and marginalized individuals. Many of the social determinants can be captured by through Minority Stress Theory. Meyer (2003) notes three distinct forms of minority stress for LGBTQ+ individuals: (a) external, objective stressful events, (b) expectations of such events and the vigilance this expectation requires, and (c) the internalization of negative societal attitudes.

Masculinity

Masculinity and hypermasculinity play a significant role on how GBM navigate sexual consent. Dominant masculine norms—including sexual assertiveness, emotional restraint, and the expectation of sexual dominance, can inhibit open communication about boundaries and consent. These norms are often internalized within GBM communities, creating pressure to conform to ideals of sexual readiness and invulnerability (Sanchez et al., 2016). McKie et al. (2020) found that over half of GBM in a Canadian sample reported difficulty communicating sexual boundaries, often relying on nonverbal cues or passive acquiescence rather than say no to the unwanted sexual encounter. This reluctance is commonly rooted in fears of being perceived as undesirable or insufficiently masculine or adhering to gay male expected scripts pertaining to masculinity and sex. Similarly, McKenna et al. (2022) reported that GBM with higher adherence to traditional masculine norms were less likely to engage in adaptive consent behaviours and more likely to endorse sexual scripts that minimized the importance of mutual communication. These findings align with themes described by Pachankis et al. (2020), who found that sexual minority men experiencing intraminority stress often adopted hypermasculine behaviours,

including sexual aggression, as a strategy to navigate stigma and maintain status within the community. Such dynamics are compounded by the internalization of the "always ready" hypersexual script, which positions sexual availability as important to GBM identity and leads many to consent to unwanted sex to meet perceived expectations (Herbenick et al., 2019; McKie et al., 2020). Javaid (2018) argues that these hegemonic norms obscure the possibility of victimization for men, reinforcing the belief that men cannot—or should not—be vulnerable (especially gay men).

Power Dynamics

Power and gender roles are important concepts to further explore in detail to better understand barriers to effective sexual consent negotiation and the resulting risk of sexual coercion (Foucault, 1990; Muehlenhard et al., 2016; Powell, 2010). For instance, many GBM who have newly come out and/or come to terms with their sexual identity, may find it challenging to negotiate out of a NSE when the other individual held some form of power or prestige (e.g., openly out as a GBM, respected within the larger community; Henderson & Shefer, 2008; McKie et al., 2020). This may be especially true for those first exploring their sexuality who may not have encountered power dynamics and sexual consent negotiation, whereas those who have more sexual experiences may have previous experience with power differentials (Rosario et al., 2006).

Consent challenges can also occur within a power context when a person's sexual preferences are assumed based on their appearance. Within the GBM community, categorization into 'subtypes' are not new. With GBM choosing to identify in these ways, it can offer a sense of subgroup belongingness but may also be problematic, if and when, their sexual position or preferences are assumed by potential partners. It is typically assumed that men with smaller

frames or bodies, with less hair, and who are younger and shorter (sometimes classified as ‘twinks’) prefer being ‘bottoms’ (i.e., being the partner to be anally penetrated). Conversely, those who are taller, more muscular, and hairier (sometimes classified as ‘bears’ and ‘daddies’) are assumed to be more dominant and the penetrative partner (i.e., the ‘tops’; Prestage et al., 2015; Schnarrs et al., 2020). Results from a qualitative study of 34 GBM in the US suggest that these roles, when attached to these classifications and characteristics, can result in incongruence of GBM’s view of their perceived subcategory and their sexual preferences (Johns et al., 2012).

Race is also a factor regarding perceived notions of sexual preferences. GBM of colour can be fetishized for their bodies (Tan et al., 2013). Black men are often stereotypically assumed to be dominant, aggressive, to have larger penises, and to be ‘tops’, while Asian GBM tend to be stereotypically assumed to be more effeminate, to have smaller penises, and to prefer to be the receptive partner/’bottoms’ (Dangerfield II et al., 2018; Grov et al., 2015; Lick & Johnson, 2015). These racial biases pertaining to masculinity/femininity and sexual positioning can be damaging and may change how GBM of colour approach sexual experiences with White men. For example, Husbands and colleagues (2013) via a survey of 168 African, Caribbean, and Black (ACB) GBM in Toronto found that ACB GBM would agree to ‘top’ more often when having sex with White men but would be more likely to state their actual preferences when having sex with other men of colour.

Community Factors

In addition to sexual minority stress, the social determinants of health, and the systemic barriers highlighted, there are also barriers from the LGBTQ+ community. Identification and involvement with the LGBTQ+ community for GBM has been shown to be a mostly protective factor. For instance, Petruzzella and colleagues (2019) recruited 147 self-identified gay men in

New York City and found that “community connectedness” and engagement led to decreases in general psychological distress, and symptoms of depression and anxiety.

Parmenter and colleagues (2020a, 2020b) found mixed results from a qualitative study of 14 LGBTQ+ 20–25-year-old individuals in Tennessee. While they found that respondents were reporting positive outcomes from being a part of the LGBTQ+ community (e.g., sense of pride, identity formation, acceptance, and inclusion), the opposite was also true. Those who are multiply marginalized are at greater risk of intragroup discrimination. If a GBM presents with feminine traits, is a person of colour, or has a disability—discrimination or exclusion may occur (e.g., “no fats, no femmes, no fags, no Asians/Blacks” on dating applications and sites, on clothing; Cyrus, 2017; Smith & Amaro, 2021; Vo, 2020). Others noted that if one does not “fit the mold” or is “not LGBTQ+ enough”, they can be ostracized and not welcomed within the community (Parmenter et al., 2020b). Even when not asking specifically about internal community discrimination, LGBTQ+ participants, in a qualitative study about bullying, spoke about dynamics within the community that are problematic. McCormick and Barthelemy (2021) interviewed 24 18-29-year-olds in a Midwestern state. Participants reported on intergroup dynamics feeling “being policed”, “not being enough”, and “having [certain] identities deemed invalid”.

To date, much of the discourse within the scientific literature on GBM has included members from across the LGBTQ+ spectrum. McKie and colleagues (2019) aimed to understand the phenomenon of intergroup exclusion and discrimination through a theoretical, specifically a Foucauldian lens. When part of a collective group, there is a felt sense of personal responsibility to contribute to said group—especially in the context of minority groups. The researchers theorized that those who are seeking group membership will adapt their behaviour to try to act in

accordance with perceived group norms of the GBM community. This can result in a dogma of self-governance and modified behaviour to gain acceptance as a result of real or assumed assumptions that others in the larger community may have. This notion of shifting behaviour, even if risk or moving away from interpersonal values is involved, is not new. Scientists who have studied human motivation within social contexts make particular note of the fundamental need of belonginess, which can change how people think and behave (Baumeister & Leary, 1995; Lupton & Tulloch, 2002). These forms of community pressure can result in protective and risk behaviour change in GBM. For example, one may advocate more for their rights and may feel a certain responsibility as part of the oppressed group to protect the larger group.

This is evidenced historically and more recently for GBM. When the AIDS crisis hit in the 80's, and the cause of HIV/AIDS was finally determined (e.g., unsafe sex, particularly anal sex), many GBM fought to "protect" the larger community from further contraction by increasing and promoting condom use and safer sex—sometimes referred to as an expression of biopolitics (Adam, 2005; McKie et al., 2019). However, there was still a culture within GBM groups where "barebacking" (i.e., anal sex without protection) was very much present during these times - and still today. There was another kind of pressure of having the kind of sex GBM fought so hard to normalize or have. Holmes and colleagues (2006) detail this and explain that it is not an implicit disregard of public safety that leads to barebacking, but rather, a sense of freedom, liberation, choice, and empowerment, and with it a strong sense of needing to engage in barebacking to be accepted or not turned away for sexual pursuits where barebacking may already be assumed (McKie et al., 2019; Klassen et al., 2019). More recently, with the emergence of PrEP (pre-exposure prophylaxis), the same pattern is seen where many choose to take PrEP as a way of 'doing their part' to protect the community. Here again, there is a sense of

control as well as agency over sexual activity. However, stigma still permeates and many hold negative beliefs of PrEP users as actually being the ones who are not protecting the larger community and feel as though it is an excuse to be sexually permissive (Grov & Kumar, 2018; Pawson & Grov, 2018). As it relates to sexual consent negotiation, it has been suggested that PrEP has prompted an increase in communication in the GBM community regarding sexual safety, regardless of whether they adhere to safer sexual practices (Pantalone et al., 2020). However, an increase in communication and awareness has not resulted in interventions aimed at increasing discussions of consent, safer sex, pleasure, and sexual needs/desires among GBM or medical providers (Grace et al., 2016). Additionally, the legacy of LGBTQ+ sexual liberation movements, while rooted in resistance to oppression and the pursuit of bodily autonomy and the ability to have sex freely, has also contributed to complex pressures around sexual expression among gay men. In reclaiming the right to sexual freedom, some cultural narratives have emerged that equate sexual openness with pride and political resistance, potentially leading to implicit expectations that sexually active identities are central to gay male experience—further enforcing the script that GBM should not refuse sex (Gaspar et al., 2021).

More recently, Packankis (2020) and colleagues have sought to empirically test community stressors and behaviour modification among GBM and coined the term "intraminority stress". Based on their quantitative and qualitative work, they described several conditions that solicit intraminority stress—a focus on sex over intimacy, status, competition, exclusion of intergroup diversity, hypermasculinity, importance of youth, and a pressure to fit in to the larger society. Several of these concepts were also present in previous qualitative literature pertaining to sexual consent and sexual negotiation—particularly hypermasculinity and sex over intimacy, and status/power (McKie, 2015; McKie et al., 2017; McKie et al., 2020). As

previously mentioned, it is common for individuals to internalize and adjust their viewpoints of sexuality based on community norms. For instance, As Packankis, McKie, and others have found—the way one views their masculinity may play a role in their externalizing behaviours, including sexual consent negotiation.

Sexualized Spaces

Sexualized spaces stem from a history of oppression, sexual politics, and segregation of LGBTQ+ people into often undesirable geographical locations within inner cities (D'emilio, 2012; Levine, 1979; Nash, 2006). However, in the face of segregation, also came sexual liberation (i.e., the acceptance and celebration of sex between two or more members of the same sex), advocacy movements (i.e., community organizations, rallies, and pride parades), and political, legal, and sexual emancipation (Bitterman & Hess, 2021; Browne & Nash, 2014; Nash, 2014; Riemer & Brown, 2019). While sexual freedom and liberation may result in positive psychosociosexual outcomes, there are some instances where NSEs can occur based on these sexualized spaces. For instance, Al-Ajlouni and colleagues (2018) surveyed 580 men who have sex with men in who had recently attended gay venues/spaces in Paris (e.g., bathhouses/saunas, clubs/bars, beaches/parks) and found that risker sexual behaviour was much more frequent in these spaces as compared to meeting men through other social means (e.g., work, friends) and often included less verbal consent about HIV status. Similar results of higher risk taking in highly sexualized spaces have also been observed in Portugal (e.g., Gama et al., 2017), Canada (e.g., Lachowsky et al., 2021), the United States (e.g., Grov et al., 2013), and Belgium (e.g., Berghe et al., 2011).

Grov and colleagues (2013) noted that although HIV disclosure was increasing in bathhouses/saunas, HIV status was still rarely disclosed among anonymous sexual partners in

clubs and public cruising spaces (e.g., parks, beaches). Berghe and colleagues (2011) also made unique mention of ‘darkrooms’ or dimly-lit spaces, often housed within bathhouses where the increased level of anonymity can lead to further risk. Several participants in McKie and colleagues’ (2020) study of previous unwanted sexual experiences and consent negotiation made specific note of having experienced unwanted sexual experiences (NSEs) in some of these sexualized spaces.

Yet, with the increase in technological advances to find sexual partners, sexualized spaces and travel become less necessary to seek out and find sexual partners (e.g., GRINDR; Filice et al., 2021; Grov et al., 2014). While technology has brought several benefits to GBM (e.g., identity exploration, community belonging, and educational opportunities; McKie et al., 2015), it has also brought a series of challenges for GBM—many of which could be seen as challenges with regards to sexual consent negotiation online (e.g., inauthentic self-presentation online, sexual primacy over romance, and unrealistic understanding of relationships; McKie et al., 2017).

In summary, sexual minority status of GBM is associated with a range of stressors, rendering GBM more vulnerable to sexual exploitation and resulting in sexual minority-specific barriers to effective sexual consent negotiation. Sexual minority stress (Meyer, 2003) summarizes structural and societal barriers (social determinants), and intraminority stress (Pachankis et al., 2020) summarizes notions specific to the community and the individual, including perceptions of what is ‘masculine’ and resulting rigid scripts. Sexual minority stressors have been shown as related to poorer mental health outcomes and maladaptive coping in GBM (e.g., concealment of sexual orientation). Minority stress also exerts negative pressure within the minority community (e.g., exclusion, judgment, adherence to perceived rules and standards of

the community). Hamilton and Mahalik (2009) noted that minority stress, hypermasculinity, and perceptions of normative behaviours, all may be associated with GBM's prosocial and risk/negative behaviours (e.g., condomless sex) —but these links have not yet been empirically tested. Hypermasculinity and perceptions of attitudes (e.g., negotiating sexual consent, agreeing to NSEs) could be assessed using the lens of intraminority stress. In an effort to support each other and access a sense of belonging, group membership may be rigidly defined and unidimensional. Reports of qualitative research with GBM have been suggestive of minority stress and intraminority stress as factors impeding a clear understanding of NSEs, sexual consent, and difficulties in effective negotiation of consent (Hequembourg & Brallier, 2009; McKie et al., 2020). This dissertation research program is based on the understanding that sexual minority status and associated stressors are important underlying theoretical concepts and that NSE and sexual consent negotiation in GBM can be better understood when examined in the theoretical context of sexual minority stress theory.

Given the unique barriers that GBMSM face in navigating sexual consent, it is critical to examine the prevalence and language surrounding non-consensual sexual experiences (NSEs) in this population. The first study in this dissertation aims to address this gap by estimating the prevalence of GBMSM who have encountered NSEs and analyzing the terminology they use to describe these experiences. Research suggests that individuals often struggle to label or conceptualize NSEs within traditional frameworks of sexual violence, leading to potential underreporting and misclassification of experiences. By investigating how GBMSM articulate and interpret NSEs, this study seeks to contribute to a more nuanced understanding of sexual consent and coercion among sexual minority men. Building upon this, the second study focuses on the psychometric validation of the Reasons for Consenting to Unwanted Sex Scale (RCUSS)

within this same sample. Given the documented challenges in sexual consent negotiation and the influence of minority stress, it is crucial to assess whether the RCUS scale adequately captures the motivations underlying unwanted sexual encounters in GBMSM. A bifactor exploratory structural equation modeling approach will evaluate the scale's structure, reliability, and applicability within this population, offering insights into the psychological and social factors influencing sexual consent processes. Together, these studies will provide empirical evidence on the prevalence and conceptualization of NSEs among GBMSM while advancing the measurement tools available to study sexual consent negotiation within marginalized communities.

Transition to Study 1

Sexual consent is often complicated for GBMSM in that it can be even more challenging due to social stigma, expectations about masculinity, and unique relationship dynamics. As discussed in the introduction, GBMSM face specific barriers to openly discussing and negotiating consent, including pressures from within their own communities and society at large. These challenges can increase the risk of experiencing NSEs and make it harder for individuals to recognize or talk about these experiences.

One key issue in studying NSEs is that different people describe these experiences in different ways. Some may not use terms like "sexual assault" or "rape" even if they have had unwanted sexual encounters. This can make it difficult to get accurate numbers on how common NSEs are in GBMSM communities. Some studies rely on self-reported labels (e.g., asking people if they have been sexually assaulted), while others use detailed behavioural questions to capture experiences without requiring specific labels. Study 1 aims to compare these two approaches to see how they affect prevalence estimates and to better understand how GBMSM describe their experiences. It also looks at whether certain groups (such as racialized individuals or transgender men) are at higher risk of NSEs.

Prevalence Rates and Identification of Nonconsensual Sexual Experiences Among Gay, Bisexual, and other Men who have Sex with Men in Canada

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Abstract

Gay, Bisexual, and other Men who have Sex with Men (GBMSM) have been identified as a population at higher risk of experiencing nonconsensual sexual experiences (NSEs). However, previous research studies examining the prevalence of NSEs in this population have been limited by inconsistent terminology and a lack of research on the topic. The main focus of this study was to compare the effectiveness of using self-labels versus behavioural indicators to measure the prevalence of NSEs in GBMSM and to contribute to more accurate prevalence rates in the Canadian context. A total of 470 participants were recruited from various social media platforms in Canada. The study used a two-part question that asked participants if they had ever been sexually assaulted or raped, followed by a question about other nonconsensual sexual experiences. The study also used a formal behavioural measure, the Sexual Experiences Survey, to assess the prevalence of NSEs. The results indicated that a two-part question and the formal measure reported similar prevalence rates of NSEs--64.5% and 66.8% respectively. Overall prevalence of NSEs was very high in this sample and People of Colour and trans men reported even higher rates. Depending on context, the parsimonious choice of questioning persons on the NSE history may be valid, however, only if applied in the context of asking for rape and assault as well as other NSEs that may not be captured by these definitions. The study highlights the importance of using consistent terminology and effective measurement methods when studying the prevalence of NSEs in GBMSM. These findings may have important implications for developing interventions and for obtaining more accurate prevalence rates in a variety of settings without having to use a longer, more formalized measure.

Keywords: nonconsensual sexual experiences, GBMSM, prevalence rates of sexual violence, sexual consent

Introduction

Topics of sexual consent, sexual assault, and rape have received increasingly more attention in the academic literature and public discourse. The impact of wide-spread media coverage of sexual assault (e.g., #MeToo) on how individuals relate to and label their NSE(s) remains unclear (Newins et al., 2021). Despite increased research attention and political activism, there remains ambiguity in what constitutes sexual assault, sexual consent, and how consent is clearly communicated. A lack of clear definitions impedes research and accurate public health data are difficult to glean. This resulted in a lack of understanding of prevalence rates of NSEs in general and, in particular, among gay, bisexual, and other men who have sex with men, including trans men (GBMSM). This study was designed to evaluate self-definition of NSEs versus formal evaluation via quantitative survey methodology with the aim to improve measurement of prevalence rates of NSEs in GBMSM.

The definition of sexual consent has evolved over time to better account for the complexities of consent (e.g., addressing sobriety, context, and situational factors). An early, widely recognized definition of sexual consent is, "the freely given verbal or nonverbal communication of feelings of willingness to engage in sexual activity" (Hickman & Muehlenhard, 1999, p. 259). Another, more recent definition, includes sobriety and context, "one's voluntary, sober, and conscious willingness to engage in a particular sexual behaviour with a particular person in a particular context" (Willis & Jozkowski, 2019, p. 1723). Whereas sexual assault is generally defined as any attempted or completed sexual act, ranging from unwanted sexual touch to rape, committed against someone without a person's freely given consent (Dworkin et al., 2021; Fenner, 2017).

In several studies researchers highlighted that using the labels of "sexual assault" and "rape" may not result in accurate prevalence rates of individuals who have experienced NSEs

because individuals may not identify with those labels (Edwards et al., 2014; Kilimnik & Humphreys, 2018; Kilimnik & Meston, 2019; Littleton et al., 2007). Multiple reasons for not identifying with common descriptors of sexual violence have been suggested including, shame, social risks of identification, masculinity threat, and rape-myth acceptance (Boyle & Clay-Warner, 2018; Donde et al., 2018; Khan et al., 2018; Rousseau et al., 2020). Several studies suggested similar conclusions, indicating a need for more research into the variables that may be influencing consent understanding and practices (Gaspar et al., 2021; McKie et al., 2020, Richardson, 2022; Stults et al., 2022). To effectively query individuals about their experiences of unwanted sexual experiences and sexual violence, it may be important to broaden the scope of language and use behavioural measures to avoid under-reporting and to increase understanding of the full range of negative sexual experiences. This may be especially important for men as many are very reluctant to use these labels to classify their NSE histories (Kilimnik & Meston, 2021; Reed et al., 2020), and even more so for sexually diverse men who experience additional barriers to identifying and reporting NSEs (e.g., stigma and discrimination, sociocultural scripts; traditional masculinity norms, Hindes & Fileborn, 2021; McKie et al., 2020).

In a recent study designed to assess differences of rape and sexual assault acknowledgement of heterosexual men and women using the Sexual Experiences Survey - Short Form Victimization (SES-SFV), researchers reported that 80% of men and 51.5% of women who had experienced NSEs based on the behavioural measure, did not identify with the label of rape (Reed et al., 2020). However, sexual minority sexual experiences and consent have not been as well defined in the sexual assault literature (Menning & Holtzman, 2014; Peterson et al., 2011). In a review paper, including 13 articles on sexual assault, it was found that higher rates of sexual assault were indicated when samples of GBMSM were included, suggesting higher prevalence

rates in this community (Bullock & Beckson, 2011). In a study using the SES-SFV with a sample of gay and bisexual men in the US, 62% reported previous NSEs (Hans et al., 2013). A systematic review of 75 studies was conducted to establish the prevalence of sexual assault in gay and bisexual men and women between 1989 and 2009. The researchers found that gay and bisexual men were reporting sexual assault/rape ranging from 11.8 to 54% depending on how sexual assault was defined. A caveat of this study was that some studies included estimates of childhood sexual abuse, and some combined estimates with heterosexual reports (Rothman et al., 2011).

For another systematic review 45 studies were examined, 29 from non-North American countries (Dworkin et al., 2021). Nine of these pertaining specifically to LGBT samples (1 from Africa, 2 from Asia, 3 from Europe, and 3 from Latin America), and a range of prevalence rates of sexual assault and rape from 1.5 to 54.1% were reported, similar to those of Rothman and colleagues (2011). These studies also indicate that individuals from racialized communities face higher rates of NSEs for a myriad of reasons, mainly resulting from racial discrimination (Fedina et al., 2020). Further, research has consistently shown that individuals from ethnic minorities, trans men, and those who identify with non-heterosexual orientations have higher rates of nonconsensual sexual experiences (Coulter et al., 2017; Staples & Fuller, 2021). Hence, GBMSM from racialized groups facing unique challenges and experiences of discrimination, which may contribute to an especially high risk of experiencing sexual violence.

A recent Canadian study used the SES-SFV with participants of various sexual orientations and genders, prevalence rates ranged between 40-60% for sexual and gender minority men (Trottier et al., 2021). However, the researchers did not assess how participants labeled their experiences. This is an important methodological consideration when attempting to

glean more representative prevalence rates of NSEs in the GBMSM community. Further, in this mixed sample, just over 5% of their data come from GBMSM, therefore, prevalence rates from this study may not be generalizable.

The Current Study/Purpose

Individuals who have experienced NSEs may not classify their experiences using common sexual violence terms such as "sexual abuse," "rape," or "sexual assault." Analyzing how identification of an NSE with these labels may impact sexual health outcomes can provide insights into the underlying mechanisms involved in reconciling a NSEs with an individual's broader understanding and experience of sexuality (Kilimnik & Meston, 2019). As a consequence, better identification will contribute to more accurate estimations of prevalence of NSEs. While some previous research findings served to highlight high rates of NSEs among GBMSM (e.g., Callan et al., 2021; Coulter et al., 2017; Langenderfer-Magruder et al., 2016; Rothman et al., 2011), the measurement and definitions of NSE are inconsistent (e.g., NSE, sexual assault, rape), and prevalence rates vary significantly. The methodological challenges of obtaining estimates that capture the complexity of NSEs has previously been noted as an area for future research (Anderson & Delahanty, 2020; Anderson et al., 2021; Marcantonio et al., 2022; Marsil & McNamara, 2016). This study was designed to compare the use of self-labels such as sexual assault and rape compared to formal measurement of behavioural indicators of NSEs with the aim to be able to obtain more accurate prevalence rates of NSE amongst Canadian GBMSM. Another aim of the study was to explore the role of demographic variables, sexual orientation, gender, and ethnicity in prevalence rates.

Method

Participants

A total of 470 participants were recruited via a variety of social media (e.g., Reddit, Facebook, Instagram, through national drag performers social platforms) and community organizations (e.g., MAX Ottawa, Gay Men's Sexual Health of Ontario) to participate in a study advertised as an online research study about sexual consent negotiation and previous sexual experiences. To be included in the study, participants needed to reside in Canada, be at least 18 years old, be sexually active, have access to the Internet, and identify as a gay, bisexual man, or other man who has sex with men (including trans men). One-hundred and twenty-four potential participants exited the survey before completion and were removed from the dataset due to their own withdrawal (clicking exit survey and withdraw) at any point in the survey (n = 39), withdrawal at the consent form (n = 24) or did not meet inclusion criteria (n = 61, mainly those who resided outside of Canada). A total of 346 participants were included in the analyses. Participants identified as predominantly gay (67.8%) and Caucasian (77.6%), with ages ranging from 19-77 (M = 33.94); see Table 1 for further demographics.

Table 1

Participant Demographics

Characteristics	*n*	%
Gender		
Male	282	81.5
Trans Male	37	10.7
Genderqueer/Nonbinary	27	7.8
Sexual Orientation		
Gay	234	67.8
Bisexual	56	16.2
Queer	43	12.5
Pansexual	8	2.3

Questioning	4	1.2
Ethnicity		
Caucasian/White	267	77.6
Mixed/Multiple	23	6.7
Asian	21	6.2
Hispanic/Latino	12	3.5
Middle Eastern	8	2.3
South Asian	7	2.0
Indigenous	4	1.2
Black/African Canadian	2	.6
Education		
Less than High School	7	2.0
High School Diploma	68	19.7
College Diploma	69	20.0
Bachelor's Degree	127	36.8
Master's Degree	55	15.9
PhD/Professional Degree	19	5.5
Annual Income		
Less than 25,000	104	31.2
26,000 – 49,000	78	23.4
50,000 – 99,000	99	29.7
100,000 – 199,000	46	13.8
More than 200,000	6	1.8

Procedure

Participant data for this study were collected from January to April 2022 as part of a larger study on NSEs and sexual consent negotiation in GBMSM. Participants followed a link to Qualtrics Software to complete the online survey. All responses were anonymous, and participants were notified that their involvement in the study was voluntary. As an incentive for participation, participants were given the option to enter a draw for one of three $50 gift cards. Participants' e-mails were stored separately from their data and deleted following the draws. The study was approved by the Research Ethics Board of the host institution. Participants were given a debriefing form upon completing the survey.

Measures

At the beginning of the survey, participants were asked basic demographic questions pertaining to their ethnicity, level of education, age, and sexual orientation.

The survey item "Have you ever been *raped* or *sexually assaulted* since the age of 14 to now?" was used to assess participants' self-identification of previous NSEs based on these labels. Participants could choose "yes", "no", or opt to skip the question. The age cut-off of 14 was chosen, which is equivalent to cut-off of the Sexual Experiences Survey-Short Form Victimization. The participants who answered "no" to the above-stated question were given a follow-up question, "If no, have you had a nonconsensual sexual experience that you would not define as rape or sexual assault (i.e., the labels of rape/sexual assault do not fit with the experience(s) that you've had)?", allowing for a yes or no response. Participants who endorsed the demographic NSE question were subsequently asked the frequency of previous NSEs and were given the choices of once, twice, three times, or four times or more.

The Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss & Oros, 1982; Koss et al., 2007) assesses past experiences of sexual victimization. The scale uses questions that describe behaviours rather than using labels. For example, "someone had oral sex with me or made me have oral sex with them without my consent by a) telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I know were untrue, or continually verbally pressuring me after I said I didn't want to; b) showing displeasure, criticizing my sexuality or attractiveness; c) taking advantage of me when I was too drunk or out of it to stop what was happening; d) threatening to physically harm me or someone close to me; e) using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

The SES-SFV has been scored in different ways in previous research, with the common approach of dichotomization of those with a history of sexual violence and those with no history of nonconsensual sexual experiences (e.g., Anderson et al., 2018; Anderson et al., 2021; Koss et al., 2007). Another approach was to code participant responses based on NSE type and severity of the sexual contact (e.g., oral, anal, attempted sexual contact, attempted oral, attempted anal). Both approaches were used in this study. Dichotomization was important to be able to compare to the NSE self-report. A frequency scale was also adapted from 0, 1, 2, 3+ to 0, 1, 2, 3, 4+, for comparison purposes with the self-reported NSE for accurate scale comparisons. The SES-SFV has been used in heterosexual male samples (e.g., Katz-Wise & Hyde, 2012; Peterson et al., 2011), as well as samples of gay men (e.g., Han et al., 2013). For this study, the version adjusted by Koss and colleagues (2007) for inclusive language was used. The validity and reliability of the SES-SFV measure have been established through research for female community members (Davis et al., 2014) and female university students (Johnson et al., 2017). However, the measure's effectiveness for assessing male individuals (Anderson et al., 2018), as well as gender and sexual minority students, remains uncertain, except for female sexual minority students where Canan et al. (2020) found it to be a reliable measure.

Results

Descriptive statistics were used to determine prevalence rates of GBMSM with a self-reported history of NSEs. Of the total number of participants ($N = 346$), all responded to the question, “Have you ever been raped or sexually assaulted since the age of 14 to now?”. A total of 137 (39.6%) indicated “yes” and 209 (60.4%) indicated “no”; the latter being asked a follow-up question, “If no, have you had a non-consensual sexual experience that you would not define as rape or sexual assault (i.e., the labels of rape/sexual assault do not fit with the experience(s)

that you've had)? Eighty-six (41.3%) indicated "yes" and 122 (58.7%) maintained their original response of "no". Therefore, a total of 223 (64.5%) of participants endorsed the initial question or the follow-up question.

On the SES-SFV, after dichotomization, 231 (66.8%) participants endorsed a form of previous NSE. See Table 2 for detailed responses on SES-SFV and NSE variables.

Table 2

Responses on the NSE and SES-SFV Questions

Variable	Prevalence Rates (N = 346); Valid Percent
NSE Self Report	
Yes	137 (39.6%)
No	209 (60.4%)
NSE Not Classified as Rape/Sexual Assault	of the 137 above:
Yes	86 (41.3%)
No	122 (58.7%)
	Total self reported NSE: 223 (64%)
NSE #	
1	53 (39.3%)
2	34 (25.2%)
3	16 (11.9%)
4+	32 (23.7%)
SES-SFV - Dichotomized (NSE/No NSE)	
Yes	231 (66.8%)
No	60 (20.6%)
SES-SFV – Sexual Contact	
Yes	183 (62.7%)
No	109 (37.3%)
SES-SFV – Oral	
Yes	137 (46.3%)
No	159 (53.7%)
SES-SFV – Anal	
Yes	130 (44.5%)
No	162 (55.5%)
SES-SFV – Attempted Sexual Contact	
Yes	165 (56.5%)

No	127 (43.5%)
SES-SFV – Attempted Oral	
Yes	122 (42.2%)
No	167 (57.8%)
SES-SFV – Attempted Anal	
Yes	117 (39.8%)
No	177 (60.2%)

A binary logistic regression analysis was conducted to investigate the relationship between the dichotomized NSE demographic question and demographic variables (i.e., age, sexual orientation, gender, and ethnicity). For appropriate cell counts, gender was dichotomized as "cisgendered male" and "trans male/nonbinary". Similarly, ethnicity was dichotomized as "white" and "person of colour". Finally, sexual orientation was dichotomized as "gay" and "bisexual/questioning/queer". A total of 288 participants were included in the analysis. To assess for good fit of the model, the Hosmer and Lemeshow test was performed. Results indicate a good fit, χ^2 (8, 288) = 6.383 (p = .607) of the data. The log likelihood ratio was 363.663. While the overall model was significant, χ^2 (4, 288) = 15.294 (p = .004), only a small percentage of the variance was accounted for with no variables uniquely contributing to the model. The Cox and Snell R^2 was .052 (5.2%), and the Nagelkerke R^2 was .071 (7.1%), suggesting that the demographic variables did not explain a good amount of the variability on the NSE demographic variable. See Table 3 for detailed statistics. The results indicate that trans/non-binary men are statistically more likely to experience and endorse NSEs.

Table 3

Binary Logistic Regression of Demographic Variables on NSE Item

Variable	β	S.E.	Wald	Sig.	Exp (B)	95% CI's
Sexual Orientation	.199	.331	.360	.549	1.220	.637 – 2.334
Gender	1.141	.415	7.575	.006*	3.131	1.389 – 7.058
Ethnicity	-.491	.316	2.404	.121	.612	.329 – 1.138
Age	-.013	.010	1.721	.190	.987	.967 – 1.007

*p < .05

A second binary logistic regression analysis to investigate the relationship between the dichotomized SES-SFV on demographic variables was conducted (i.e., age, sexual orientation, gender, and ethnicity). A total of 243 participants were included in the analysis. To assess for good fit of the model, the Hosmer and Lemeshow test was performed. Results indicate a good fit, χ^2 (8, 243) = 3.877 (p = .868) of the data. The log likelihood ratio was 250.940. This overall model was not significant, χ^2 (4, 243) = 6.498 (p = .165), and again, only a small percentage of the variance was accounted for with no variables uniquely contributing to the model. The Cox and Snell R^2 was .026 (2.6%), and the Nagelkerke R^2 was .040 (4.0%), suggesting that the demographic variables did not explain a good amount of the variability on the NSE demographic variable. See Table 4 for detailed statistics. In this model, the trans/non-binary demographic variable does not maintain significance but is consistent with the previous model.

Table 4

Binary Logistic Regression of Demographic Variables on SES-SFV

Variable	β	S.E.	Wald	Sig.	Exp (B)	95% CI's
Sexual Orientation	.369	.459	.649	.421	1.440	.588 – 3.553
Ethnicity	- . 003	.372	.000	.923	.997	.481 – 2.068
Gender	1.391	.769	3.270	.071	4.018	.890 – 18.143
Age	.007	.013	.302	.586	1.007	.982 – 1.032

A final binary logistic regression was conducted to determine the association between the demographic variables (i.e., age, ethnicity, sexual orientation, and gender) and labeling of NSEs (i.e., "If no, have you had a nonconsensual sexual experience that you would not define as rape or sexual assault (i.e., the labels of rape/sexual assault do not fit with the experience(s) that you've had)". A total of 181 participants were included in the analysis. To assess for good fit of the model, the Hosmer and Lemeshow test was performed. Results indicate a good fit, χ^2 (8, 181) = 12.125 (p = .146) of the data. The log likelihood ratio was 232.133. This overall model was significant, χ^2 (4, 181) = 12.736 (*p* = .013), however, only a small percentage of the variance was accounted for with only the ethnicity variable uniquely contributing to the model, indicating that people of colour are less likely to identify with labels of sexual assault/rape despite endorsing NSEs. The Cox and Snell R^2 was .068 (6.8%), and the Nagelkerke R^2 was .092 (9.2%), suggesting that the demographic variables are not explaining a good amount of the variability on the NSE demographic variable. See Table 5 for detailed statistics. Based on this model, People of Colour experienced significantly higher numbers of NSEs.

Table 5

Binary Logistic Regression of Demographic Variables on NSE Label/Identification

Variable	β	S.E.	Wald	Sig.	Exp (B)	95% CI's
Age	-.020	.012	2.642	.104	.980	.956 - 1.004
Sexual Orientation	-.257	.458	.314	.575	.774	.315 - 1.899
Gender	1.033	.696	2.204	.138	2.810	.718 - 10.992
Ethnicity	.773	.361	4.575	.032*	2.166	1.067 - 4.399

* $p < .005$

Discussion

The primary aim of the study was to compare the use of self-labels of sexual assault/rape and NSE compared to measurement of behavioural indicators of NSEs in GBMSM to be able to glean more accurate prevalence rates of NSEs. Answering a 2-part question, nearly 40% of participants self-identified with having been sexually assaulted or raped since age the age of 14. Of the 60% who did not identify with these labels, a further 86 (41.3%) participants stated that they had experienced an NSE that they would not classify as sexual assault/rape—totaling 64.5% who endorsed either of the two questions. When assessing prevalence rates using a structured behavioural measure (i.e., SES-SFV), 66.8% endorsed some form of NSE. Hence, prevalence rates are close to equivalent between formal measurement and the 2-part question. Asking about NSEs, with the caveat of further questioning about NSEs that are labeled other than rape/sexual assault, may be sufficient in accurately capturing prevalence rates. These prevalence rates of NSEs in this study are similar to the high estimates in GBMSM previously documented in the literature (e.g., Hans et al., 2013; Trottier et al., 2021). The high prevalence rates, compared to heterosexual and female sexual minority counterparts, are highlighting the complexities of sexual

consent in GBMSM and stress the need to understand other social factors undermining volitional positive sexual exchanges.

In certain settings, the use of a two-part question to assess nonconsensual sexual experiences (NSEs) may be more expedient than a formal survey measure. This is particularly relevant in settings where formal measures are not available or where individuals may not be trained to use, score, and interpret them. When querying NSEs, however, it is essential to expand beyond traditional labels of rape or sexual assault and utilize language and terms that are reflective of the experiences of the population being studied. While in certain circumstances, brevity of measurement in necessary, using a formal measurement of NSEs can provide additional information. The SES-SFV allows for different forms of categorization beyond dichotomization and provides insights into the type of sexual interference and severity. The latter may be of particular relevance in a clinical setting (Anderson et al., 2018, 2021). While a brief determination of prevalence is intriguing and potentially of high utility, it is important to note that this is an initial inquiry into the accuracy of NSE prevalence rates among GBMSM and that larger epidemiological studies are warranted to confirm these prevalence rates and move forward with intention when addressing the apparent pervasiveness of NSEs in the community.

GBMSM who have experienced sexual violence face unique challenges in identifying with rape or sexual assault labels due to intersectionality of their identities, including stigmatization and marginalization based on their sexual orientation, race, ethnicity, and gender. Traditional masculinity norms can also impact their sense of self and make it difficult to acknowledge vulnerability or seek help (McKie et al., 2020; Rothman et al., 2011). Other sociocultural elements may also be contributing to higher prevalence rates among GBMSM, and these need to be further explored. While the present study identified some significant trends,

suggesting trans individuals and people of colour may experience even more NSEs, this needs to be explored further. Despite some non-significant findings in the binary logistic regressions presented in this paper, it would be remiss to assume that there are not unique associations between social dimensions of health/health disparities and increased risk of experiences sexual violence or less ability to freely consent. These dynamics need to be explored further in that if sub-communities are experiencing even higher rates of NSEs, additional culturally-informed and sensitive supports need to be made available.

To address the high rate of NSEs within the community, it's important to discuss consent and create solutions without restricting sexual expression. This can decrease prevalence rates and increase positive types of sex for GBMSM. Clear data on prevalence rates and how GBMSM label their experiences can help the community have open dialogue for change. More precise Canadian data can lead to community-based interventions and psychosocial support for those with NSEs. Additionally, to better understand the high rates of NSEs in the GBMSM community, qualitative research and focus groups can identify themes and explore intergroup dynamics and discourse. Sexual assault and consent assessment scales should use inclusive language, especially for multiply marginalized populations. Barriers to consent and reasons for consenting to NSEs, especially in marginalized populations, need to be further explored through oversampling or community-based research. Future studies can evaluate potential interventions, NSE awareness campaigns, and clinical/psychological treatments following NSEs. These prevalence rates can support further studies and interventions.

There are several limitations to the present study. Different community norms and societal expectations may be different across cultures and geographic location. Hence, these estimates only provide a best estimate of NSE history in this population and in the Canadian

context. Further, participants were aware that topics of sexual consent and violence would be discussed prior to participating in the research, and this may have limited or increased participation in certain ways. Individuals who wanted to share their stories of NSEs may have been drawn to participate. Alternatively, those with no history of sexual violence may have chosen not to participate. Due to increased discussion of sexual violence and consent in mainstream media (e.g., #MeToo, college policy change discussions) and within communities may have had an impact on how GBMSM have identified with the labels of sexual violence and NSEs. This may not necessarily be a limitation in that previously unidentified individuals with NSE histories are coming forth, acknowledging, or feeling more comfortable/less shame disclosing previous NSE history. This may mean that as conversations continue, that prevalence rates continue to adapt to social climates and understandings of sexual violence.

This research confirms high prevalence rates of NSE in GBMSM by means of equivalent measurement via a behavioural survey and a 2-part question querying for rape and sexual assault as well as other NSEs not captured by these terms. The limited data of the sample of BIPOC and trans participants offered intriguing insights in higher risks for NSE, especially in trans men, which requires closer research attention. For all GBMSM who have experienced NSE, it behooves the research community to understand better the particular socio-cultural and individual correlates that are associated with substantively higher prevalence rates in this community. This information will be essential for more effective information and education campaigns, to highlight social barriers and institutionalized homophobia, as well as increase dialogue pertaining to sexual consent within the GBMSM community.

Transition to Study 2

The findings from Study 1 highlight the high prevalence of NSEs among GBMSM and the complexities involved in how individuals label and conceptualize these experiences. The discrepancy in previous academic literature between self-identification and behavioural measures underscores the need to better understand the nuanced factors influencing sexual consent and coercion in this population. While dichotomous (e.g., yes, no) self-reported labels of rape and sexual assault remain an important metric, Study 1 demonstrated that many GBMSM have experienced nonconsensual sexual encounters that they do not categorize within these traditional definitions. This suggests that broader social and psychological mechanisms may contribute to how sexual experiences are processed and framed, particularly in a community that has historically faced marginalization, stigma, and restrictive sexual scripts. One key aspect requiring further investigation is the reasoning behind consenting to unwanted sex, which may provide critical insight into the social, psychological, and structural pressures that undermine genuine sexual agency. Understanding these motivations is essential for developing targeted interventions, improving consent education, and fostering more affirming and communicative sexual relationships.

Despite the growing recognition of the challenges that GBMSM face in negotiating sexual consent, there are currently no validated measures specifically designed for this population that assess consent negotiation or even sexual communication more broadly. Existing scales have largely been developed with heterosexual individuals in mind, often failing to account for the unique sociosexual contexts, power dynamics, and minority stressors that shape consent experiences for GBMSM. Factors such as internalized homophobia, community norms around sex and masculinity, and the role of sexualized spaces can all influence how consent is

navigated, yet these elements remain largely unexamined within standardized consent measures. The absence of GBMSM-specific tools leaves critical gaps in both research and clinical practice, limiting our ability to accurately assess and address the unique challenges this community faces in sexual decision-making.

Study 2 addresses this gap by evaluating the psychometric properties of the Reasons for Consenting to Unwanted Sex Scale (RCUSS) within this population. This scale was originally developed to measure the motivations behind consenting to unwanted sex, yet its applicability to GBMSM has not been systematically examined. Given the unique sociosexual dynamics at play, it is imperative to assess whether this scale adequately captures the diverse motivations behind non-volitional sexual consent in GBMSM and whether its factor structure aligns with previous research. A psychometrically sound measure could allow for more precise identification of the social and psychological factors influencing consent experiences, ultimately leading to better support strategies, intervention development, and policy changes. By examining the reliability and validity of the RCUSS in this context, Study 2 aims to enhance measurement accuracy and contribute to a more comprehensive understanding of consent negotiation and coercion in sexual minority populations.

Reasons for Consenting to Unwanted Sex Scale: Validation and Revision for use in Sexual Minority Samples

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Abstract

Sexual consent is a multifaceted concept influenced by societal, relational, and personal factors. Historically, research on sexual consent has predominantly focused on heterosexual individuals, leaving a critical gap in understanding the unique experiences of gay, bisexual, and other men who have sex with men (GBMSM). This study addresses this gap by validating and adapting the Reasons for Consenting to Unwanted Sex Scale (RCUSS) for use in GBMSM populations. Data were collected from 301 GBMSM participants across Canada through online platforms, and a rigorous exploratory structural equation modeling (ESEM) approach was employed to examine the scale's multidimensional structure. Results revealed a 3-bifactor ESEM model as the best representation of the data, capturing a global factor alongside three specific subdimensions: Relational Pressure, Societal Expectations, and Verbal Coercion. The Relational Pressure factor highlights the role of emotional obligations and relational dynamics in driving consent, while the Societal Expectations factor emphasizes the influence of internalized stereotypes and societal norms on GBMSM's experiences. Verbal Coercion reflects the impact of explicit verbal tactics in undermining consent. These findings extend Meyer's minority stress framework by illustrating how stigma, internalized homophobia, and societal expectations uniquely shape sexual decision-making in this population. The results of this study confirm the validity of the RCUSS for use with GBMSM and offer insights into the complex interplay of relational, societal, and coercive dynamics in sexual consent. The findings underscore the importance of inclusive measurement tools and highlight the need for interventions addressing the societal and relational pressures faced by GBMSM. This study provides a foundation for further understanding and promoting sexual autonomy and well-being in GBMSM communities.

Introduction

Sexual consent is an important aspect of sexual interactions, impacting both individual well-being and relational dynamics. The understanding of sexual consent and its complexities has predominantly focused on heterosexual relationships, with limited research addressing the unique experiences of gay, bisexual, and other men who have sex with men (GBMSM). In addition, measures to systematically study sexual consent have not been validated for use in sexual minority populations. At this time, no research has focused on the reasons for consenting to unwanted sexual behaviours. This study was designed to validate the use of the RCUSS with GBMSM and explore factors associated with the experience of unwanted sex in GBMSM.

Sexual consent, as defined by Hickman and Muehlenhard (1999), involves the freely given verbal or nonverbal communication of a willingness to engage in sexual activity. Humphreys and Herold (2007) further elaborate that consent can be a cognitive act, completed entirely in the mind without overt communication, or a verbally communicated behaviour. The ambiguity in sexual consent communication can lead to misunderstandings and misinterpretations (Ford & Becker, 2020; Namaste et al., 2021). Researchers have highlighted that the complexity of sexual consent is heightened in GBMSM relationships due to unique social and cultural factors not typically experienced by heterosexual individuals (e.g., sexual positioning, environmental factors, being ‘outed’; Jozkowski et al., 2017; McKie et al., 2020).

Most studies on sexual consent to date have limited their scope primarily to heterosexual individuals (e.g., Impett et al., 2008; Mark & Murray, 2012; Murray et al., 2012; Moyano et al., 2017), mixed-sex couples (e.g., Mark, 2014; Ridley et al., 2006), or have not collected demographic data on sexual orientation (e.g., Kalmbach & Pillai, 2014). This gap in the literature underscores the need for research that specifically addresses the unique experiences of GBMSM

in the context of sexual consent, highlighting the distinct challenges they face (Gaspar et al., 2021; et al., McKie et al., 2020).

One of the significant reasons GBMSM may consent to unwanted sex may be societal and cultural pressures they face. These pressures often manifest in the form of internalized homophobia, stigma, and discrimination. Meyer (2003) discussed the minority stress model, which posits that sexual minorities experience chronic stress due to their stigmatized social status. This stress can result in increased vulnerability to coercion and a higher likelihood of consenting to unwanted sex to avoid conflict or maintain a sense of belonging (Meyer, 2003). Recent studies confirmed that GBMSM with higher levels of minority stress are more likely to engage in unwanted sexual activities due to fears of rejection or discrimination (Kanefsky et al., 2024; Mereish et al., 2019). As Kanefsky and colleagues noted, this pressure might stem from internalized stigma and fear that asserting boundaries could lead to rejection, ostracism, or reinforcing stereotypes about gay men being overly cautious or unassertive in their sexuality.

The internalization of negative societal attitudes can lead GBMSM to consent to unwanted sex in an attempt to affirm their self-worth or to conform to perceived expectations prevalent within GBMSM communities (Burton et al., 2020). This internalization often results in a reduced ability to assertively communicate boundaries, increasing the likelihood of unwanted sexual encounters (Callan et al., 2021; Kennett et al., 2013). McKie (2015) elaborated on the societal pressures faced by GBMSM, noting that the stigmatization of non-heteronormative sexual identities often forces GBMSM to navigate complex social landscapes where maintaining social acceptance can sometimes necessitate compromising personal boundaries. This is exacerbated by the pervasive stereotypes and societal expectations that pressure GBMSM into

conforming to hypersexualized roles, thereby increasing their susceptibility to unwanted sexual situations (Burton et al., 2020; Gaspar et al., 2021).

Coercion, both verbal and physical, is another significant factor leading to unwanted sexual consent among GBMSM. Verbal pressure, such as begging or inducing feelings of guilt, and physical pressure, including being physically restrained, contribute to instances of unwanted sex (Raghavan et al., 2019; Salter et al., 2021). Researchers have suggested that GBMSM may have difficulty resisting such coercion due to power imbalances or fear of confrontation (Stephenson et al., 2020). Jozkowski et al. (2017) examined the nuanced ways in which coercion can manifest, noting that subtle forms of coercion, such as inducing feelings of guilt or emotional manipulation, are common and may be as impactful as overt physical force in compelling unwanted sexual consent.

Substance use, including alcohol and drugs, is frequently associated with unwanted sexual encounters. GBMSM may consent to sex while under the influence, finding it challenging to refuse advances due to impaired judgment and decreased inhibitions. Study results have highlighted the correlation between substance use and increased vulnerability to sexual coercion in GBMSM (Koblin et al., 2006). More recent research has confirmed these findings, showing that substance use significantly impairs the ability of GBMSM to negotiate consent effectively (Biello et al., 2017; Woolf-King et al., 2013). The use of substances can also be a coping mechanism for managing stress faced by GBMSM, including minority stress and the pressure to conform to societal expectations (Pachankis et al., 2020). This coping mechanism, however, can further diminish the ability to negotiate sexual consent effectively, leading to increased instances of unwanted sexual encounters (McKie et al., 2020).

Internalized stereotypes and societal sexual scripts also influence GBMSM's likelihood to experience unwanted sex. The pervasive stereotype that GBMSM should always be ready and willing to engage in sexual activity can lead to pressure to consent even when not desiring sex. Sexual scripts, which are culturally learned overt and implicit rules for sexual behaviour, often depict GBMSM as hypersexual and always ready for sex, further complicating their ability to refuse unwanted sex (Simon & Gagnon, 1986). In the recent literature, researchers have explored how these stereotypes perpetuate harmful norms, pressuring GBMSM into consenting to sex to align with perceived societal expectations (Bowling et al., 2020; Garcia et al., 2014). Willis and Smith (2021) discuss how internalized scripts can lead GBMSM to prioritize their partner's sexual desires over their own, fearing social judgment or rejection if they do not conform to these expectations. McKie (2015) also notes that these internalized stereotypes often result in GBMSM internalizing a sense of obligation to fulfill sexual expectations, further complicating their ability to assert their boundaries and refuse unwanted sexual advances.

The minority stress theory, proposed by Meyer (2003), provides a comprehensive framework for understanding the additional stressors that GBMSM face due to their marginalized status. Minority stress refers to the chronic stress experienced by individuals belonging to stigmatized social categories, such as sexual minorities. This theory posits that the unique stressors faced by GBMSM, including discrimination, internalized homophobia, and expectations of rejection, contribute to mental health issues and risky behaviours, including unwanted sexual experiences (Meyer, 2003). Research has shown that minority stress significantly impacts the sexual health and behaviours of GBMSM. For instance, Parsons and colleagues (2017) found that GBMSM who experienced higher levels of minority stress were more likely to engage in sexual behaviours they did not want due to fear of rejection or

discrimination. Mereish and colleagues (2019) reported that internalized homophobia and anticipated stigma were significant predictors of unwanted sexual encounters among GBMSM. Moreover, minority stress can exacerbate power imbalances in relationships, making it more difficult for GBMSM to assert their boundaries and refuse unwanted sex (Pachankis et al., 2015). The fear of being rejected by partners or peers can lead GBMSM to consent to sex even when they do not want to, as a means of seeking validation and acceptance (Gaspar et al., 2021; Meyer, 2003).

Current Study/Purpose

There are currently no validated quantitative measures specifically addressing sexual consent negotiations or the reasons for consenting to unwanted sex among GBMSM populations. This study represents a novel application of the Reasons for Consenting to Unwanted Sex Scale (RCUSS), addressing a critical gap in the literature by providing a theoretically grounded measure tailored to the unique experiences of GBMSM. Unlike prior research, which often lacks inclusivity in demographic representation, this study applies the RCUSS to a diverse Canadian sample with a wider age range than most previous studies, enhancing its relevance and generalizability.

Although some quantitative research exists, much of it fails to capture the distinctive social and sexual dynamics of GBMSM communities, including factors like minority stress, stigma, and the negotiation of sexual identity. Validating the RCUSS in this context enables a deeper exploration of how these dynamics shape consent decisions and interactions, offering a richer and more inclusive understanding of GBMSM experiences. Moreover, this adaptation acknowledges the distinct pressures and motivations that influence sexual consent within these

populations, such as the interplay between societal stigma, internalized norms, and community-specific expectations (McKie et al., 2020).

The aims of this study are twofold, first to illuminate the multifaceted reasons behind consenting to unwanted sexual activities among GBMSM—an area that has been largely overlooked in existing research, and second, validate a measure of sexual consent for use in GBMSM. By refining and validating the RCUSS for this specific population, this research not only provides a robust tool for future investigations but also establishes a foundation for advancing sexual health and wellbeing outcomes in GBMSM communities.

Method

Participants

A total of 470 GBMSM individuals participated via a Qualtrics link posted on various online platforms such as Reddit, Facebook, and Instagram, as well as via networks of national drag performers and other social media posts. The study was advertised as research exploring how gay, bisexual, and other men who have sex with men in Canada negotiate sexual consent and their previous sexual experiences. One hundred and twenty-four potential participants were removed from the dataset due to their own withdrawal at any point in the survey (n = 39), withdrawal at the consent form (n = 24), or did not meet inclusion criteria (n = 61, mainly those who resided outside of Canada). Inclusion criteria were that participants had to reside in Canada, be 18 years of age or older, and identify as a male (either cisgendered or transgendered). This resulted in a final total of 346 participants.

Materials

The Reasons for Consenting to Unwanted Sexual Advances Scale (RCUSS) is composed of 18 items that assess why an individual might agree to unwanted sex. The scale utilizes a 9-

point Likert scale ranging from 0 (not characteristic of me) to 8 (very characteristic of me), allowing for a total score range from 0 to 144, where a higher score indicates a greater number of reasons for consenting to unwanted sex (M = 40.84, SD = 33.63). Factor analysis using varimax rotation indicated a unidimensional scale with no item factor loadings being below .30, and accounting for 59.2 of the variance. The scale was validated on a sample of undergraduate heterosexual women (Humphreys & Kennett, 2010; Kennett, Humphreys and Bramley, 2013; Kennett, Humphreys & Patchell, 2009; Kennett, Humphreys, & Shultz, 2012) drawing from previous studies indicating that women may consent to sexual activities without genuine desire or interest, often due to various pressures or expectations. The RCUSS comprises items selected from literature, illustrating that women might agree to unwanted sex for reasons such as fulfilling their partner's needs, seeking closeness, avoiding conflict, maintaining their partner's interest, or meeting perceived relationship duties.

The total score on the RCUSS is calculated by summing the responses to all items (0-144). This sum provides an overall measure of the tendency to consent to unwanted sexual activity for the reasons outlined in the scale. A higher total score indicates a greater endorsement of these reasons, suggesting that the respondent is more likely to consent to unwanted sexual activity due to a variety of pressures or motivations. The scale demonstrated high reliability, with a Cronbach's alpha of .95 and a 6-week test-retest reliability of .85. The RCUSS was also validated on a sample of 124 undergraduate male students in a study by Quinn-Nilas et al., (2013) via collection on an online research pool for introductory psychology courses (M = 43.32, SD = 31.47). Pronouns were changed to adapt the scale for use in male participants. The scale demonstrated a high degree of internal reliability, with a Cronbach's alpha of .93.

Based on previous qualitative literature looking at barriers to sexual consent (McKie, 2015), another seven items were added, deemed to be relevant specifically to the GBMSM community. These included items pertaining to being 'outed', sexual positioning dynamics (e.g., top/bottom), and pervasive sexual scripts in the GBMSM community (e.g., gay men should always be ready for, and want, sex—and in turn, cannot say no to sex).

Procedures

Data from participants for this study were collected between January and April of 2022 as a component of a larger investigation focused on sexual consent negotiation and nonconsensual sexual experiences in GBMSM. Respondents were directed to a Qualtrics Software link to fulfill the online survey. All replies were anonymous, and participants were made aware that their engagement in the study was entirely voluntary, and they could withdraw at any time. As an incentive for taking part, individuals were offered the opportunity to enter a contest for one of three $50 gift cards. The contact details of participants were kept separate from their actual data and were deleted once the draws were conducted. The study was granted approval by the Research Ethics Board of the hosting institution. Upon completion of the survey, participants were provided with a debriefing form with information on the goals of the study.

Data Analysis

Rows with missing values on the RCUSS were excluded, resulting in 301 observations. To examine the factor structure and validate the underlying constructs of the Reasons for Consenting to Unwanted Sex Scale in a sample of GBMSM, we conducted a series of exploratory and confirmatory factor analyses. Analyses were performed in R using the lavaan, psych, and semTools packages. To address the potential skewness in item responses, we used Maximum Likelihood estimation for all the confirmatory factor analyses (CFA) and bifactor

models, as this approach is robust to violations of normality and suitable for Likert-type scales (Finney & DiStefano, 2013).

Prior to the confirmatory analyses, we conducted an exploratory factor analysis (EFA) to assess the latent structure of the items and identify potential factor solutions. Using principal component extraction with varimax rotation, we evaluated 1- to 4-factor solutions. Parallel analysis and a scree plot were used to determine the optimal number of factors.

Following the EFA, we developed a range of confirmatory models to further investigate the factor structure, including one-, two-, three-, and four-factor CFAs. The initial CFA models suggested that the data might not fully conform to a simple structure, motivating further examination of bifactor and exploratory structural equation modeling (ESEM) approaches. As part of this process, we conducted omega analyses, with an oblimin rotation, using the psych package. This method calculates hierarchical omega coefficients and provides estimates of the general factor and specific factor loadings, offering insights into the presence of a potential general factor alongside specific factors. Combined with bifactor CFA models allowing for cross-loadings, these analyses offered a comprehensive evaluation of the data's multidimensional structure and informed the specification of our final ESEM models. The final stage of our analysis involved fitting the bifactor CFA and the bifactor ESEM (B-ESEM) models, with both three and four specific factors. This approach provided greater flexibility in capturing the complex factorial structure observed in the dataset, especially given that some items exhibited secondary loadings, which are accounted for in the B-ESEM models.

Bifactor-exploratory structural equation modeling is an analytical technique designed to understand the structure of complex constructs that are influenced by overarching (global) concepts as well as more specific (group) experiences. This method integrates aspects of the

bifactor model, which differentiates between the variance in observed variables accounted for by a general factor and that explained by several specific factors, with the flexibility of exploratory structural equation modeling. B-ESEM allows for the estimation of cross-loadings, thereby offering a more lenient and realistic approach than traditional confirmatory factor analysis (CFA), which typically restricts items to load on only one factor (Gegenfurtner, 2022; Morin et al., 2016). As evidenced by the best fitting model presented below, allowing cross-loadings was useful in increasing fit indices.

B-ESEM is particularly valuable in fields like psychology and social sciences, where constructs are often multifaceted and cannot be neatly categorized into exclusive domains. By enabling researchers to model data through a general factor that captures the commonalities across all items, alongside specific factors that capture unique dimensions or group-specific experiences, B-ESEM provides a nuanced and detailed picture of how different factors contribute to the overall construct. This dual focus on both global and group-specific factors makes B-ESEM an essential tool for researchers seeking to understand complex phenomena with multiple underlying dimensions, such as the example of sexual consent and the unique experiences of GBMSM.

In the context of sexual consent, a B-ESEM approach allowed us to examine how broader concept of sexual consent (global variable) is understood, while also allowing for the nuanced understandings and experiences of GBMSM (group variable(s)) (relational obligation/emotional coercion, relationship maintenance pressure, and emotional/relational pressure; Gaspar et al, 2021; McKie et al., 2020). To assess model fit, we used several commonly recommended indices, including the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual

(SRMR). For Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI), values closer to 1 generally indicate better model fit. In this study, we considered CFI and TLI values of .95 or higher to represent good fit, values above .90 as adequate, and values above .85 as marginal fit. Hu and Bentler (1999) suggested a threshold of .95 for these indices, with values above .90 indicating a reasonably adequate fit. However, achieving these high cutoffs can be particularly challenging with complex models involving multiple factors and cross-loadings, as noted by Marsh, Hau, and Wen (2004), who advocate for a more flexible interpretation of cutoff values when working with multidimensional constructs and complex model structures.

The Root Mean Square Error of Approximation (RMSEA) index evaluates the degree of misfit per degree of freedom, with lower values indicating better fit. For RMSEA, we adopted the following benchmarks: values of .05 or below were considered indicative of good fit, values up to .08 as adequate, and values up to .10 as marginal fit (Browne & Cudeck, 1993). Similarly, SRMR evaluates fit based on the standardized residuals between observed and predicted correlations. SRMR values below .08 are typically considered to reflect a good fit, while values up to .10 are deemed adequate for complex models (Hu & Bentler, 1999).

For model comparison rather than absolute fit, we utilized the Akaike Information Criterion (AIC) and the Bayesian Information Criterion (BIC). Both AIC and BIC prioritize parsimony, penalizing models that add parameters unnecessarily. Lower values on these indices indicate better relative fit, though there are no absolute thresholds for AIC or BIC values.

Results

The fit indices and model comparison statistics for all CFA, bifactor CFA, and bifactor ESEM models are provided in Table 1. Overall, the fit indices suggested that the bifactor ESEM

models outperformed traditional CFA models, consistent with previous research indicating improved fit when cross-loadings are allowed (Morin et al., 2016).

The fit indices for the CFAs indicated that the four-factor solution was the best fitting among the simple CFA models, achieving the lowest AIC and BIC for the simple CFA models (see Table 1). However, the fit indices suggested only marginal fit, prompting us to explore more complex bifactor models. In the bifactor CFA models, the addition of a general factor significantly improved the model fit. The 4-bifactor CFA model, while showing improvement over the simple four-factor CFA, showed slightly higher AIC and BIC values compared to the 3-bifactor CFA model, although both models maintained similar model fit indices.

The bifactor ESEM models, which allowed for cross-loadings, provided further improvement, aligning with expectations that such flexibility can better accommodate complex multidimensional data structures. Specifically, the 3-bifactor ESEM model emerged as the best-fitting model overall, yielding a marginal CFI of .89, a marginal TLI of .86, a marginal RMSEA of .09, and an adequate SRMR of .06. This model also exhibited lower information criterion values (AIC = 25604.37, BIC = 25893.53) compared to all other models, emphasizing its parsimony and enhanced fit.

In comparing the 3-bifactor ESEM and 4-bifactor ESEM models, both models fit the data to an adequate degree, though neither achieved exceptional fit. After reviewing the factor loadings for both the 3-bifactor and 4-bifactor ESEM models, it appears that the 3-bifactor ESEM model provides a slightly better overall fit in terms of interpretability, especially with respect to loading patterns across factors. Notably, in the 3-bifactor ESEM model, Items 5 and 19 did not load significantly on any specific factor, indicating they may not align with the identified dimensions of the model.

The general factor (g), in the 3-bifactor ESEM model, displays substantial loadings across most items, with values ranging from .33 to .76 (see Table 2). In comparison, the 4-bifactor ESEM model similarly shows that the general factor (g) captures a substantial portion of shared variance, with loadings ranging from .25 to .86, consistent with the 3-bifactor model. This indicates that the general factor successfully captures a significant portion of shared variance across both models, reflecting a coherent underlying construct, that all the items align with.

However, specific factor F1 in the 4-bifactor model displays weaker consistency than in the 3-bifactor model, with several items showing near-zero or even negative loadings (see Table 2). This pattern suggests that F1 is less well-defined in the 4-bifactor structure and lacks the clear interpretability seen in the 3-bifactor model, where factor F1 contains significant factor loadings ranging from .30 to .72 and likely represents a meaningful subdimension within the overall construct.

Examining the specific factors 2 and 3 across the models, both show patterns that complicate straightforward interpretation. Factor F2, in both the 3- and 4-bifactor ESEM models, is characterized by relatively low or near-zero loadings for most items, with only a few items (such as Item 24 and Item 25 in the 3-bifactor model) showing strong but negative loadings. Similarly, Factor 3 in both models displays strong loadings on a few items (e.g., Item 3 and Item 4) while showing weaker, often below-threshold, loadings on others. Together, these factors appear to lack clear conceptual coherence, as they do not exhibit strong, consistent loadings across items that would suggest unique underlying dimensions.

Finally, Factor F4 is unique to the 4-bifactor model and includes Item 5, Item 12, and Item 19, with moderate loadings ranging from .31 to .59. However, Item 21 has a low negative loading of -.21, complicating the interpretability of this factor and suggesting potential

conceptual inconsistencies. The emergence of F4 provides additional complexity to the model, yet its interpretive clarity may be limited. Therefore, the 3-bifactor ESEM solution serves as the more parsimonious and best-fitting model, providing strong support for a global factor.

The interpretation of the 3-bifactor ESEM model provides a nuanced understanding of the multidimensional structure of the RCUSS, capturing both a global factor and three specific factors that reflect distinct aspects of the construct. While the model offers a comprehensive framework for understanding the relationships among items, interpreting the specific factors requires careful examination of item loadings and thematic coherence. Below, we provide an in-depth analysis of each specific factor, highlighting its underlying theme, strengths, and weaknesses, as well as discussing problematic items that challenge the interpretability and validity of the model.

The first specific factor F1, contains items related to feelings of emotional obligation, fear of losing the partner, or damaging the relationship. The overarching theme is around emotional coercion, a sense of relational duty, and the desire to maintain intimacy and avoid negative consequences for the relationship. Examples of Items that load strongly on this factor include Item 10 (“I consented to the unwanted sexual activity to promote intimacy”) and Item 11 (“I felt it was necessary to satisfy their needs”). Given its focus on the interpersonal and emotional dimensions of consent, we propose naming this factor “Relational Pressure”.

The focus of the second specific factor (F2) is on societal expectations and stereotypes regarding sexual availability, particularly for gay, bisexual, and other men who have sex with men. This factor is defined by two key items: "I felt like it is assumed that gay, bisexual, and other men who have sex with men cannot, or should not, say no to sex" (Item 24) and "I felt like it is assumed that gay, bisexual, and other men who have sex with men always, or should always,

want sex, which made it difficult to say no" (Item 25). These items reflect societal pressures and internalized expectations that limit the choice to say no for individuals in sexual contexts. Therefore, we suggest naming this factor "Societal Expectations". The negative loadings on these items imply that the factor captures a counterpoint to these societal norms, potentially representing resistance or conflict with such assumptions. However, a notable weakness of this factor is its reliance on only two strongly loading items, limiting its robustness and interpretability. Expanding this factor with additional items reflecting related constructs could enhance its validity.

Lastly, the third specific factor F3 encompasses items related to explicit verbal tactics used to obtain consent. Again, only two items load strongly on this factor, namely Item 3 (“They verbally pressured me to participate in the unwanted sexual behaviour”) and Item 4 (“They begged me to engage in the unwanted sexual activity until I could not argue anymore”). These items highlight the interpersonal strategies of coercion that rely on persistent verbal persuasion. For that reason, we propose to call this factor “Verbal Coercion”. However, like F2, this factor is underdeveloped, relying on just two items, with minimal contributions from other items. This limits the generalizability and interpretive depth of the factor. Adding items that capture related behaviours, to the scale could significantly improve its utility.

Although our analysis suggests that the 3-bifactor ESEM solution most accurately reflects the underlying structure of the RCUSS, reviewing the factor loadings reveals that certain items may not accurately reflect a corresponding specific factor. For instance, items 14, 21, 22, and 23 exhibit weak loadings on the specific factors, with some close to zero, suggesting that they do not strongly align with the identified subdimensions. However, these items load strongly on the global factor, indicating that they contribute to the overarching construct of consent to unwanted

sexual activity. Retaining these items may be justified as they reflect unique aspects of the general construct and can provide an additive explanatory value. Thus, their inclusion ensures a more complete measurement of the global factor, even if they do not fit into specific factors.

Additionally, it is worth mentioning that Items 5 and 19 do not load on any specific factor and exhibit relatively low loadings on the general factor. Item 5 ("I had been drinking or had consumed other types of drugs") shows minimal relevance to the specific factors, potentially due to its unique framing around intoxication. Similarly, Item 19 (“I was in a sexualized space (e.g., bathhouse, cruising area, dark room, bar) where I felt I could not say no to sexual encounters”) also fails to fit into the specific factors relational pressure, societal expectations, or verbal coercion. The lack of strong loadings for these items suggests that they may not adequately align with the latent constructs measured by this model, potentially reflecting separate dimensions that were not accounted for in the current factor structure.

Table 1

Results of Factor Analyses of the Reasons for Consenting to Unwanted Sex Scale

Model	χ^2, *df*	*p_value*	*CFI*	*TLI*	*RMSEA [90% CI]*	*SRMR*	*AIC*	*BIC*	*ABIC*
1-Factor CFA	1512.69, 275	<.001	.75	.73	.12 [.12, .13]	.08	26257.17	26442.52	26283.95
2-Factor CFA	1145.22, 251	<.001	.82	.80	.11 [.10, .12]	.07	24783.91	24965.55	24810.53
3-Factor CFA	1086.18, 272	<.001	.84	.82	.10 [.09, .11]	.06	25836.65	26033.13	25865.04
4-Factor CFA	1059.13, 269	<.001	.84	.82	.10 [.09, .10]	.06	25815.61	26023.20	25845.60
4-Bifactor CFA	899.58, 250	<.001	.87	.84	.09 [.09, .10]	.06	25694.06	25972.09	25734.23
3-Bifactor CFA	900.96, 252	<.001	.87	.84	.09 [.09, .10]	.06	25691.44	25962.06	25730.54
4-Bifactor ESEM	826.38, 244	<.001	.88	.86	.09 [.08, .10]	.06	25632.86	25933.13	25676.25
3-Bifactor ESEM	803.90, 247	<.001	.89	.86	.09 [.08, .09]	.06	25604.38	25893.53	25646.16

Note. All models were estimated using the maximum likelihood estimation method and Bifactor ESEM were estimated with bifactor orthogonal rotation. CFA = Confirmatory Factor Analysis; ESEM = Exploratory Structural Equation Modeling; df = Degrees of freedom; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation, 90% CI = 90% confidence interval for RMSEA; SRMR = Standardized Root Mean Square Residual; AIC = Akaike Information Criterion; BIC = Bayesian Information Criteria; ABIC = Sample-size Adjusted Bayesian Information Criterion.

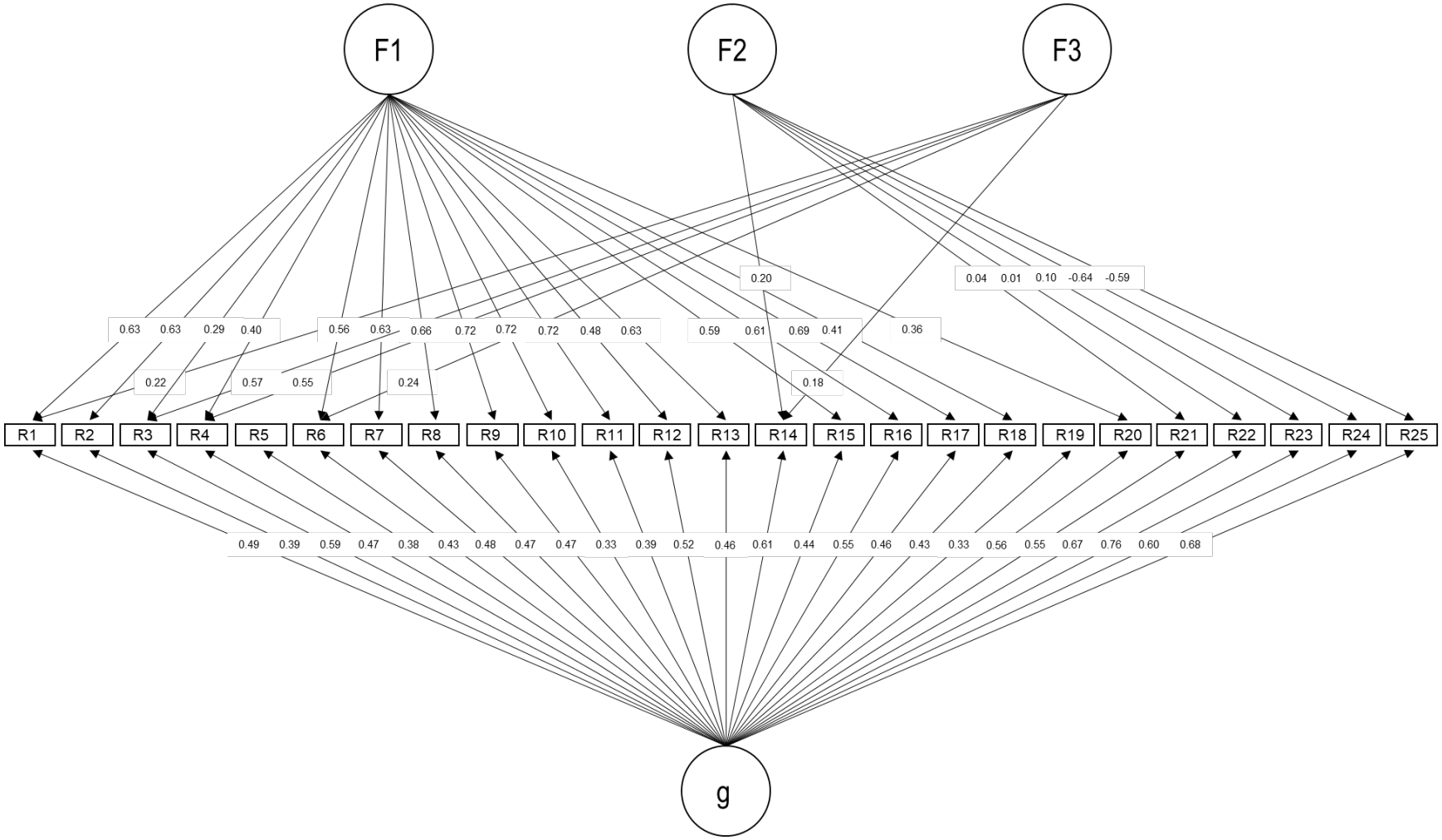
Table 2

Summary of Standardized Loadings (λ) for a 3-Bifactor ESEM Solution and a 4-Bifactor ESEM Solution

RCUSS item	3-Bifactor ESEM				4-Bifactor ESEM				
	Global λ	F1 λ	F2 λ	F3 λ	Global λ	F1 λ	F2 λ	F3 λ	F4 λ
1	.49	.63		.22	.80	.22		.15	
2	.39	.63			.73	.19			
3	.59	.29		.57	.57			.72	
4	.47	.40		.55	.59	.07		.51	
5	.38				.30				.59
6	.43	.56		.24	.70	.26		.17	
7	.48	.63			.80	.11			
8	.47	.66			.81	.22			
9	.47	.72			.86	.01			
10	.33	.72			.77	-.01			
11	.39	.72			.80	.08			
12	.52	.48			.69	.04			.31
13	.46	.63			.77	.14			
14	.61		.20	.18	.24		.22	.35	
15	.44	.59			.73	.08			
16	.55	.61			.84	-.36			
17	.46	.69			.85	-.27			
18	.43	.41			.60	-.21			
19	.33				.25				.30
20	.56	.36			.62	-.03			
21	.55		.04		.37		.30		-.21
22	.67		.01		.36		.40		
23	.76		.10		.42		.37		
24	.60		-.64		.40		.75		
25	.68		-.59		.51		.75		

Note. N = 301. Global λ = standardized loading on Global factor; F1 λ = standardized loading on specific factor 1; F2 λ = standardized loading on specific factor 2; F3 λ = standardized loading on specific factor 3; F4 λ = standardized loading on specific factor 4.

Figure 1


F1
F2
F3
0.63 0.63 0.29 0.40
0.56 0.63 0.66 0.72 0.72 0.72 0.48 0.63
0.59 0.61 0.69 0.41
0.36
0.20
0.04 0.01 0.10 -0.64 -0.59
0.22
0.57 0.55
0.24
0.18
R1 R2 R3 R4 R5 R6 R7 R8 R9 R10 R11 R12 R13 R14 R15 R16 R17 R18 R19 R20 R21 R22 R23 R24 R25
0.49 0.39 0.59 0.47 0.38 0.43 0.48 0.47 0.47 0.33 0.39 0.52 0.46 0.61 0.44 0.55 0.46 0.43 0.33 0.56 0.55 0.67 0.76 0.60 0.68
g

Discussion

The purpose of this study was to adapt and validate the Reasons for Consenting to Unwanted Sexual Advances Scale (RCUSS) for use in gay, bisexual, and other men who have sex with men (GBMSM), as well as to explore reasons for non-consent in this sample. By employing a rigorous analytical approach, including exploratory structural equation modeling (ESEM), the findings revealed a 3-bifactor model as the best representation of the scale's structure. This model captures both a global factor and three distinct subdimensions: Relational Pressure, Societal Expectations, and Verbal Coercion. These results highlight the nuanced and multifaceted nature of sexual consent within GBMSM communities, shaped by unique relational, societal, and interpersonal dynamics. Results further highlight the importance of understanding sexual consent beyond traditional frameworks rooted in heterosexual contexts. GBMSM face distinct challenges in negotiating consent due to the interplay of minority stress and internalized stereotypes.

The Relational Pressure factor reveals the powerful influence of emotional obligations and relational dynamics on GBMSM's consent experiences. Participants frequently endorsed items related to maintaining intimacy, avoiding relational conflict, and fulfilling perceived partner expectations, with examples including "I wanted to avoid tension in our relationship" and "I consented to promote intimacy." These findings align with prior research demonstrating that emotional coercion and relational obligations are significant drivers of sexual consent decisions, particularly within close relational contexts (Humphreys & Kennett, 2010; Willis et al., 2019).

The Societal Expectations factor emphasizes the internalization of stereotypes and societal norms that pressure GBMSM to conform to notions of sexual availability. Items such as "I felt like it is assumed that gay, bisexual, and other men who have sex with men cannot, or

should not, say no to sex" reflect the pervasive influence of cultural scripts framing GBMSM as hypersexual or inherently willing participants. Interestingly, the observed negative loadings on this factor suggest that some participants actively resist these norms, underscoring a critical tension between societal expectations and personal agency. These results resonate with Meyer's (2003) minority stress framework, which posits that stigma and internalized homophobia can complicate sexual decision-making processes. Importantly, this factor highlights a societal-level influence on consent that extends beyond individual relationships, drawing attention to the broader systemic factors that shape GBMSM's experiences with sexual consent.

The Verbal Coercion factor captures the role of direct verbal tactics, such as begging or persistent persuasion, in undermining consensual decision-making. Participants reported difficulty resisting verbal pressure, with endorsements of items like "They begged me to engage in the unwanted sexual activity until I could not argue anymore." This factor aligns with broader literature documenting the psychological burden of coercive communication on individuals' autonomy (Raghavan et al., 2019). However, its reliance on a small number of items highlights the need for further research to develop a more comprehensive understanding of how verbal coercion influences GBMSM consent. Expanding the scale to include additional nuanced scenarios could improve its capacity to capture the complexity of verbal coercion in GBMSM sexual encounters.

By identifying these distinct yet interconnected factors, this study provides a robust framework for understanding sexual consent in GBMSM populations. The findings highlight not only the relational and societal pressures that shape consent decisions, but also the specific strategies used to undermine autonomy, emphasizing the need for continued exploration of these dynamics to promote sexual autonomy and well-being in marginalized communities. Further, the

scale's multidimensionality, as revealed by the B-ESEM models, highlights the complexity of sexual consent as both a global construct and a myriad of specific factors. These findings have important implications for both future research on sexual consent and the practical application of the RCUSS.

One key methodological implication is the potential to refine the scale to enhance its comprehensiveness, specificity, and inclusiveness. While the RCUSS captures critical aspects of relational pressure, societal expectations, and verbal coercion, certain items—such as those addressing substance use ("I had been drinking or had consumed other types of drugs") or environmental pressures ("I was in a sexualized space where I felt I could not say no")— they did not strongly load onto any specific factor. This suggests that these items may reflect distinct dimensions of sexual consent dynamics that were not fully captured by the identified factors. Expanding the item pool to include scenarios that address intersectional identities, power dynamics, and broader sociocultural influences could strengthen the scale's utility in capturing the full spectrum of GBMSM consent experiences. Additionally, this study highlights the importance of tailoring measurement tools to account for cultural and demographic diversity within GBMSM populations. Future iterations of the RCUSS could explore how intersecting identities—such as race, socioeconomic status, and age—shape the factors influencing sexual consent. For instance, items addressing fears of being "outed" or public shaming (e.g., "I could not say no because I was afraid of being 'outed' or shamed publicly") may hold varying levels of relevance depending on participants' cultural and community contexts. Incorporating such intersectional considerations could improve the scale's sensitivity and applicability across diverse GBMSM subgroups. Further, the methodological approach employed in this study, particularly the use of B-ESEM, offers a framework for future research on multidimensional

constructs in sexual health. The integration of global and specific factors provides a nuanced understanding of how individual items contribute to broader constructs while retaining the specificity of subdimensions. This approach could be extended to other scales examining sexual consent or related constructs, offering a template for addressing the inherent complexity of these phenomena.

Limitations

Several limitations should be noted. First, the use of a convenience sample limits the generalizability of the findings to the broader GBMSM population. Participants were recruited online and may not represent the diversity of experiences within this community. Second, the cross-sectional design of the study precludes causal interpretations of the relationships between factors and outcomes. Longitudinal studies are needed to explore how factors influencing sexual consent evolve over time and across relational contexts. Finally, some items on the RCUSS, such as those addressing substance use and sexualized spaces, did not load strongly on any specific factor. This suggests potential gaps in the scale's comprehensiveness and highlights the need for further refinement of the measure.

Future Directions

Future research should expand the RCUSS item pool to address underrepresented dimensions, such as the role of substance use and environmental pressures in sexual consent. Longitudinal studies are also needed to explore how relational, societal, and individual factors interact to influence GBMSM's consent experiences over time. Additionally, future studies should be designed to consider an intersectional approach, examining how intersecting identities, such as race, socioeconomic status, and cultural background, shape sexual consent dynamics in GBMSM populations.

This study represents a significant step forward in understanding the complexities of sexual consent among GBMSM. By validating the RCUSS for this population and identifying distinct subdimensions of consent dynamics, the findings provide a robust foundation for future research and practical applications. The nuanced insights gained from this study emphasize the importance of addressing relational, societal, and coercive dynamics to promote sexual autonomy and well-being within GBMSM communities. In conclusion, the RCUSS's adaptation for GBMSM populations represents a significant step forward in the measurement and understanding of sexual consent. By capturing the interplay of relational, societal, and coercive dynamics, this study provides a robust foundation for future research and practical applications aimed at promoting sexual autonomy and well-being among GBMSM. Further refinement of the scale and continued exploration of its dimensions can deepen our understanding of the unique challenges faced by GBMSM in navigating sexual consent, ultimately informing interventions and policies that support their sexual health and rights.

Understanding the Context: A Community-Based Participatory Framework for Examining NSEs in GBMSM

Community-based participatory research (CBPR) and knowledge translation (KT, sometimes also referred to as knowledge mobilization or knowledge transfer) have emerged as critical methodologies in social and health sciences, particularly when working with marginalized communities such as GBMSM. Granting agencies in Canada are now explicitly calling for CBPR initiatives, often requiring a CBPR component for researchers to hold the grant. These approaches prioritize collaboration, equity, and the application of research findings to real-world settings. The goal is not only to generate knowledge but also to ensure that it is accessible, meaningful, and actionable for those most affected by the research topic. CBPR is distinguished from traditional research paradigms in that it actively involves community members in all aspects of the research process. Unlike conventional research approaches, which often rely on an 'outsider' perspective and may treat participants as subjects rather than co-creators of knowledge, CBPR fosters an environment of reciprocity and empowerment. This method acknowledges that communities have valuable expertise regarding their own lived experiences, which can significantly contribute to the development of interventions, policies, and knowledge dissemination efforts (Israel et al., 2010). By emphasizing participatory decision-making and equitable partnerships, CBPR ensures that research outcomes are not only relevant but also directly beneficial to the populations being studied.

The history of CBPR can be traced back to early models of participatory action research, developed by scholars such as Kurt Lewin (social psychologist) in the 1940s, and later advanced by prominent philosophers like Paulo Freire in the 1970s. Freire's work in education and community engagement laid the groundwork for a research philosophy that sees marginalized

groups as active agents of change rather than passive recipients of academic inquiry (Freire, 1970). CBPR builds on these foundations by integrating knowledge translation as a critical component, ensuring that research findings are transformed into tangible actions that serve the interests of the communities involved.

Knowledge translation, a process that bridges research and practice, plays an essential role in ensuring that the results of CBPR are effectively communicated and applied. Traditionally, research findings remain confined within academic circles, with limited accessibility to those who would most benefit from them. KT addresses this gap by translating complex research into formats that are easily understood by policymakers, service providers, and community members. The Knowledge-to-Action framework (Graham et al., 2006), for instance, outlines a cyclical process where evidence is generated, synthesized, adapted to local contexts, and implemented into real-world settings. This model is particularly beneficial in research with minoritized and equity-deserving populations, where addressing barriers such as stigma, discrimination, and healthcare inaccessibility requires practical, community-informed solutions (e.g., Card et al., 2021).

Community-based participatory research and KT are particularly important in the context of GBMSM health and well-being, as these communities have historically faced systemic barriers in research, policy making, and healthcare services. Traditional public health research has often failed to account for the unique socio-cultural factors influencing the health behaviours of GBMSM, leading to gaps in services and interventions (e.g., McDermott et al., 2021). CBPR, by centering community voices, allows for a more nuanced understanding of these challenges. For instance, studies using CBR frameworks have highlighted the role of intersectionality in shaping health outcomes, illustrating how race, socioeconomic status, and gender identity

intersect to influence access to care and experiences of discrimination (e.g., Bowleg, 2012). These findings have informed more culturally competent healthcare initiatives and advocacy efforts aimed at policy reform.

Additionally, CBPR has proven instrumental in addressing disparities in sexual health, mental health, and HIV prevention within GBMSM communities (e.g., Mann-Jackson et al., 2021). Traditional research often views GBMSM through a deficit-based lens, focusing on risks rather than resilience (Lemay et al., 2020; Rosario et al., 2006). In contrast, CBPR allows researchers and community members to collaboratively identify strengths, resources, and strategies for promoting well-being. For example, participatory research initiatives have been effective in developing peer-led HIV prevention programs, mental health support networks, and culturally specific education tailored to the needs of GBMSM populations (Rhodes et al., 2010). These programs are not only more effective but also more sustainable, as they leverage existing community networks and infrastructures to drive long-term change. Several CBPR and KT initiatives have successfully bridged research and practice in GBMSM health (e.g., Sinno et al., 2024)

I opted to use CBPR for my dissertation project because it aligns with my personal and professional commitment to ensuring that research is conducted with, rather than on, marginalized communities. As a member of the GBMSM community myself, I recognized the importance of centering community voices and ensuring that findings were not only academically rigorous but also meaningful and actionable for those directly impacted. Traditional research approaches often treat participants as subjects rather than co-creators of knowledge, which can result in findings that lack real-world applicability. CBPR, in contrast,

allowed me to engage GBMSM community members as equal partners in the research process, ensuring that the study was shaped by their lived experiences, priorities, and needs.

Application of the Principles of CBPR

The foundations of community-based research outlined above were realised in the research program of this dissertation. Before finalizing the design of my research program, I recruited the CAB members to allow for early participation and input. It took approximately one month to find six GBMSM, all of whom lived in the Ottawa-Gatineau region. The first meeting was scheduled to inform members of the research project overall and to address questions. In addition, CAB members had an opportunity to give initial feedback on topics that they evaluated as important to include.

Table 1

CAB Meeting Outline

Meeting Date	Meeting Theme
October 21, 2021	Orientation to the research proposal, discussion of theoretical frameworks, and ensuring community relevance
November 19, 2021	Review of survey documents for language, inclusion, and clarity
December 7, 2021	Pilot testing feedback on the survey, including technical issues, engagement, time for completion
March 12, 2021	Discussion of findings, interpretation, and planning for KT efforts

Early CAB input provided valuable information regarding more inclusive language in the demographic questionnaire and consultation on the measures being proposed for use in the survey. The second meeting scheduled a month later focused on identifying unique barriers to sexual consent negotiation for GBMSM. This was valuable as it was then not centred solely on my own interpretations of the literature, but also real-life experiences of other GBMSM in the community. Feedback from the CAB informed language adjustments and the review of seven items to the Reasons for Consenting to Unwanted Sex Scale in Study 2. While not formally evaluated after the fact, this likely increased the overall face and ecological validity of the study. The factor loadings of these items held up to the pre-existing items and increased the overall psychometric properties of the scale, suggesting that they were indeed appropriate and relevant reasons for consenting to unwanted sexual experiences among GBMSM.

Subsequently, the complete version of questionnaire package presented via a link to the data collection portal Qualtrics was sent to the CAB for feedback, flagging any remaining phrasing issues or areas where inclusivity could be improved, and identifying technical glitches. Following their suggestions, they were presented with a finalized version for another review.

Beyond the survey development phase, the CAB continued to play a meaningful role in shaping the research. The final meeting, which took place after data collection had been completed, provided a unique opportunity for community members, most of whom were outside of academic spaces, to engage with the findings, ask critical questions, and offer their interpretations. Their perspectives enriched the analysis by highlighting practical and perspectives of lived experience that might have otherwise been overlooked in a purely academic review. For example, while I had initially framed challenges in sexualized spaces as linked to minority stress, CAB members emphasized their dual role as both risk and empowerment spaces.

This participatory approach not only strengthened the study's real-world relevance but also reinforced the principle that research should be a collaborative effort, where knowledge is co-created rather than extracted.

Knowledge Translation Efforts

To ensure the findings from this study were accessible, engaging, and meaningful to the community, an infographic report and video summary were developed in direct consultation with MAX Ottawa and the CAB members. Their feedback was instrumental in shaping the choice of KT and the final materials, ensuring that key messages were presented in a way that was visually appealing, user-friendly, and culturally relevant. Given MAX Ottawa's longstanding commitment to supporting GBMSM communities, their expertise in knowledge mobilization and community health promotion played an important role in refining how the report would be framed and disseminated. The CAB members provided valuable insights into the most effective ways to present findings, offering recommendations on both the style and accessibility of the materials (e.g., colour themes, graphics chosen, sequencing, data visualization).

When designing the infographic report, I drew inspiration from existing research-based infographics, including TransPulse, which effectively balances data visualization with accessibility. To make the report as visually appealing as possible, I hired a student graphic designer, who worked closely with the team to create a polished and engaging layout in Canva. CAB members provided input on colour schemes, sequencing, and imagery, ensuring that the design was both engaging and accessible to diverse GBMSM audiences. They emphasized the importance of high-contrast visuals, clear section breaks, and simplified language to make the content easy to navigate, including for those who are not as familiar with research. Key data points were bolded or highlighted, and figures were designed to be visually intuitive.

Additionally, community members provided feedback on terminology and framing, ensuring that discussions of NSEs were sensitive, empowering, and reflective of GBMSM lived experiences rather than deficit-focused or stigmatizing. The video summary, developed by MAX Ottawa's graphic designer, was another key component of our knowledge translation efforts.

Following these discussions, a collective decision was made between the research team, MAX Ottawa's Executive Director, and the CAB members that the report would be disseminated via MAX Ottawa's networks. This approach ensured that the findings were shared in a community-driven and supportive context, rather than solely through academic or institutional channels. Given MAX Ottawa's trusted presence within GBMSM community in Ottawa (and Ontario/Canada more broadly).

Beyond MAX Ottawa's networks, the report was also widely shared through multiple channels to maximize reach and impact. It was distributed via listservs, including the Canadian Sex Research Forum, ensuring that academics, researchers, and professionals working in sexual health and violence prevention had access to the findings. Additionally, many of the drag performers who had originally helped with participant recruitment also played a role in dissemination, sharing the report across their social media platforms and helping to connect the research with broader GBMSM audiences across Canada. The Gay Men's Sexual Health Alliance (GMSH) further amplified the findings by sharing them on their social media pages, increasing visibility among organizations and service providers working in sexual health and HIV prevention. Several other GBMSM-oriented organizations across Canada also helped distribute the report (e.g., ACCKWA, PARN, ARCH, CBRC), ensuring that the findings were made available to community members, frontline service providers, and advocates.

Ultimately, this multi-platform dissemination strategy leveraging community networks, research forums, social media, and advocacy organizations ensured that the research findings were not only widely shared but also presented in a way that was accessible, meaningful, and beneficial to those most impacted by the study. MAX Ottawa's video post on Instagram has received 2,440 views as of March 2025, showing that the work is being accessed. The video can be viewed here: https://www.instagram.com/reel/C3-7W02JxnX/?igsh=a2h0cmd3dnYyOG9u. The report is currently housed on their website at https://maxottawa.ca/uottawa-nse-study/

Challenges to CBPR & KT

Despite its many advantages, community-based research presents unique challenges and ethical considerations, particularly when working with historically marginalized communities such as GBMSM. One of the primary challenges is maintaining equitable partnerships between researchers and community members. While CBPR aims to decentralize power and promote collaborative knowledge production, structural inequalities between academic institutions and community organizations can create barriers to meaningful engagement. Researchers often have access to financial resources, institutional support, and publication platforms, whereas community members may have limited time, funding, and research experience, making it difficult to fully engage in the research process (Cargo & Mercer, 2008). This can be especially true within the constraints of a dissertation versus faculty research, where the latter allows for more funding and time. A related challenge is ensuring that CBPR remains truly participatory and not tokenistic. In some cases, researchers may claim to conduct participatory research but ultimately retain decision-making power, leading to a lack of genuine collaboration. To address this issue, researchers must commit to transparency, shared leadership, and capacity-building efforts that allow community members to take an active role in shaping the research (Flicker et

al., 2008). Training programs, skill-sharing workshops, and equitable compensation structures can help bridge knowledge gaps and promote more meaningful involvement. In the context of the research program of this dissertation, researcher responsibilities were upheld consistently with the community partner, MAX Ottawa (e.g., workshops, marching with them at Pride events, and attending town hall meetings on LGBTQ+ health disparities in the Ottawa-Gatineau region).

Ethical considerations in CBPR are also distinct from those in traditional research. Standard ethical guidelines emphasize individual consent, confidentiality, and anonymity, but CBPR often involves collective decision-making and, sometimes even, community ownership of data. This raises important questions about who owns the research findings, how data should be shared, and how community members should be credited. In many cases, ethical review boards (IRBs or REBs) have been slow to adapt to the flexible and iterative nature of CBPR, creating bureaucratic obstacles for researchers working within this framework (Flicker et al., 2008). Another significant challenge is navigating power dynamics and historical mistrust. Many marginalized communities, including GBMSM, have experienced past research exploitation or medical harm (e.g., unethical HIV studies that failed to prioritize participant well-being). Overcoming this mistrust requires long-term relationship-building, transparency, and accountability. Researchers must approach communities with humility, acknowledging historical harms and committing to ethical, strengths-based engagement, even in situations where the researcher may be an ‘insider’ (Israel et al., 2010). Further, funding constraints and sustainability issues pose major challenges for CBPR initiatives. Many community-driven projects rely on short-term grants, which can limit the ability to sustain partnerships beyond the funding period. To ensure long-term impact, researchers should explore multi-year funding opportunities,

institutional partnerships, and policy integration strategies that allow findings to influence systemic change rather than remain confined to academia.

Conducting CBPR requires intentional and ongoing commitment to relationship-building, transparency, and flexibility. One of the most important aspects is investing time in fostering trust with community partners from the very beginning. Engaging stakeholders early in the process ensures that research is not only relevant but also meaningful to the people it seeks to serve. This means that researchers must communicate the value of their work effectively, framing it in ways that align with community priorities and demonstrating how findings can contribute to advocacy, policy change, or resource allocation. Rather than merely seeking approval, researchers should make the process truly collaborative, allowing community members to shape research questions, survey design, and methodology in a way that reflects their lived experiences, which can present challenges in more traditionalist positivistic academic constraints.

A crucial step in this process is ensuring that survey instruments are finalized before submission to a research ethics board, as this helps avoid unnecessary delays and additional modifications. Community partners should feel that the survey fully represents their needs before it moves forward in the traditional research pipeline. To facilitate this, establishing a strong Community Advisory Board (CAB) is essential. A well-structured CAB should be composed of diverse voices within the community who can provide meaningful input throughout the research process. To ensure genuine participation, researchers must set clear expectations for CAB roles and offer appropriate compensation for their time and expertise.

One of the major challenges in sustaining CBPR and KT efforts is the short-term nature of research funding and tight timelines where there are also conflicting goals (e.g., engage as

fully in CPBR as possible while also being timely for dissertation completion). Many projects struggle to maintain momentum once initial grants expire, limiting opportunities for long-term engagement with community partners and the ability to translate research findings into meaningful action. Funding constraints can result in projects that generate valuable insights but lack the necessary resources to implement sustainable interventions or ensure findings reach the communities they are intended to benefit. Securing additional funding from sources such as Mitacs could help address these challenges by supporting initiatives that bridge the gap between research and practice. Mitacs, for example, offers funding for internships that place graduate or postdoctoral researchers within community organizations, allowing them to work directly on implementation and knowledge mobilization. These placements could help build research capacity within community organizations while also ensuring that knowledge translation efforts remain active beyond the initial study period. If going back, this is something I would have explored more further, as the funding would have made the collaboration much more meaningful and respecting of CAB members time and input. KT efforts also could have had a further reach with more financial resources.

In addition to internships, Mitacs funding could support interdisciplinary collaborations by bringing in experts in policy advocacy, digital media, or public health to enhance dissemination strategies. Many research findings, particularly in the area of GBMSM health, would benefit from being communicated through multiple channels that reach different audiences, including policymakers, healthcare providers, and community members. While we were able to reach several through ‘hits’/views of the report on MAX Ottawa’s website, and through drag performers posting on social media, the reach could have been even further. Collaborations with professionals in these fields could help tailor dissemination efforts to ensure

research findings are truly actionable. Other potential funding sources include the Canadian Institutes of Health Research's Patient-Oriented Research grants, which emphasize community involvement in research design and implementation, and SSHRC Partnership Grants, which support long-term interdisciplinary collaborations with community partners. Provincial and municipal public health funding may also provide opportunities to sustain CBPR efforts, particularly for projects related to sexual health, mental health, and HIV prevention. Additionally, LGBTQ+ advocacy organizations and private foundations focused on health equity may offer grants to support research-driven social initiatives. By proactively applying for multi-year funding opportunities, future projects could avoid the common issue of short-term grants that require researchers to constantly reapply for funding, which can disrupt project momentum and delay implementation.

Another significant challenge in CBPR is the potential for disruptions when leadership changes within partner organizations. Many research projects rely on support from community organizations to facilitate participant recruitment, provide input on study design, and assist with knowledge translation efforts. However, when an executive director or key decision-maker leaves, researchers often find themselves having to reintroduce and justify the project to new leadership. This process can result in delays, shifts in priorities, or even loss of institutional support for ongoing initiatives. The risk is particularly high in non-profit organizations, where leadership turnover can be frequent, and new executives may have different strategic priorities or limited familiarity with ongoing research collaborations (Sanchez et al., 2020).

To prevent these disruptions, future CBPR initiatives could include formalized agreements that ensure continuity regardless of leadership changes. One way to achieve this is through a memorandum of understanding (MOU) between researchers and community

organizations, clearly outlining long-term commitments and expectations. An MOU can specify roles in data sharing, participant recruitment, and knowledge dissemination, as well as financial agreements related to funding applications and shared resources. Crucially, these agreements should include clauses that ensure new leadership will honour existing commitments, preventing the need for researchers to repeatedly "re-sell" the project to each new executive director. Another strategy is to seek endorsement from an organization's board of directors, rather than relying solely on an agreement with the executive director. Board-level approval creates a more institutionalized commitment to the research project, making it less vulnerable to changes in individual leadership. I do wish that I had done this as the leadership did change three times in the process and it would have saved time if a document such as an MOU existed. My research goals actually feel in-line with MAX Ottawa's strategic planning, so such a document could have been created to avoid some of the hardships that are very common with transfers in leadership.

Additionally, involving program managers or frontline staff in formal agreements can provide continuity, as these individuals often remain with an organization longer than senior leadership. Since program staff are frequently the ones directly involved in implementing research-informed initiatives, their ongoing engagement can help ensure that knowledge translation efforts continue even if there are changes at the executive level. Establishing an annual review process where both researchers and community partners reaffirm their commitments can also help maintain alignment between research goals and community priorities. These regular check-ins can serve as opportunities to assess whether the partnership is still meeting its intended objectives, make necessary adjustments, and reinforce long-term engagement. By securing more stable funding and implementing agreements that safeguard research continuity, future CBPR initiatives can avoid common setbacks that hinder long-term

impact. These steps would help ensure that knowledge translation efforts remain embedded within community organizations, rather than being dependent on individual decision-makers or short-term funding cycles. Taking a proactive approach to sustainability planning would not only strengthen the research itself but also empower community partners by providing them with the resources and structures needed to maintain engagement with research initiatives over time. This approach would allow research findings to extend beyond academic settings and contribute to lasting, community-driven change, fostering stronger, more resilient partnerships between researchers and the communities they serve.

Continued partnership after the research study is essential to ensure that findings do not remain confined to academic publications but are actively used to inform programs, policies, and community initiatives. Sustained collaboration allows research to have a lasting impact by integrating evidence-based insights into ongoing advocacy, service provision, and educational efforts. Meaningful long-term engagement can be achieved by maintaining open communication with community partners, involving them in post-study dissemination activities, and co-developing follow-up projects that address emerging needs. Establishing formal structures such as advisory committees, shared funding applications, or capacity-building initiatives within community organizations can help maintain these partnerships. Additionally, researchers can offer continued support through knowledge-sharing workshops, accessible reports, or policy consultations, ensuring that the research continues to benefit the community beyond its initial phase. By prioritizing reciprocal relationships rather than one-time collaborations, research becomes a tool for sustained social change rather than purely for academic purposes.

Future Directions in CBPR and KT

A collaborative intervention between academics, clinicians, and community-based organizations, such as MAX Ottawa, can provide an evidence-informed approach to addressing the high rates of NSEs among GBMSM. Other research (e.g., Dietzel, 2024; Gaspar et al., 2021; McKie, 2015) and the findings of this dissertation highlight that NSEs among GBMSM are influenced by multiple factors (social norms, stigma, substance use, and gaps in consent education), an effective intervention would need to be multi-faceted, culturally responsive, and accessible to the diverse experiences within GBMSM communities.

A meaningful collaboration could take the form of a peer-led consent and sexual empowerment program designed to equip GBMSM with knowledge, skills, and support to navigate consent in a way that is affirming, trauma-informed, and sensitive to the structural barriers they face, while maintaining sex positivity. The intervention could be co-developed through a CBPR framework, ensuring that community voices guide its design, content, and implementation. A CAB composed of GBMSM with lived experience, clinicians with expertise in sexual health and trauma recovery (especially in GBMSM populations), and staff from MAX Ottawa (and/or other NGOs) could provide direction on program priorities, outreach strategies, and best practices for engagement.

One core component of the intervention could be interactive workshops and peer discussion groups that provide education on consent negotiation in the contexts where GBMSM commonly navigate sexual interactions. These workshops could explore consent beyond a legal definition, addressing factors like power dynamics, social pressure, and internalized scripts about masculinity and sexuality. Other topics could include the impact of substance use on consent, particularly in settings involving alcohol, drugs, or “party and play” culture, as well as strategies

for rebuilding agency and coping after experiencing NSEs. Additionally, discussions could cover consent in digital spaces, recognizing the unique challenges presented by dating apps, online hookups, and virtual sexual encounters.

To enhance accessibility, workshops could be offered both in person and virtually, accommodating individuals who may face geographic or social barriers to attending in person (such as those in rural areas or in spaces where in might not be safe to gather as GBMSM). Recognizing that formal group settings may not appeal to all GBMSM, the intervention could also include one-on-one peer support programs, where trained community members provide guidance, validation, and referrals for mental health or legal resources in a confidential and affirming space. By centering peer support, the program could foster trust and relatability while empowering GBMSM to navigate their own experiences with greater confidence. In addition to direct community engagement, collaboration with clinicians would allow for integrated mental health and sexual health services that are trauma-informed and LGBTQ+ affirming. Clinicians working alongside community organizations could offer low-cost counseling, facilitate referral pathways to specialized support services, and contribute to the development of evidence-based therapeutic approaches tailored to the experiences of GBMSM who have an NSE history. By integrating psychological support into community-based programming, the intervention could address both immediate coping needs and long-term recovery and resilience-building.

A critical element of the intervention would be a sustained knowledge translation strategy, ensuring that findings from the program inform broader policy and advocacy efforts. Data collected from participant feedback, facilitator observations, and pre-and post-program evaluations could be synthesized into policy briefs aimed at health policymakers, funders, and LGBTQ+ advocacy organizations. Additionally, creating educational toolkits, digital resources,

and social media campaigns could extend the reach of the intervention beyond direct participants, raising awareness about NSE prevention and response among GBMSM at large.

To ensure sustainability, the intervention could be structured as a long-term partnership between academia, clinicians, and NGOs rather than a one-time project. Establishing dedicated funding through grants from Mitacs, CIHR, or LGBTQ+ health initiatives could provide financial stability, while formalizing agreements between academic institutions and MAX Ottawa (and other GBMSM organizations) could ensure that the program remains embedded within community services. Additionally, training community members as facilitators would allow the intervention to continue beyond the initial research phase, creating a self-sustaining model where GBMSM support one another in navigating sexual consent and recovery from NSE. MAX Ottawa already has a peer mentorship program where something like this could be implemented. There would of course need to be a separation between what is considered therapy with trained psychologists offering fee-reduced services versus peer-based support. Both offering unique and meaningful contributions to GBMSM sexual and mental health.

By fostering meaningful collaboration between researchers, clinicians, and NGOs, this intervention could fill critical gaps in GBMSM-specific consent education and support services, especially at a critical time when such resources are being pulled from shelves and homophobic/responsive bills are being passed. Through sustained engagement and co-leadership, it could help to reduce the prevalence of NSE while empowering community members with the tools to advocate for their own sexual well-being. Formal program implementation and evaluation efforts could be put in place to ensure the success of such CBPR interventions.

General Discussion

Sexual consent is an important, yet understudied component of sexual health and well-being, particularly among marginalized populations such as GBMSM. This dissertation research program was designed to address several pressing gaps in the field by examining the prevalence and conceptualization of NSEs in GBMSM and by exploring the underlying motivations for consenting to unwanted sex. By employing a quantitative methods approach that combined prevalence assessment (Study 1) with psychometric scale validation (Study 2), this research contributes to a more comprehensive and nuanced understanding of sexual consent, coercion, and agency in sexual minority men.

The results of this research emphasise that consent is not merely an individual decision but a socially embedded process, influenced by structural inequalities, sociocultural norms, and community-level dynamics. The first study examined the prevalence of NSEs in a Canadian sample of GBMSM using two distinct approaches--self-reported labels and behavioural descriptors derived from the Sexual Experiences Survey-Short Form Victimization (SES-SFV). Findings revealed that a substantial prevalence of participants (66.8%) reported having experienced at least one form of NSE when assessed using behavioural criteria. In contrast, 64.5% explicitly identified as having experienced sexual assault or rape when asked, using a two-part question that first inquired about these specific labels and then prompted further reflection on other forms of nonconsensual sexual activity.

A key finding was the discrepancy between individuals' behavioural experiences of coercion or unwanted sexual activity and their willingness to identify with labels such as "rape" or "sexual assault." Many participants who had encountered coercion or sexual violence did not label their experiences as victimization, highlighting the complex relationship between

terminology and self-recognition of NSEs. This pattern suggests that standard definitions of sexual assault may not fully capture the nuances of NSEs within GBMSM communities, where stigma, internalized beliefs, and cultural expectations (both macro and within the community itself) may shape how individuals interpret their experiences.

Notably, certain subgroups within the sample demonstrated heightened vulnerability to NSEs. People of colour and trans men reported the highest prevalence rates, aligning with minority stress theory's premise that systemic marginalization and intersecting forms of oppression contribute to increased exposure to coercion and violence. These findings reinforce the need for intersectional frameworks that account for how race, gender identity, and sexual orientation interact to shape risk factors for victimization. Overall, the findings of Study 1 highlight that simplified, one-dimensional definitions of sexual assault are inadequate for understanding the breadth of GBMSM's experiences. Researchers and service providers must move beyond rigid categorizations and adopt more inclusive, behaviourally driven measures that better reflect the lived realities of sexual violence in this population. Or at the very least, use questioning that allows for those who do not identify with 'sexual assault' or 'rape' but do have a NSE history to be captured.

The Reasons for Consenting to Unwanted Sex Scale (RCUSS), validated in Study 2, provides the first known quantitative measure designed to capture the motivations for consenting to unwanted sex in GBMSM specifically, and the only measure currently available to my knowledge on sexual communication and consent in this population. Through rigorous statistical testing, the scale was found to exhibit strong psychometric properties and was best represented by a three-factor bifactor model, reflecting distinct yet interrelated motivations for engaging in sex despite not fully desiring it. The three identified factors—Relational Pressure, Societal

Expectations, and Verbal Coercion—illustrate the multiple ways through which GBMSM may consent to unwanted sex.

Relational Pressure encompasses the influence of emotional obligation, concerns about relationship stability, and feelings of duty or responsibility that lead individuals to acquiesce to sex despite personal reluctance. This factor underscores how interpersonal dynamics within intimate or casual relationships can generate implicit or explicit pressure to comply with sexual advances. Societal Expectations reflect the internalization of dominant cultural narratives that GBMSM should be perpetually sexually available or that rejecting sexual advances may carry negative social consequences, such as rejection or diminished desirability. These expectations are shaped by broader social norms that construct masculinity and sexual agency in ways that may discourage refusal. Verbal Coercion captures the impact of persistent persuasion, emotional manipulation, and begging as strategies that wear down an individual's resistance over time. This factor highlights the role of non-physical forms of coercion in shaping consent experiences, emphasizing that verbal pressure can be just as impactful as physical force in compelling unwanted sexual engagement.

The present research makes several significant contributions to the theoretical understanding of sexual consent and NSEs within the context of GBMSM. By integrating insights from Minority Stress Theory (Meyer, 2003) and, while not initially intended, Sexual Scripting Theory (Simon & Gagnon, 1986)**,** this research deepens the understanding of the sociocultural and psychological mechanisms that shape how GBMSM navigate coercion, consent, and sexual victimization. Additionally, the findings challenge existing measurement approaches in sexual consent research, emphasizing the importance of behaviourally driven assessments over rigid, self-reported labels. The study’s empirical and conceptual advancements

provide a critical foundation for future research and intervention efforts aimed at addressing the nuanced experiences of NSEs in sexual minority communities.

Minority Stress Theory posits that sexual minority individuals face unique stressors—including discrimination, stigma, and social marginalization, that contribute to disparities in mental health and well-being. One of the critical insights emerging from this research is the way minority stress manifests in sexual and relational contexts. GBMSM often encounter unique social pressures that influence their ability to negotiate consent freely. These pressures may include fear of rejection**,** particularly in communities where access to partners may be more limited due to social stigma or geographic constraints. Additionally, participants reported feeling obligated to conform to dominant sexual expectations within queer spaces, such as the expectation that GBMSM should always be open to sexual encounters. This reflects the impact of internalized sexual stereotypes**,** which may lead individuals to give-in to unwanted sexual experiences even when they do not feel genuine desire or agency.

By demonstrating how these stressors function within the domain of sexual consent, the present research expands the scope of Minority Stress Theory beyond its traditional applications in mental health research. It highlights the need for an intersectional approach that acknowledges how systemic and interpersonal factors contribute to sexual coercion in marginalized populations. Future interventions should address not only external discrimination but also the internalized pressures that shape how GBMSM perceive and respond to coercive sexual situations. Sexual Script Theory provides a framework for understanding how cultural narratives shape individuals' expectations and behaviours around sex. Traditionally, sexual scripts have been understood as socially constructed norms that dictate who initiates sex, how consent is negotiated, and what constitutes an "appropriate" sexual encounter. While much of the literature

on Sexual Script Theory has focused on heterosexual relationships, this dissertation builds upon and expands its application to GBMSM, illustrating how dominant cultural narratives contribute to NSEs.

One of the key contributions of this research is its demonstration that GBMSM are often framed within hypersexualized narratives, which depict them as constantly sexually available, always interested in sex, and less likely to refuse sexual advances. These assumptions, which are reinforced through media, peer interactions, and broader social discourses, can shape internalized expectations around consent. For many participants in the study, these narratives contributed to difficulty asserting boundaries, particularly when refusal was perceived as socially undesirable or a threat to one's sexual desirability. The validation of the RCUSS further supports these theoretical insights. Specifically, the identified Societal Expectations factor in the RCUSS captured how internalized norms around sexual availability and performance influence GBMSM's consent decisions. These findings align with prior research suggesting that sexual minority men may navigate unique sociosexual scripts, in which refusal of sex is not only a personal decision but also a reflection of one's status within a broader community. By expanding Sexual Script Theory to incorporate these dimensions, this dissertation highlights the need for more nuanced consent education efforts that actively challenge hypersexualized narratives within GBMSM communities. Affirmative consent approaches must move beyond simple models of verbal agreement and address the ways in which cultural and social scripts shape individuals' decision-making processes around sex

Additionally, a critical methodological contribution of this dissertation is its demonstration that self-reported labels of sexual victimization do not always align with behavioural measures of NSEs**.** The findings from Study 1 indicate that, while many participants

met the behavioural criteria for sexual coercion or assault (as measured through the SES-SFV), a significant prevalence did not label their experiences as "rape" or "sexual assault." This discrepancy raises important questions about the validity of conventional approaches to measuring sexual violence, particularly in sexual minority populations. Traditional surveys and assessments of sexual victimization often rely on self-identification with legally or socially constructed terms. However, as this research illustrates, GBMSM may interpret these terms differently due to cultural, psychological, or interpersonal factors. The reluctance to label an experience as sexual assault may stem from internalized stigma, a desire to avoid victimization narratives, or a belief that coercion is a "normal" aspect of sexual negotiation. By relying solely on label-based measures, past research may have underestimated the true prevalence of NSEs in GBMSM communities**.**

To address this limitation, this dissertation contributes to the field by validating the RCUSS as the first psychometric tool specifically designed to measure non-volitional sexual consent motivations in GBMSM. The RCUSS provides a more nuanced framework for understanding why individuals consent to unwanted sex, moving beyond simplistic categorizations of "willing" versus "non-willing" participation. Its three-factor structure (Relational Pressure, Societal Expectations, and Verbal Coercion) captures the complexity of consent negotiation, offering a more comprehensive alternative to traditional measures. By advocating for behaviourally anchored assessment tools that do not rely solely on self-reported victimization labels, this research calls for a paradigm shift in sexual violence research among GBMSM. Future studies should prioritize measures that capture the processes and motivations behind consent, rather than relying exclusively on legal or social definitions of assault. This shift

will allow for more accurate prevalence estimates and more effective policy interventions that address the full spectrum of coercion and pressure in sexual encounters.

An additional limitation was grouping genders and ethnicity into dichotomous variables. While this was done for the purpose of conducting logistic regressions, a more nuanced analysis of intersectional identities is warranted to further explore how different groups are impacted by NSEs. While our numbers were actually fairly representative of the Canadian population (at least for gender), these analyses were beyond the scope or intention for this dissertation. Future work will benefit from additional detail and perhaps oversampling of multiply marginalized groups to gain a better understand of the unique challenges faced by these communities.

Through its integration of Minority Stress Theory, Sexual Script Theory, and improved measurement strategies, this dissertation makes significant contributions to both theoretical and methodological understandings of NSEs among GBMSM. It highlights how structural inequalities, cultural narratives, and interpersonal dynamics converge to shape consent experiences, reinforcing the importance of adopting more inclusive, context-sensitive approaches in research, prevention, and intervention efforts. By moving beyond conventional models of sexual violence, which often rely on rigid definitions and binary victimization categorizations, this work demonstrates that NSEs among GBMSM are not merely individual experiences but are shaped by broader systemic and sociocultural forces**.** Findings from this study highlight the importance of affirmative consent models that account for the nuanced motivations and pressures that disproportionately impact sexual minority men**.** Traditional frameworks of consent, which emphasize explicit verbal agreement or physical resistance, often fail to acknowledge the complexities of consent negotiation within marginalized communities. Relational, societal, and psychological factors—including internalized stereotypes, community expectations, and fears of

social rejection—create conditions under which individuals may feel unable to freely decline sex, even in the absence of overt force or threats**.** By illuminating these dynamics, this dissertation research project provides empirical evidence that GBMSM experience coercion at disproportionately high rates and often navigate a complex and multifaceted landscape of sexual consent. Additionally, this work calls for the refinement of sexual violence measurement tools to better reflect the lived experiences of GBMSM.

While this dissertation primarily focuses on the lived experiences of NSEs among GBMSM, it is essential to situate these findings within broader socio-political transformations and their potential implications for minority stress, sexual consent, and community-based interventions. The landscape of LGBTQ+ rights and protections has experienced substantial shifts in recent years, ranging from advances in legal recognition and social acceptance to an alarming resurgence of conservative backlash, legislative rollbacks, and heightened social tensions in various Western contexts. These fluctuations in socio-political climates have direct consequences for sexual minority populations, particularly in how they experience, negotiate, and disclose coercion, victimization, and consent within both mainstream and LGBTQ+ spaces. Increased legal recognition of LGBTQ+ rights, including same-sex marriage, anti-discrimination protections, and improved access to gender-affirming care, has contributed to greater visibility and, in some cases, a sense of increased safety for sexual minority individuals. However, these gains have been met with reactionary movements, including rising anti-LGBTQ+ rhetoric, legislation restricting transgender rights, and social movements that seek to reinforce traditional gender and sexual norms. This paradoxical environment (where progress exists alongside intensifying cultural and political pushback) creates an unstable social reality that amplifies minority stress and, by extension, affects how GBMSM experience and navigate sexual consent.

This contributes to a range of negative health and psychological outcomes for sexual minorities. In times of social progress, these stressors may shift in form rather than disappear entirely. For instance, while overt forms of discrimination (e.g., legal barriers to marriage) may decrease, more harmful pressures, such as expectations around sexual behaviour, hypersexualization in queer spaces, or coercive norms around masculinity—can persist or even intensify. These pressures directly shape how GBMSM interpret and respond to experiences of sexual coercion, as well as whether they recognize their experiences as forms of victimization. The resurgence of conservative and exclusionary politics has also resulted in decreased institutional support for sexual minority well-being, including cuts to funding for LGBTQ+ organizations, mental health programs, and sexual violence prevention efforts. These systemic barriers further isolate victims of sexual coercion, making it more difficult to access resources, report instances of abuse, or engage with research aimed at understanding and addressing NSEs. In this way, the broader socio-political climate directly intersects with the micro-level experiences of sexual consent among GBMSM, shaping not only their likelihood of encountering coercion but also their ability to seek help when it occurs.

While mainstream narratives around sexual violence often position LGBTQ+ individuals as victims of heterosexist and patriarchal structures, this research highlights the prevalence of intra-community coercion and victimization within GBMSM populations. Addressing these patterns requires a careful balance between acknowledging systemic oppression and critically examining the ways in which coercion manifests within marginalized communities themselves. This is particularly challenging given that discussions of victimization within the LGBTQ+ community can be politically and socially fraught, with concerns that such research may reinforce stigmatizing discourses that depict queer relationships as inherently unhealthy.

A central question that emerges from these findings is how best to reach marginalized communities on sensitive topics like NSEs in ways that are non-stigmatizing, accessible, and empowering. Here, CBPR becomes an essential approach as noted earlier. As the socio-political landscape continues to evolve, its direct influence on the experiences of NSEs among GBMSM necessitates further research and targeted policy interventions. Future studies should explore how shifts in LGBTQ+ rights, public discourse, and legal protections affect minority stress and sexual consent negotiation. As legal and social attitudes fluctuate, so too may the pressures that GBMSM face in sexual and relational contexts. Understanding how policy advancements and setbacks shape consent norms is critical to identifying both new vulnerabilities and potential protective factors within this population.

Additionally, there is a pressing need for community-led interventions that specifically address intra-community coercion in queer spaces. Sexual consent education and bystander intervention programs should be designed with GBMSM's unique experiences in mind, ensuring that discussions of coercion and consent are culturally relevant and resonate with lived realities. Given that intra-community sexual coercion is often overlooked or minimized, these interventions must be informed by the voices of GBMSM themselves, allowing for approaches that acknowledge both systemic oppression and internal community dynamics. Beyond research, policy reform and structural support remain critical in addressing NSEs among GBMSM. Increased funding for LGBTQ+ mental health services, crisis intervention programs, and legal protections for survivors is essential to reducing barriers to disclosure and support. Efforts should also be directed toward expanding sexual violence prevention frameworks to account for the distinct experiences of GBMSM, ensuring that services and policies do not exclusively reflect heteronormative understandings of victimization and consent. By addressing these research and

policy gaps, scholars, activists, and community organizations can advance a more inclusive and comprehensive understanding of sexual coercion among GBMSM—one that acknowledges both structural oppression and intra-community dynamics while centering agency, harm reduction, and healing. Ultimately, this dissertation research project highlights that progress in sexual violence prevention requires a dual approach: dismantling external systems of oppression while also fostering accountability and cultural change within marginalized communities. These findings serve as a foundation for future scholarship and activism aimed at creating safer, more affirming environments for all sexual minority individuals. Moving forward, I intend to build on this research through community-based participatory approaches that work in my role as a researcher as well as a clinician toward dismantling the systemic and interpersonal barriers that perpetuate sexual coercion in this population.

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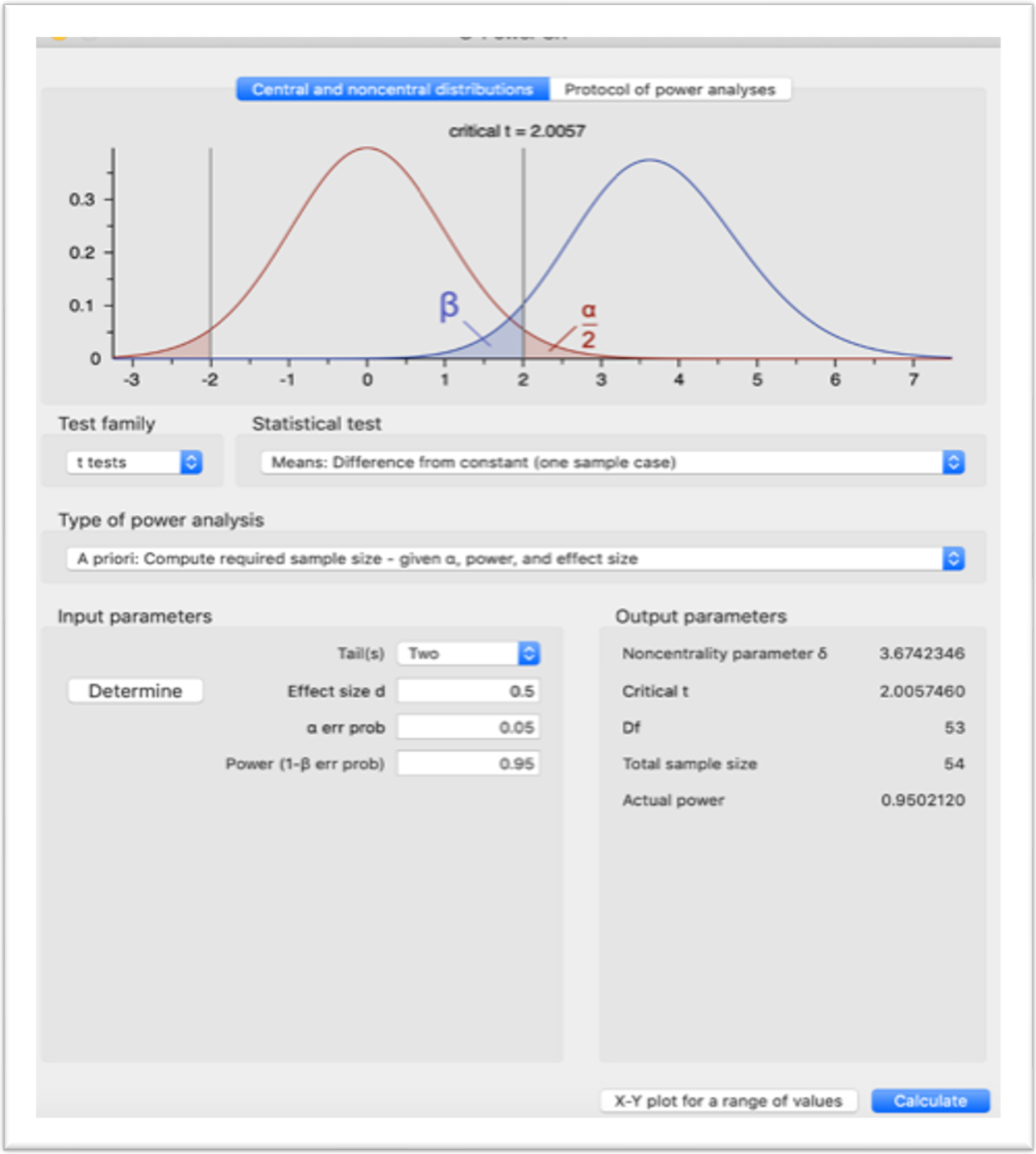
APPENDIX A

Initial Power Estimation prior to B-ESEM



APPENDIX B

Screening Procedures

Participants will be asked the following screening questions as soon as they click the Qualtrics link. Those who do not qualify for the study will be taken to the end of the survey and redirected to the non-eligible participant form. The 'ballot stuffing' option in Qualtrics will also be activated to prevent non-eligible participants from trying to change their answers to the screening questions to take the survey.

Thank you for your interest in this study and your willingness to volunteer your time. It is very much appreciated. Before we begin the study, please answer the following three questions to determine if you are eligible for the current study (Note: you will be asked these three questions once more if you are eligible later in the survey). Using the scroll down bars, please indicate the following:

1. How old are you currently?
2. What country do you currently live in?
3. What is your gender?

Options for #1 (age):

If participants answer, "under 18", Qualtrics will bring them directly to the non-eligible participant form (Appendix O). Those who select "18 years or older" will be able to continue.

- Under 18
- 18 years or older

Options for #2 (country):

If participants answer, "Outside of Canada", Qualtrics will bring them directly to the non-eligible participant form (Appendix O). Those endorsing "Canada" will be able to continue.

- Canada
- Outside of Canada

Options for #3 (gender):

Participants must select "Male" or "Trans Male". All other responses will be skipped ahead to the non-eligible participant form (Appendix O).

- Male
- Female
- Trans Male
- Trans Female
- Genderqueer/Genderfluid
- Agendered
- Another gender not listed here

APPENDIX C

Non-Eligibility Script

Thank you for your interest in this study and your willingness to volunteer your time. Unfortunately, you are not eligible for the current study. For the purposes of this study, we are looking for a) gay, bisexual, and other men who have sex with men (GBM; including trans men); b) participants currently living in Canada; and c) participants aged 18 and older. If you know any individuals who might be eligible, please forward the link on to them.

The aims of the study are to assess previous nonconsensual sexual experiences of GBM, as well as their experiences negotiating sexual consent with other GBM. One of the primary questions pertains to how individuals view their masculinity, and how this relates to their sexual consent negotiation. As such, participants must identify a male. This includes trans men. Further, given that this is a student research project and there is no funding source, we have had to keep the parameters narrow on the country that participants are living in. This area of research is still quite new in the academic literature. Hence, this study can be seen a good foundation for future expansion to other individuals within the LGBTQ+ community.

Again, we sincerely thank you for your willingness to participate in this study and we hope to offer a space for all voices beyond 18+ GBM in Canada in future work. If you have any further questions about the study or would like to receive final published results (e.g., community report), please contact the primary investigator, Elke Reissing at reissing@uottawa.ca or her doctoral student for this research project, Raymond McKie at XX.

APPENDIX D

Survey

Ethics in Research at the University of Ottawa by email at ethics@uottawa.ca.

CONSENT I acknowledge that I have read and understood the preceding information about this study. I understand that it is my choice to provide my voluntary **consent** to participate in this study and if I choose to participate, I am **free to withdraw** at any time and/or omit any question(s)/procedure(s) that I wish. I understand that my future opportunities for research participation will not be affected, nor will I face any other negative consequences should I choose to withdraw. It is strongly recommended that you print a copy of this consent form for your personal records.

Vanier Hall, University of Ottawa, Ottawa, Ontario, Canada K1N 9A8

Clicking “I agree - Continue to Questionnaire” will provide your electronic consent.

- ○ I do not agree
- ○ I agree - Continue to Questionnaire

Demographics

How old are you currently?

- ○ Under 18
- ○ 18 years or older

What is your age? (Please enter numerically; e.g., 24)

[ ]

What country do you **currently** live in?

- ○ Canada
- ○ Outside of Canada

What Canadian province/territory do you currently live in?

- ○ Alberta
- ○ British Columbia

- ○ Manitoba
- ○ New Brunswick
- ○ Newfoundland and Labrador
- ○ Northwest Territories
- ○ Nova Scotia
- ○ Nunavut
- ○ Ontario
- ○ Prince Edward Island
- ○ Quebec
- ○ Saskatchewan
- ○ Yukon

Which of the following best describes where you live?

- ○ Small town (less than 100,000 people)
- ○ Small city (100,000 – 200,000 people)
- ○ Medium-sized city/suburb (200,000 – 500,000 people)
- ○ Large city/urban centre (500,000+ people)
- ○ I am not sure

Where were you **born**?

- ○ Canada
- ○ Outside of Canada

What country were you born in?

[ ]

What is your assigned gender at birth?

- ○ Male
- ○ Female
- ○ Intersex
- ○ [ ] Other

What is your gender?

- ○ Male
- ○ Female
- ○ Trans Male
- ○ Trans Female
- ○ Genderqueer/Genderfluid
- ○ Agendered
- ○ [ ] Another gender not listed here

☐ Withdraw Consent and Exit Survey (CLICK NEXT ARROW TO CONTINUE)

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

- ○ Yes
- ○ No - Return to Questionnaire

Thank you for your interest in this study and your willingness to volunteer your time. Unfortunately, you are not eligible for the current study. For the purposes of this study, we are looking for a) gay, bisexual, and other men who have sex with men (GBM; including trans men); b) participants currently living in Canada; and c) participants aged 18 and older. If you know any individuals who might be eligible, please forward the link on to them. The aims of the study are to assess previous nonconsensual sexual experiences of GBM, as well as their experiences negotiating sexual consent with other GBM. One of the primary questions pertains to how individuals view their masculinity, and how this relates to their sexual consent negotiation. As such, participants must identify a male. This includes trans men. Further, given that this is a student research project and there is no funding source, we have had to keep the parameters narrow on the country that participants are living in. This area of research is still quite new in the academic literature. Hence, this study can be seen a good foundation for future expansion to other individuals

Thank you for taking part in this study. Your participation is greatly appreciated. We would like to take this opportunity to provide you with a more in-depth understanding of the study. The purpose of this study is to examine the dynamics of unwanted sexual experiences faced by gay and bisexual men/men who have sex with men (GBM) and previous histories of nonconsensual sexual experiences (NSEs). Men in general have been found to have difficulty reporting unwanted sexual experiences or coercion due to social stigma (Weiss, 2010). Gay men are arguably even more affected by this, as well as additional stressors involved with reporting as a gay man (Smith & Ford, 2010). Gay and bisexual men are further disadvantaged as they are not taught how to avoid these situations the same way that heterosexuals are in school (Allen, 2005).

This study is a follow-up from Raymond's (doctoral student researcher, supervisor Dr. Elke Reissing) research during his Master of Science thesis research at Trent University. The study aimed to first establish whether GBM were reporting challenges related to sexual consent negotiation and had higher rates of nonconsensual experiences (NSEs) compared to heterosexual men. A total of 364 GBM men responded to the survey, which included both quantitative (e.g., from 1-5, how much do you agree to this statement…) and qualitative (open-ended) questions. Participants came from Canada, the United States, and several Western European nations

(e.g., Germany, Netherlands, Spain, Italy, (at the time, UK), Sweden, Portugal, France). Both the qualitative and quantitative revealed that GBM were reporting more challenges to consent negotiation as compared to heterosexual men who responded to the survey. GBM were 1.96% more likely to report NSEs that involved anal penetration, with 37.9% of the respondents on that measure endorsing having experiences unwanted anal penetration. When taking all forms of NSEs into account (e.g., unwanted sexual touching, being forced or held down, or threatened), these numbers were over 50% of GBM reporting (McKie, 2015). The responses on the qualitative questions revealed unique barriers and challenges that GBM face when navigating sexual situations. Some of these included: expectations around masculinity and sexual scripts (e.g., GBM should always want and be ready for sex), fear of a tainted image or being 'outed', sexualized spaces that made consent even more challenging (e.g., bathhouses, cruising areas), and situations where drugs/alcohol had been involved in some way (McKie et al., 2020).

Raymond's published work in this area was one of the very first to speak to sexual consent challenges among GBM. Since then, other researchers have published results finding similar trends (Davies, 2021; Marcantonio et al., 2021; McKenna et al., 2021; Sternin et al., 2021; Willis, 2021). The primary aims of this study are to identify and explore some the challenges and high numbers. Hence, this research does not come from a 'sex-negative' place, but rather, will be useful in enhancing our community safety and increasing positive sexual interactions among GBM. Raymond was interviewed for Grindr's Bloop magazine and believes this final quote is an important one to leave you with—"the more consent is talked about openly, the more likely the community can reduce the number of unwanted sexual experiences and increase the kinds of sex they *do* want". For your interest, that interview can be found here: https://www.grindrbloop.com/zine/2020/gay-sex-ed-consent

Please remember that it is normal for some people to experience uncomfortable feelings as a result of filling out questionnaires on highly sensitive issues, such as sexuality. If any of the material that you have experienced in this study has caused distress, to the point that you may wish to discuss it, we strongly encourage you to contact supports in your local area or can contact one of the following 24/7 Canadian-based telephone/online services:

Good2Talk: http://www.good2talk.ca/ or 1-866-925-5454
Lesbian, Gay, Bi, Trans Youthline: http://youthline.ca/ or 1-800-268-9688
The Trevor Project: 1-866-488-7386
Crisis Text Line: Text LGBTQ to 741-741

Please print this debriefing form for your records. Should you have any questions about this research, you may e-mail me at reissing@uottawa.ca.

Thanks again for your participation!

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Where have you been recruited from?

- ○ A friends social media page (e.g. Instagram, Facebook, Twitter)
- ○ A Drag Queen's social media account(s) - (Give them credit if you'd like!)
- ○ MAX Ottawa's social media account(s)
- ○ Reddit
- ○ A listserv I am a part of
- ○ Other

What is your sexual orientation?

- ○ Gay
- ○ Bisexual
- ○ Questioning
- ○ Queer
- ○ Aromantic/Asexual
- ○ Other sexual orientation not listed

Have you ever had sex with a cisgendered or trans woman or feminine non-binary/Queer individuals?

- ○ Yes
- ○ No

Important Note

Regardless of your answer to the previous question, please note:

For the purpose of this study, ***we are looking at sexual experiences with men and/or masculine individuals only. Hence please only respond to the questions with this in mind.*** There will be one short answer question that will ask you about sex with women, but other than this question, all questions pertain to your experiences with men and/or masculine individuals.

What is the highest level of education that you have completed?

- ○ Less than High School
- ○ High School Diploma
- ○ College Diploma
- ○ Bachelor's Degree (e.g., BA, BSc)
- ○ Master's Degree (e.g., MA, MSc, MFA)
- ○ Doctoral/Professional Degree (e.g., PhD, MD, JD)

What is your racial/ethnic background?

- ○ Caucasian/White
- ○ Hispanic or Latino
- ○ Black or African American
- ○ Indigenous
- ○ Asian or Pacific Islander
- ○ Identify with multiple ethnic backgrounds
- ○ Other

What is your current income?

- ○ Less than 25,000
- ○ 26,000 – 49,000

- ○ 50,000 – 99,000
- ○ 100,000 – 199,000
- ○ More than 200,000
- ○ I am not sure

What income bracket did your parents or caregivers have when you were growing up?

- ○ Less than 25,000
- ○ 26,000 – 49,000
- ○ 50,000 – 99,000
- ○ 100,000 – 199,000
- ○ More than 200,000
- ○ I did not have financial support growing up
- ○ I am not sure

What is your current relationship status?

- ○ Single and not dating
- ○ Single and dating
- ○ Committed relationship(s) but not married
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed
- ○ [ ] Other

If you are currently in a relationship, how long have you been in this relationship?

[ ]

What is your current religion, if any?

- ○ Catholic (including Roman Catholic and Orthodox)
- ○ Protestant (United Church of Canada, Anglican, Orthodox, Baptist, Lutheran)
- ○ Christian Orthodox

- ○ Jewish
- ○ Muslim
- ○ Sikh
- ○ Hindu
- ○ Buddhist
- ○ Atheist (do not believe in God)
- ○ [ ] Other

How often do you attend religious or worship services, not including weddings and funerals?

- ○ More than once a week
- ○ Once a week
- ○ Once or twice a month
- ○ A few times a year
- ○ Seldom
- ○ Never

How important is religion in your life?

- ○ Very important
- ○ Somewhat important
- ○ Not too important
- ○ Not at all important

Which of the following best describes your employment status (select all that apply)?

- ☐ Employed part-time
- ☐ Employed full-time
- ☐ Student
- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work
- ☐ Retired
- ☐ Currently on leave from work
- ☐ Disabled, not able to work
- ☐ Other [ ]

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Debriefing Form

Project Title: EXPERIENCES WITH SEXUAL CONSENT AMONG GAY AND BISEXUAL MEN

[a]School of Psychology, Faculty of Social Sciences, University of Ottawa

Thank you for taking part in this study. Your participation is greatly appreciated. We would like to take this opportunity to provide you with a more in-depth understanding of the study. The purpose of this study is to examine the dynamics of unwanted sexual experiences faced by gay and bisexual men/men who have sex with men (GBM) and previous histories of nonconsensual sexual experiences (NSEs). Men in general have been found to have difficulty reporting unwanted sexual experiences or coercion due to social stigma (Weiss, 2010). Gay men are arguably even more affected by this, as well as additional stressors involved with reporting as a gay man (Smith & Ford, 2010). Gay and bisexual men are further disadvantaged as they are not taught how to avoid these situations the same way that heterosexuals are in school (Allen, 2005).

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during his Master of Science thesis research at Trent University. The study aimed to first establish whether GBM were reporting challenges related to sexual consent negotiation and had higher rates of nonconsensual experiences (NSEs) compared to heterosexual men. A total of 364 GBM men responded to the survey, which included both quantitative (e.g., from 1-5, how much do you agree to this statement…) and qualitative (open-ended) questions. Participants came from Canada, the United States, and several Western European nations (e.g., Germany, Netherlands, Spain, Italy, (at the time, UK), Sweden, Portugal, France). Both the qualitative and quantitative revealed that GBM were reporting more challenges to consent negotiation as compared to heterosexual men who responded to the survey. GBM were 1.96% more likely to report NSEs that involved anal penetration, with 37.9% of the respondents on that measure endorsing having experiences unwanted anal penetration. When taking all forms of NSEs into account (e.g., unwanted sexual touching, being forced or held down, or threatened), these numbers were over 50% of GBM reporting (McKie, 2015). The responses on the qualitative questions revealed unique barriers and challenges that GBM face when navigating sexual situations. Some of these included: expectations around masculinity and sexual scripts (e.g., GBM should always want and be ready for sex), fear of a tainted image or being 'outed', sexualized spaces that made consent even more challenging (e.g., bathhouses, cruising areas), and situations where drugs/alcohol had been involved in some way (McKie et al., 2020).

Raymond's published work in this area was one of the very first to speak to sexual consent challenges among GBM. Since then, other researchers have published results finding similar trends (Davies, 2021; Marcantonio et al., 2021; McKenna et al., 2021; Sternin et al., 2021; Willis, 2021). The primary aims of this study are to identify and explore some the challenges and high numbers. Hence, this research does not come from a 'sex-negative' place, but rather, will be useful in enhancing our community safety and increasing positive sexual interactions among GBM. Raymond was interviewed for Grindr's Bloop magazine and believes this final quote is an important one to leave you with—"the more consent is talked about openly, the more likely the community can reduce the number of unwanted sexual experiences and increase the kinds of sex they *do* want". For your interest, that interview can be found here: https://www.grindrbloop.com/zine/2020/gay-sex-ed-consent

Please remember that it is normal for some people to experience uncomfortable feelings as a result of filling out questionnaires on highly sensitive issues, such as sexuality. If any of the material that you have experienced in this study has caused distress, to the point that you may wish to discuss it, we strongly encourage you to contact supports in your local area or can contact one of the following 24/7 Canadian-based telephone/online services:

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The Trevor Project: 1-866-488-7386

Crisis Text Line: Text LGBTQ to 741-741

Please print this debriefing form for your records. Should you have any questions about this research, you may e-mail me at reissing@uottawa.ca.

Thanks again for your participation!

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Prior NSE Demographics

Have you ever been raped or sexually assaulted since the age of 14 to now?

- ○ Yes
- ○ No

If yes, how many times?

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4+

If no, have you had a nonconsensual sexual experience that you would not define as rape or sexual assault (i.e., the labels of rape/sexual assault do not fit with the experience(s) that you've had)?

- ○ Yes
- ○ No

Please indicate which of the following people were involved in this/these unwanted sexual experiences (select all that apply):

- ☐ Casual partner (e.g., met at a club, via a website)
- ☐ Romantic partner (e.g., someone that you were dating)
- ☐ Boss or other authority figure
- ☐ Someone in your family (e.g., uncle, cousin)
- ☐ A stranger (e.g., someone completely unknown to you)
- ☐ [ ] Other

☐ Withdraw and End Survey

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

- ○ Yes
- ○ No - Return to Questionnaire

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Debriefing Form

Project Title: EXPERIENCES WITH SEXUAL CONSENT AMONG GAY AND BISEXUAL MEN

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Gay Community Stress Scale (GCSS)

In the first column, please indicate how much you agree that the statement is true. In the second column, please indicate how much the statement is true as it pertains to sexual consent negotiation. We understand that the gay community can mean different things to different people. Please answer the following questions in regard to your perception of the mainstream gay community (i.e., general beliefs and attitudes of those in the community). We realize that the term 'mainstream' can mean different things to different people. **Please answer BOTH columns.**

NOTE: If you are completing this survey on a cellular device, we highly recommend that you turn your phone horizontally.

	1 - Strongly Disagree	2 3 4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2 3 4	5 - Has a significant impact on sexual consent negotiation
1. The mainstream gay community values sex over meaningful relationships.	○	○○○	○	○	○○○	○
2. It is difficult to maintain a romantic relationship in the mainstream gay community.	○	○○○	○	○	○○○	○

	1 - Strongly Disagree	2	3	4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2	3	4	5 - Has a significant impact on sexual consent negotiation
3. The mainstream gay community is overly focused on sex.	○	○	○	○	○	○	○	○	○	○
4. In the mainstream gay community, everyone has sex with each other.	○	○	○	○	○	○	○	○	○	○
5. The mainstream gay community is overly preoccupied with hookup/dating apps.	○	○	○	○	○	○	○	○	○	○
6. In the mainstream gay community, there is a lot of risky sex.	○	○	○	○	○	○	○	○	○	○
7. The mainstream gay community overly values having a high-status job.	○	○	○	○	○	○	○	○	○	○
8. The mainstream gay community overly values men who are wealthy.	○	○	○	○	○	○	○	○	○	○

	1 - Strongly Disagree	2	3	4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2	3	4	5 - Has a significant impact on sexual consent negotiation
9. The mainstream gay community overly values men who are powerful and high status.	○	○	○	○	○	○	○	○	○	○
10. The mainstream gay community overly values stylish clothes and up-to-date fashion.	○	○	○	○	○	○	○	○	○	○
11. In the mainstream gay community, there is a lot of fighting, bickering, and cattiness.	○	○	○	○	○	○	○	○	○	○
12. The mainstream gay community is overly gossipy.	○	○	○	○	○	○	○	○	○	○
13. The mainstream gay community has a culture of competition and jealousy.	○	○	○	○	○	○	○	○	○	○
14. The mainstream gay community is overly cliquey.	○	○	○	○	○	○	○	○	○	○

	1 - Strongly Disagree	2	3	4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2	3	4	5 - Has a significant impact on sexual consent negotiation
15. In the mainstream gay community, there is a lot of mistrust among friends.	○	○	○	○	○	○	○	○	○	○
16. The mainstream gay community is overly judgmental.	○	○	○	○	○	○	○	○	○	○
17. The mainstream gay community is overly materialistic.	○	○	○	○	○	○	○	○	○	○
18. The mainstream gay community is racist.	○	○	○	○	○	○	○	○	○	○
19. The mainstream gay community sexually objectifies men of color.	○	○	○	○	○	○	○	○	○	○
20. The mainstream gay community discriminates against its members who have HIV/AIDS.	○	○	○	○	○	○	○	○	○	○

	1 - Strongly Disagree	2	3	4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2	3	4	5 - Has a significant impact on sexual consent negotiation
21. The mainstream gay community overly values physically fit bodies.	○	○	○	○	○	○	○	○	○	○
22. The mainstream gay community overly values penis size.	○	○	○	○	○	○	○	○	○	○
23. The mainstream gay community overly values being masculine.	○	○	○	○	○	○	○	○	○	○
24. The mainstream gay community sees older men as less desirable.	○	○	○	○	○	○	○	○	○	○
25. Within the mainstream gay community, strong, meaningful friendships are rare.	○	○	○	○	○	○	○	○	○	○
26. The mainstream gay community is overly preoccupied with social media.	○	○	○	○	○	○	○	○	○	○

	1 - Strongly Disagree	2 3 4	5 - Strongly Agree	1 - Has no impact on sexual consent negotiation	2 3 4	5 - Has a significant impact on sexual consent negotiation
27. In the mainstream gay community, there is a lot of drug use.	○	○○○	○	○	○○○	○
28. The mainstream gay community places too much emphasis on fitting into a specific category or group (e.g., twink, bear, jock).	○	○○○	○	○	○○○	○
29. The mainstream gay community is overly focused on sexual position (i.e., top, bottom, versatile).	○	○○○	○	○	○○○	○

☐ Withdraw and End Survey

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

○ Yes

○ No - Return to Questionnaire

conference presentations, and community reports/talks. These data may also be helpful for the advocacy of future policy, education, and increased access to community resources.

Thanks again for your participation!

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Reasons for Consenting to Unwanted Sex Scale (RCUSS)

When answering these questions, please think of all the times in which you have consented to unwanted sexual activity. Rate each statement as to how characteristic it is of you as your reasons for consenting to unwanted sexual activity using the scale provided.

	0 - Not at all characteristic of me	1	2	3	4	5 - Very characteristic of Me
1. I felt that I would be jeopardizing our relationship if I did not engage in the unwanted sexual activity.	○	○	○	○	○	○
2. As their partner, I am obligated to engage in the unwanted sexual activity.	○	○	○	○	○	○
3. They verbally pressured me to participate in the unwanted sexual behaviour.	○	○	○	○	○	○
4. They begged me to engage in the unwanted sexual activity until I could not argue anymore.	○	○	○	○	○	○
5. I had been drinking or had consumed other types of drugs.	○	○	○	○	○	○
6. I felt guilty for not participating in the unwanted sexual activity.	○	○	○	○	○	○
7. I feared that I would lose my partner(s) if I did not consent to the unwanted sexual activity.	○	○	○	○	○	○
8. I wanted to avoid tension in our relationship.	○	○	○	○	○	○

	0 - Not at all characteristic of me	1	2	3	4	5 - Very characteristic of Me
9. I wanted to prevent my partner(s) from losing interest in our relationship.	○	○	○	○	○	○
10. I consented to the unwanted sexual activity to promote intimacy.	○	○	○	○	○	○
11. I felt it was necessary to satisfy their needs.	○	○	○	○	○	○
12. I felt that I needed to because I consented to the sexual activity before.	○	○	○	○	○	○
13. I didn't want to hurt their feelings.	○	○	○	○	○	○
14. They physically would not let me leave.	○	○	○	○	○	○
15. I didn't want them to feel rejected.	○	○	○	○	○	○
16. I felt that if I consented to the unwanted sexual activity, they would like/love me.	○	○	○	○	○	○
17. I wanted to feel accepted by my partner(s).	○	○	○	○	○	○
18. They sweet talked me into it.	○	○	○	○	○	○
19. I was in a sexualized space (e.g., bathhouse, cruising area, dark room, bar) where I felt I could not say no to sexual encounters.	○	○	○	○	○	○
20. My partner assumed that I was ok with certain sex acts, sexual positions, etc. when in fact I was not.	○	○	○	○	○	○
21. I could not say no because I was afraid of being ‘outed’ or shamed publicly.	○	○	○	○	○	○
22. I simply did not know how to say no or negotiate consent because of lack of sex education.	○	○	○	○	○	○
23. I consented to the unwanted act because I felt they had some form of power or privilege over me.	○	○	○	○	○	○
24. I felt like it is assumed that gay, bisexual, and other men who have sex with men cannot, or should not, say no to sex.	○	○	○	○	○	○
25. I felt like it is assumed that gay, bisexual, and other men who have sex with men always, or should always, want sex, which made it difficult to say no.	○	○	○	○	○	○

Thanks again for your participation!

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Sexual Experiences Survey - Short Form Victimization (SES-SFV)

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Please indicate the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would select an answer in both rows a and c. After the first set of three questions, you will be asked another set of questions regarding any **attempted** unwanted sexual experiences you may have had.

NOTE: If you are completing this survey on a cellular device, we highly recommend that you turn your phone horizontally.

Check all that apply:

1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, chest, crotch, butt) or removed some of my clothes without my consent (but did not attempt sexual penetration of any kind) by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

2. Someone had oral sex with me or made me have oral sex with them without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

3. Someone put their penis in my butt, or someone inserted fingers or objects without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

The next set of questions will look the same, but relate to times where someone **attempted** any of these actions since age 14.

Check all that apply:

1. Someone **attempted** to fondle, kiss, or rub up against the private areas of my body (lips, chest, crotch, butt) or to remove some of my clothes without my consent (but did not attempt sexual penetration of any kind) by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

2. Someone **attempted** to have oral sex with me or attempted to make me have oral sex

with them without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

3. Someone **attempted** to put their penis in my butt, or someone attempted to insert fingers or objects without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

You have indicated that you identify as assigned female at birth (AFAB)/intersex/other assigned gender at birth. Hence, the following questions may also be relevant to you.

Someone put their penis into my vagina, or someone inserted fingers or objects without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

3. Someone **attempted** to put their penis in my vagina, or someone attempted to insert fingers or objects without my consent by:

	How many times since age 14?				
	0	1	2	3	4+
a) Telling lies, threatening to end the relationship, threatening to spread rumours about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	○	○	○	○	○
b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	○	○	○	○	○
c) Taking advantage of me when I was too drunk or out of it to stop what was happening.	○	○	○	○	○
d) Threatening to physically harm me or someone close to me.	○	○	○	○	○
e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	○	○	○	○	○

☐ Withdraw and End Survey

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

Thanks again for your participation!

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Minority Stress Scale (MSS)

Please rate your level of agreement with the following statements as it pertains to your sexual orientation.

Because of my sexual orientation:

	1 - Completely disagree	2	3	4	5 - Completely agree
I won't be able to get married.	○	○	○	○	○
I won't be able to adopt children.	○	○	○	○	○
I won't be able to have a relationship that is legally recognized.	○	○	○	○	○

Because of my sexual orientation:

	1 - Completely disagree	2	3	4	5 - Completely agree
I have been the target of verbal aggressions.	○	○	○	○	○
I have experienced physical aggressions.	○	○	○	○	○
I have been discriminated against.	○	○	○	○	○

Because of my sexual orientation:

	1 - Completely disagree	2	3	4	5 - Completely agree
I feel excluded from my society.	○	○	○	○	○
Society welcomes me.	○	○	○	○	○
I feel at a high risk of being abused.	○	○	○	○	○
I live with more disadvantages compared to heterosexual men.	○	○	○	○	○
I expect to be the target of insults.	○	○	○	○	○
I think my friends won't accept me.	○	○	○	○	○
I live a disadvantaged living condition compared to heterosexual men.	○	○	○	○	○
I should not disclose my sexual orientation at my place of work because it may have negative consequences.	○	○	○	○	○

Because of my sexual orientation, I may be discriminated against:

	1 - Completely disagree	2	3	4	5 - Completely agree
By the hospital staff.	○	○	○	○	○
By my general practitioner.	○	○	○	○	○
At my workplace.	○	○	○	○	○
By my friends.	○	○	○	○	○

Because of my sexual orientation:

	1 - Completely disagree	2	3	4	5 - Completely agree
I think my family would not accept me.	○	○	○	○	○
I expect to be discriminated against by my family.	○	○	○	○	○
The disclosure of my sexual orientation to my family has ruined our relationship.	○	○	○	○	○

Rate your level of agreement with the following statements:

	1 - Completely disagree	2	3	4	5 - Completely agree
Nobody knows I am gay/bisexual.	○	○	○	○	○
My father knows I am gay.	○	○	○	○	○
My mother knows I am gay.	○	○	○	○	○

With whom do you talk about with your love life?:

	1 - Completely disagree	2	3	4	5 - Completely agree
My friends.	○	○	○	○	○
My parents.	○	○	○	○	○
My siblings.	○	○	○	○	○
Relatives (e.g., uncles, aunts, cousins).	○	○	○	○	○

☐ Withdraw and End Survey

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

○ Yes

○ No - Return to Questionnaire

uOttawa

Debriefing Form

Project Title: EXPERIENCES WITH SEXUAL CONSENT AMONG GAY AND BISEXUAL MEN

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Multiple Minority Stress and Community (MMSC)

The following questions concern racial and ethnic stigma in LGBT spaces. Please indicate how often each scenario has occurred in your own personal experiences.

When in LGBT spaces, how often:

	1 - Never	2	3	4 - Many times
1. Have you been ignored or treated with less respect than others because of your race/ethnicity?	○	○	○	○
2. Have others looked at you suspiciously because of your race/ethnicity?	○	○	○	○
3. Have you been treated poorly because of the way you speak English or because of the way you talk?	○	○	○	○
4. Have you been mistaken for a salesperson, waiter, or any other service help because of your race/ethnicity?	○	○	○	○
5. Have you felt that you were not accepted because of your race/ethnicity?	○	○	○	○
6. Have you felt unwelcome because of your race/ethnicity?	○	○	○	○

The following questions concern LGBT stigma in the neighbourhood. Rate your level of agreement with each statement.

Please tell us about your neighbourhood.

	1 - Strongly agree	2	3	4 - Strongly disagree
1. I feel comfortable with my neighbors knowing my sexual orientation.	○	○	○	○

	1 - Strongly agree	2	3	4 - Strongly disagree
2. In my neighborhood I would be uncomfortable going to an LGBT-identified space.	○	○	○	○
3. In my neighborhood, I feel comfortable holding my partner(s) hand in public.	○	○	○	○

We are interested in understanding your relationship with the LGBT community. Rate your level of agreement with each statement.

	1 - Strongly agree	2	3	4 - Strongly disagree
1. I feel comfortable going to gay bars and dance clubs.	○	○	○	○
2. I feel welcome in most LGBT spaces.	○	○	○	○
3. I feel I am a part of the LGBT community.	○	○	○	○
4. Participating in the LGBT community is a positive thing for me.	○	○	○	○
5. I feel a bond with the LGBT community.	○	○	○	○
6. I am proud of the LGBT community.	○	○	○	○

☐ Withdraw and End Survey

You have indicated that you would like to withdraw your responses from the survey and exit to the debriefing form. Are you sure you would like to end the survey?

○ Yes

○ No - Return to Questionnaire

uOttawa

To be entered into the draw for a Gift Card please enter your e-mail here. Your e-mail will be stored separately from the answers you provided in the survey.

Stereotypes About Male Sexuality Scale (SAMSS)

We would like to know something about people's beliefs about male sexuality. For this reason, we are asking you to respond to a number of items that deal with male sexuality, indicating the extent to which you disagree/agree with the statements. Your response should be based on the sorts of things that you believe about male sexuality. Use the following scale to indicate your degree of disagreement/agreement with each item. There are no right or wrong answers. Your choices should be a description of your own personal beliefs.

	A Agree	B Slightly Agree	C Neither Agree nor Disagree	D Slightly Disagree	E Disagree
1. Men should not be held.	○	○	○	○	○
2. Most men believe that sex is a performance.	○	○	○	○	○
3. Men generally want to be the guiding participant in sexual behaviour.	○	○	○	○	○
4. Most men are ready for sex at any time.	○	○	○	○	○
5. Most men desire physical contact only as a prelude to sex.	○	○	○	○	○
6. The ultimate sexual goal in men's minds is intercourse.	○	○	○	○	○
7. Lack of an erection will always spoil sex for men.	○	○	○	○	○
8. From a man's perspective, good sex usually has an "earthshaking" aspect to it.	○	○	○	○	○

	A Agree	B Slightly Agree	C Neither Agree nor Disagree	D Slightly Disagree	E Disagree
9. Men don't really like to plan their sexual experiences.	○	○	○	○	○
10. Most men are sexually well-adjusted.	○	○	○	○	○
11. Only a narrow range of emotions should be permitted to men.	○	○	○	○	○
12. Men are almost always concerned with their sexual performance.	○	○	○	○	○
13. Most men don't want to assume a passive role in sex.	○	○	○	○	○
14. Men usually want sex, regardless of where they are.	○	○	○	○	○
15. Among men, touching is simply the first step towards sex.	○	○	○	○	○
16. Men are not sexually satisfied with any behaviour other than intercourse.	○	○	○	○	○
17. Without an erection a man is sexually lost.	○	○	○	○	○
18. Quiet, lazy sex is usually not all that satisfying for a man.	○	○	○	○	○
19. Men usually like good sex to "just happen".	○	○	○	○	○
20. Most men have healthy attitudes towards sex.	○	○	○	○	○
21. A man who is vulnerable is a sissy.	○	○	○	○	○
22. In sex, it's a man's performance that counts.	○	○	○	○	○

	A Agree	B Slightly Agree	C Neither Agree nor Disagree	D Slightly Disagree	E Disagree
23. Sexual activity is easier if the man assumes a leadership role.	○	○	○	○	○
24. Men are always ready for sex.	○	○	○	○	○
25. A man never wants "only" a hug or caress.	○	○	○	○	○
26. Men want their sexual experiences to end in intercourse.	○	○	○	○	○
27. A sexual situation cannot be gratifying for a man unless he "can get it up".	○	○	○	○	○
28. Sexual climax is a necessary part of men's sexual behaviour.	○	○	○	○	○
29. Most men yearn for spontaneous sex that requires little conscious effort.	○	○	○	○	○
30. In these days of increased openness about sex, most men have become free of past inhibiting ideas about their sexual behaviour.	○	○	○	○	○
31. A man should be careful to hide his feelings.	○	○	○	○	○
32. Men's sexuality is often goal-oriented in its nature.	○	○	○	○	○
33. Sex is a man's responsibility.	○	○	○	○	○
34. Most men come to a sexual situation in a state of constant desire.	○	○	○	○	○
35. Men use physical contact as a request for sex.	○	○	○	○	○

	A Agree	B Slightly Agree	C Neither Agree nor Disagree	D Slightly Disagree	E Disagree
36. Men believe that every sexual act should include intercourse.	○	○	○	○	○
37. Any kind of sexual activity for a man requires an erection.	○	○	○	○	○
38. Satisfying sexual activity for a man always includes increasing excitement and passion.	○	○	○	○	○
39. A satisfying experience for a man does not really require all that much forethought.	○	○	○	○	○
40. Most men have progressive ideas about sex.	○	○	○	○	○
41. It is unacceptable for men to reveal their deepest concerns.	○	○	○	○	○
42. Men usually think of sex as work.	○	○	○	○	○
43. A man is supposed to initiate sexual contact.	○	○	○	○	○
44. Men are perpetually ready for sex.	○	○	○	○	○
45. Many men are dissatisfied with any bodily contact which is not followed by sexual activity.	○	○	○	○	○
46. Many men are only interested in sexual intercourse as a form of sexual stimulation.	○	○	○	○	○
47. An erection is considered by almost all men as vital for sex.	○	○	○	○	○
48. Men's sexual desire is often "imperative and driven" in nature.	○	○	○	○	○
49. Men consider sex artificial if it is preplanned.	○	○	○	○	○

	A Agree	B Slightly Agree	C Neither Agree nor Disagree	D Slightly Disagree	E Disagree
50. In these days of wider availability of accurate information, most men are realistic about their sexual activities.	○	○	○	○	○
Please select choice D for this response.	○	○	○	○	○
51. Intense emotional expressiveness should not be discussed by men.	○	○	○	○	○
52. Sex is a pressure-filled activity for most men.	○	○	○	○	○
53. Men are responsible for choosing sexual positions.	○	○	○	○	○
54. Men usually never get enough sex.	○	○	○	○	○
55. For men, kissing and touching are merely the preliminaries to sexual activity.	○	○	○	○	○
56. During sex, men are always thinking about getting to intercourse.	○	○	○	○	○
57. Without an erection, sexual activity for a man will end in misery.	○	○	○	○	○
58. Sexual activity must end with an orgasm for a man to feel satisfied.	○	○	○	○	○
59. For men, natural sex means "just doing it instinctively".	○	○	○	○	○
60. Most men have realistic insight into their sexual preferences and desires.	○	○	○	○	○

☐ Withdraw and End Survey

APPENDIX E

Research Ethics Board Approval

11/01/2022

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number	H-10-21-7384
Titre du projet / Project Title	Sexual consent negotiation among gay and bisexual men: A mixed methods analysis assessing proportion who struggle with consent negotiation and unique barriers to sexual negotiation.
Type de projet / Project Type	Recherche de professeur / Professor's research project
Statut du projet / Project Status	Approuvé / Approved
Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)	11/01/2022
Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)	10/01/2023

Équipe de recherche / Research Team

Chercheur / Researcher	Affiliation	Role
Elke REISSING	École de psychologie / School of Psychology	Chercheur Principal / Principal Investigator
Jeremy OUEIS	École de psychologie / School of Psychology	Étudiant-chercheur / Student-researcher
Raymond MCKIE	École de psychologie / School of Psychology	Étudiant-chercheur / Student-researcher

Conditions spéciales ou commentaires / Special conditions or comments

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11/01/2022

Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout évènement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completedfour weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Germain ZONGO
Responsable d'éthique en recherche / Protocol Officer
Pour/For **Daniel LAGAREC** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences de la santé et sciences / Health Sciences and Sciences Research Ethics Board**

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APPENDIX F

Consent Form

INFORMATION You are invited to participate in a study about how gay / bisexual men and other men who have sex with men (GBM) navigate sexual consent and set sexual boundaries. Your participation in this study will consist of answering a questionnaire regarding intimate sexual experiences and emotions and will ask you to report on some previous sexual experiences that you have had. Please note that all questions in this survey are about you having sex with men. We will further explain this in the prompts prior to the questions. The Qualtrics questionnaire should take you about 20-30 minutes to complete. We are pleased to announce that we are partnered with MAX Ottawa – Ottawa's mental health connection for guys into guys. This project had been reviewed by a Community Advisory Board (CAB) to ensure sensitively, and to assess the relevance of the questions herein to local LGTBQ+ communities. Both Raymond McKie and Jeremy Oueis will be using the data collected as part of their theses.

RISKS & BENEFITS By participating in this research study, you are volunteering to share personal information about your thoughts, feelings, and behaviours. One potential risk or discomfort that could arise from your participation is that you may feel uncomfortable sharing your sexual history and behaviours. Specifically, several questions will ask about unwanted sexual experiences, which may be distressing. Please note, however, that you are free to skip any question(s) and leave them blank if you prefer not to answer, and that the responses that you provide are entirely confidential and anonymous. You are also free to withdraw from the study at any time without question.

By participating in this study, you will be able to share your experiences and thereby contribute to a better understanding of the lived sexual experiences of Gay, Bisexual, and other men who have sex with men and assist us in finding ways in which we can share information on positive sexuality. Responding to questionnaires often prompts self-reflection on various topics which you might find stimulating and enriching. Ultimately, the group results of this research will contribute to science and the community by way of reporting at scholarly conferences and publications and reach broader audiences via community reports to MAX Ottawa and social media. It may be rewarding for you to be part of this endeavor.

The benefits of participating in this study contribute to better understanding lived sexual experiences of men who have sex with men and to assist us to included in scientific research, and a final report will be generated for the community and MAX Ottawa. Findings will also be presented at national and international conferences. These findings may contribute to later efforts pertaining to programming and policy.

Note: There will be some questions that are about unwanted sexual experiences and consent navigation.

Please remember that it is normal for some people to experience uncomfortable feelings as a result of filling out questionnaires on highly sensitive issues, such as sexuality. If any of the material that you have experienced in this study has caused distress, to the point that you may

wish to discuss it, we strongly encourage you to contact supports in your local area or can contact one of the following 24/7 Canadian-based telephone/online services:

Good2Talk: http://www.good2talk.ca/ or 1-866-925-5454
Lesbian, Gay, Bi, Trans Youthline: http://youthline.ca/ or 1-800-268-9688
The Trevor Project: 1-866-488-7386
Crisis Text Line: Text LGBTQ to 741-741

CONFIDENTIALITY The information that you share with us will remain completely anonymous and confidential and will be used solely for research purposes. The results obtained in this study are intended to be reported in several psychological journal articles as well as in presentations at academic conferences. However, none of the responses collected from participants will be identifiable, and the results will strictly be reported in aggregate format (i.e., averages from many people). The data obtained from the completed questionnaire will be encrypted and stored on a password-protected computer in a keypad access laboratory within the School of Psychology at the University of Ottawa and can only be accessed by the principal investigator (Elke Reissing) and doctoral student researcher (Raymond McKie). Aggregate data may be used by future students who collaborate with Elke Reissing.

In order to minimize the risk of security breaches and to help ensure my confidentiality, it is recommended that you use standard safety measures, such as signing out of your account, closing your browser, and locking your device when you are no longer using it/when you have completed the study.

All data collected will remain confidential. The data will be accessible by the authorized researchers. If you choose to withdraw from this study before its completion, any written material you completed will be destroyed and any responses entered on the computer up to the time you chose to withdraw will not be saved (deleted from the cache).

INCENTIVE To thank you for your contribution to the research project, you will be given the option to enter your name in a draw to win 1 of 3 Starbucks or Amazon gift cards valued at $50. The draw is open to all research participants who enter their name in the draw, regardless of whether they decide to withdraw from further participating in the research project.

Upon completion of the study, a name will be randomly selected amongst those who have entered and the person whose name is drawn will be informed by e-mail. To win the prize, the person must correctly answer a skill testing question. If the person cannot be reached within 14 days from the date of the draw, the prize will be awarded to the second name that is randomly selected and so on until the prize has been awarded. The odds of winning a prize will depend on the number of eligible entries received. The prize must be accepted as awarded or forfeited and cannot be redeemed for cash.

The e-mail that you provide when you enter the draw is collected for the purposes of contacting you if your name is selected in the draw. Your name and the contact information you have provided will be kept confidential and then destroyed once the prizes have been awarded.

We reserve the right to cancel the draw or cancel the awarding of the prize if the integrity of the draw or the research or the confidentiality of participants is compromised. The draw is governed by the applicable laws of Canada.

CONTACT If at any time you have questions about the study or the procedures, you may contact the principal investigator, Elke Reissing, at the School of Psychology, University of Ottawa, by email at reissing@uottawa.ca. This project has been reviewed by the Research Ethics Board at the University of Ottawa for research integrity of human participants. If you have any questions about your rights as a participant in this study, or if you feel that your rights as a research participant have been violated as a result of participating in this project, you may contact the Protocol Officer for Ethics in Research at the University of Ottawa by email at ethics@uottawa.ca.

CONSENT I acknowledge that I have read and understood the preceding information about this study. I understand that it is my choice to provide my voluntary consent to participate in this study and if I choose to participate, I am free to withdraw at any time and/or omit any question(s)/procedure(s) that I wish. I understand that my future opportunities for research participation will not be affected, nor will I face any other negative consequences should I choose to withdraw. It is strongly recommended that you print a copy of this consent form for your personal records.

Clicking “I agree - Continue to Questionnaire” will provide your electronic consent.

APPENDIX G

Debriefing Form

Thank you for taking part in this study. Your participation is greatly appreciated. We would like to take this opportunity to provide you with a more in-depth understanding of the study. The purpose of this study is to examine the dynamics of unwanted sexual experiences faced by gay and bisexual men/men who have sex with men (GBM) and previous histories of nonconsensual sexual experiences (NSEs). Men in general have been found to have difficulty reporting unwanted sexual experiences or coercion due to social stigma (Weiss, 2010). Gay men are arguably even more affected by this, as well as additional stressors involved with reporting as a gay man (Smith & Ford, 2010). Gay and bisexual men are further disadvantaged as they are not taught how to avoid these situations the same way that heterosexuals are in school (Allen, 2005).

This study is a follow-up from Raymond's (doctoral student researcher, supervisor Dr. Elke Reissing) research during his Master of Science thesis research at Trent University. The study aimed to first establish whether GBM were reporting challenges related to sexual consent negotiation and had higher rates of nonconsensual experiences (NSEs) compared to heterosexual men. A total of 364 GBM men responded to the survey, which included both quantitative (e.g., from 1-5, how much do you agree to this statement…) and qualitative (open-ended) questions. Participants came from Canada, the United States, and several Western European nations (e.g., Germany, Netherlands, Spain, Italy, (at the time, UK), Sweden, Portugal, France). Both the qualitative and quantitative revealed that GBM were reporting more challenges to consent negation as compared to heterosexual men who responded to the survey. GBM were 1.96% more likely to report NSEs that involved anal penetration, with 37.9% of the respondents on that measure endorsing having experiences unwanted anal penetration. When taking all forms of NSEs into account (e.g., unwanted sexual touching, being forced or held down, or threatened), these numbers were over 50% of GBM reporting (McKie, 2015). The responses on the qualitative questions revealed unique barriers and challenges that GBM face when navigating sexual situations. Some of these included: expectations around masculinity and sexual scripts (e.g., GBM should always want and be ready for sex), fear of a tainted image or being 'outed', sexualized spaces that made consent even more challenging (e.g., bathhouses, cruising areas), and situations where drugs/alcohol had been involved in some way (McKie et al., 2020).

Raymond's published work in this area was one of the very first to speak to sexual consent challenges among GBM. Since then, other researchers have published results finding similar trends (Davies, 2021; Marcantonio et al., 2021; McKenna et al., 2021; Sternin et al., 2021; Willis, 2021). The primary aims of this study are to identify and

explore some the challenges and high numbers. Hence, this research does not come from a 'sex-negative' place, but rather, will be useful in enhancing our community safety and increasing positive sexual interactions among GBM. Raymond was interviewed for Grindr's Bloop magazine and believes this final quote is an important one to leave you

with—"the more consent is talked about openly, the more likely the community can reduce the number of unwanted sexual experiences and increase the kinds of sex they do want". For your interest, that interview can be found here: https://www.grindrbloop.com/zine/2020/gay-sex-ed-consent

Please remember that it is normal for some people to experience uncomfortable feelings as a result of filling out questionnaires on highly sensitive issues, such as sexuality. If any of the material that you have experienced in this study has caused distress, to the point that you may wish to discuss it, we strongly encourage you to contact supports in your local area or can contact one of the following 24/7 Canadian-based telephone/online services:

Good2Talk: http://www.good2talk.ca/ or 1-866-925-5454
Lesbian, Gay, Bi, Trans Youthline: http://youthline.ca/ or 1-800-268-9688
The Trevor Project: 1-866-488-7386
Crisis Text Line: Text LGBTQ to 741-741

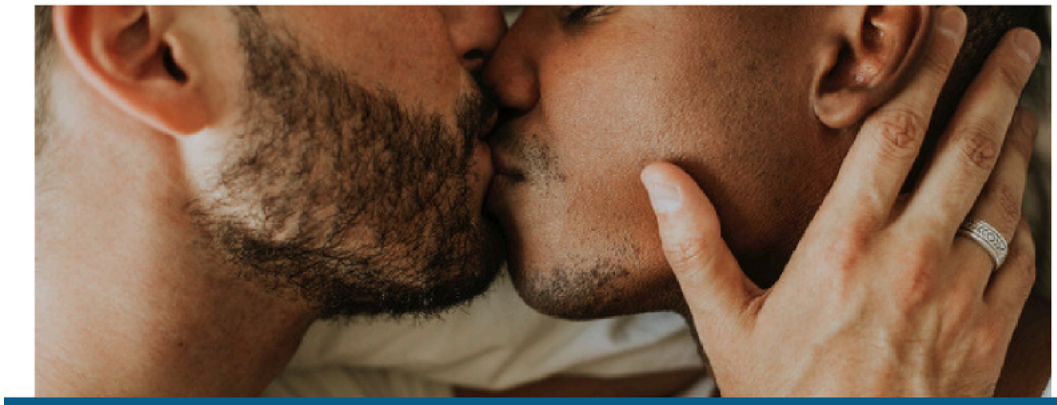
Please print this debriefing form for your records. Should you have any questions about this research, you may e-mail me at reissing@uottawa.ca .

If you would like to be informed of the findings of this research, please e-mail Raymond McKie at XX. By e-mailing, you would be identifying that you have completed the survey. However, your responses would not be known to the investigators as all responses are stored as aggregate data with no identifying information. These findings may be used in the future for the purposes of academic publications, conference presentations, and community reports/talks. These data may also be helpful for the advocacy of future policy, education, and increased access to community resources.

Thanks again for your participation!

APPENDIX H

Recruitment Poster



DO YOU IDENTIFY AS A GAY / BISEXUAL / QUEER MAN?

We are seeking participants for an online research study about previous sexual experiences, including unwanted sexual experiences.

ABOUT THE STUDY:

One anonymous and confidential online questionnaire (approx. 30 min) | You can enter a draw for a chance to win 1 of 3 $50 Starbucks or Amazon gift cards!

YOU MAY BE ELIGIBLE IF YOU:

- Are 18+ years of age
- Are sexually active
- Reside in Canada
- Identify as a gay / bisexual / queer man, or other man who has sex with men (including trans men)
- Have access to a phone, computer, or tablet with Internet

APPENDIX I

Community Advisory Board Recruitment Letter

Call for Community Advisory Board Members

This is an invitation to gay, bisexual, queer, and trans men, and non-binary and Two-Spirit people in the Ottawa/Gatineau area who have who have an interest in sexual consent negotiation and psychological well-being.

MAX Ottawa is pleased to announce collaboration with Raymond McKie, MSc – a doctoral student in Clinical Psychology at the University of Ottawa supervised by Dr. Elke Reissing. Raymond has studied sexuality and psychology for over ten years and holds degrees from the University of Guelph and Trent University. Prior to transferring to his current PhD, Raymond completed three years of a PhD in Community Psychology at Wilfrid Laurier University. Given this training, and his own values, he strongly believes in research that is representative of community needs and individuals' lived experiences. Raymond has published 16 academic articles, most of which have focused on gay and bisexual men's issues (i.e., sexual consent, non-consensual sexual experiences, the study of friendship with heterosexual men). Raymond's dissertation will be an extension of some of his previous findings on sexual consent experiences among guys into guys.

Together, MAX Ottawa and Raymond are building a Community Advisory Board ("CAB") to provide input on a variety of elements of the study (questions asked, language used, sensitivity, importance of questions to community issues, etc.). We are looking for 8 volunteer Community Advisory Board members who can work together in English, ideally from diverse backgrounds to ensure that many voices, perspectives, and experiences are taken into account. Examples may include individuals who identify as trans or non-binary, Indigenous, people of colour, and/or Francophone. We actively recruit peers from the communities we serve and partner with, including people living with HIV and/or Hepatitis C. Our team believes that no research about these communities should be developed without the communities in question being involved every step of the way. We do not expect CAB members to have any prior research experience or training!

Funding in this area is sparce for students. Hence, despite efforts to obtain funding, we are in search of individuals who are willing to generously volunteer some of their time. However, should there be any barriers to participating, MAX Ottawa is prepared to work to try and ensure that those who would like to participate in the CAB can do so. The overall time commitment is limited. It is estimated that the total meeting time commitment will not exceed 10 hours over the span of 4 meetings. These meetings will be held virtually via Zoom with Raymond and his undergraduate thesis student, Jeremy Oueis. Jeremy will also be using a portion of the data collected from this study for his honours thesis—so you will be supporting two projects! The first meeting is expected to take place in late Spring/early Summer.

CAB members will be informed of all research findings via as community report generated by Raymond and Jeremy. We hope those who are passionate about sexual consent issues and mental health in the LGBTQ+ community will find value in participating in this process.

APPENDIX J

Community Advisory Board Meetings

Meeting 1

To begin, I will introduce myself and will explain my role and speak to my positionality within this research process --- an important stage in the initial engagement of community advisory board members (Muhammed, 2015). This meeting will focus primarily on orienting the CAB to the research proposal, describing the limits to research, answering procedural/scientific methods questions should they arise, and answering questions that the CAB members may have. Below is a list of pre-determined questions that I will ask the CAB members. More questions may arise during the meeting and can be discussed. These meetings are intentionally loosely structured for the researcher to really 'hear' the community partner's thoughts, interpretations, and useability/utility of the findings. In other words, I may not ask all of these questions and will follow the conversation as it goes, with the expectation that several of these more structured questions will be answered when speaking about other questions. The meetings will be recorded with the consent of the CAB members for the purpose of reviewing details later if changes need to be made to the formatting and/or wording of some questions.

Questions

1. Do you feel as though the community in Ottawa could benefit from this research? (this is where I would likely detail a community report)?
2. Do you believe that the theoretical concepts of minority stress and intraminority stress are central to this project? If so, how? If not, why not?
3. Are there voices that may be left out of this research that could be better incorporated?
4. Do you feel as though the questions being asked of participants are clear and useful?
5. Are there any pieces that feel repetitive or that are missing or that are not phased properly?
6. Does the concept of internal and external pressures to consent that are asked about in the qualitative section make sense? Do you see both levels in your work, your own experiences or have seen in the larger community?
7. Do you believe there are differences in how sexual consent is negotiated based on one's relationship with the other person (i.e. stranger, casual, romantic partner)? If so, do you believe this is important to capture in this study? If yes, brainstorm best ways to incorporate.
8. What are your thoughts on how GBM label their sexual experiences? Do you feel as though conversations around labels will be important to get accurate data? Does it make sense to ask about consent and assault in these differing ways?
9. What are your thoughts on the most appropriate acronym from the ones that are commonly used in the literature and community organizations (e.g., MSM, GBM, gbMSM, SMM, SGD, etc.)?

Meeting 2
This meeting will focus on collectively reviewing two documents for accuracy (language, clarity, ensure no leading questions, etc.). The first document to be reviewed will be the RCUSS (Reasons for Consenting to Unwanted Sex Scale). The second document for review will the list of qualitative questions for Study 3. The questions will be the same for both documents to be reviewed.

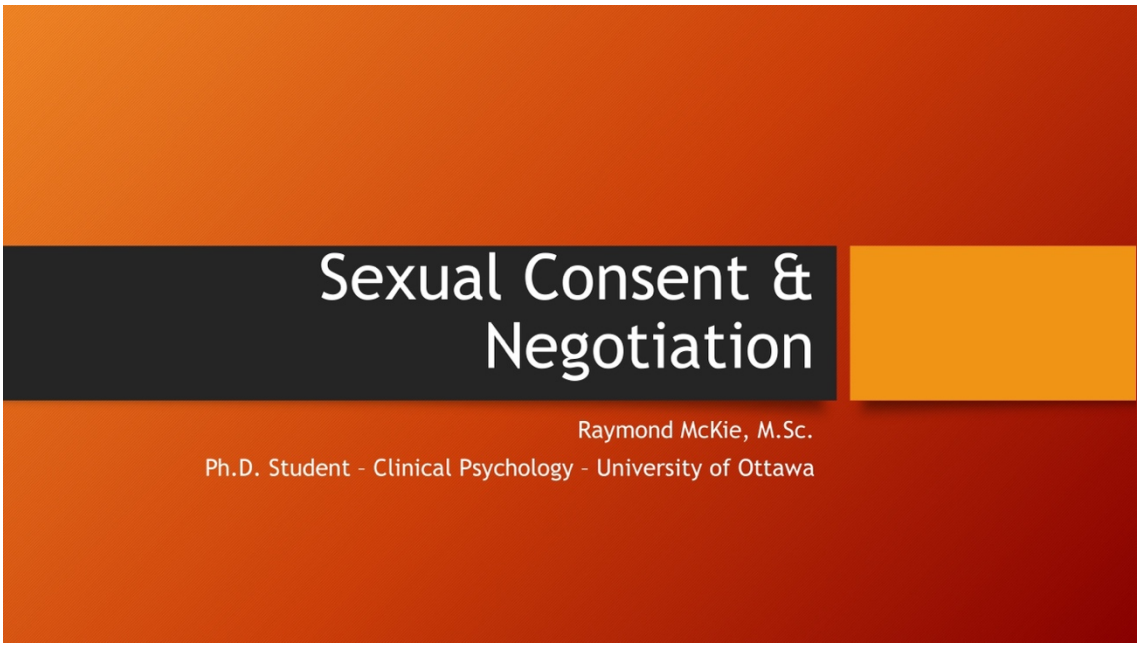
Questions for Both Documents (Scale & Qualitative Questions)
1. What were your initial impressions of the questions asked in this scale/these qualitative questions?
2. Do all of the questions make sense? Are they clear in a) what they are asking?, and b) in the way they are phrased?
3. Do you believe that these questions are relevant to GBM in the community? If yes OR no, please expand.
4. Are there any unique barriers or situations that GBM may encounter when navigating sexual consent that is not captured in this list of questions? If so, what?
5. Are any of the questions that don't seem relevant to GBM in the community?
6. How would you define "casual" and "committed" relationships? Do you believe these are the best labels to capture the two broader different forms of relationships?

Meeting 3
The focus of Meeting 3 will be to discuss the study after piloting it in Qualtrics (CAB members will be encouraged to fill the survey out a few times as aliases – i.e., not their true answers).
1. Did you run into any technical issues while responding to any of the questions?
2. For those who completed the study on your phone, did you run into any trouble?
3. Was the study engaging and clear?
4. Do you feel as though the demographics section is sensitive enough to capture the experiences and identities of all participating (diversity, sexual orientation, etc.)?
5. How long did you take to complete the survey? Do you think this is too long? Were you feeling tired of responding by the end?
6. If you felt that the study was too long, what would you cut?
7. Does anything seem missing that could feasibly be added or adjusted at this final stage?
8. Do you feel as though, in its present form, this survey will accurately capture the lived experiences of those who choose to participate?
9. Are the any other points that are important that I did not ask or that you can think of?
10. If new items were conceptualized for the RCUSS – review for language, tone, clarity, etc.

Meeting 4
During this meeting, all (or most) data will have been collected and results and findings will be shared with the CAB. This meeting will be a chance to discuss the research findings, get community input in terms of appropriate interpretation and dissemination, and learn more about the pieces that the community, MAX Ottawa, or the CAB may benefit from in terms of a final community report.

APPENDIX K

Sample Knowledge Translation Presentation for MAXOttawa



Positionality

- My experiences and understanding of sexuality issues are through the lens of being a white man
- I cannot fully understand the experiences of those who are multiply marginalized
- Most of my academic advisors to date have also been white (fault of the hiring system in higher ed)
- Unfortunately, most of the participants in the study I will present are also white
- I have pulled quotes from POC from the thesis to present

Introduction

1 University of Guelph – Changing Lives Improving Life

BA (Hons) – Psychology (minor: Family & Child Studies)

Dr. Robin Milhausen

2 Trent University

M.Sc. – Psychology (Health Specialization)

Dr. Terry Humphreys

3 Laurier – Inspiring Lives.

Ph.D. – Community Psychology (ABD – On Leave)

Dr. Robb Travers

4 uOttawa

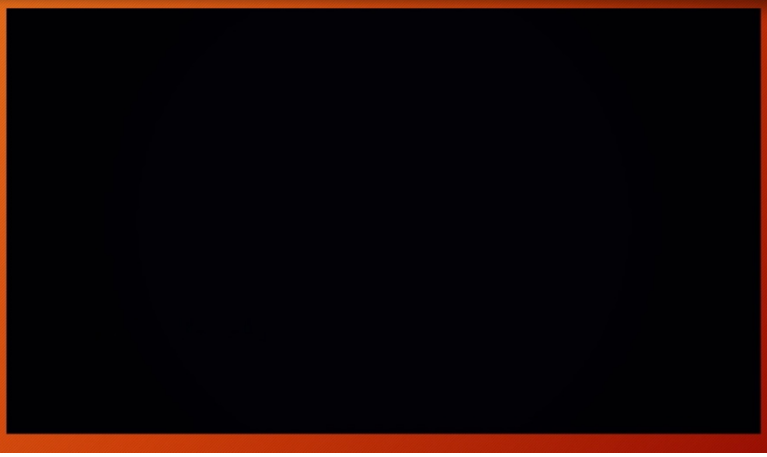
Ph.D. – Clinical Psychology (In Progress)

Dr. Elke Reissing

Key Terms & Language

- GBMSM = Gay, Bisexual Men and other men who have sex with men
  - From homosexual (DSM-3) → MSM (epidemiology and HIV) → GBM (trans rights) → GBMSM
- NSE = Nonconsensual Sexual Experience(s)
  - From rape, sexual assault (Kilimnik's work)

Intro Clip



https://www.youtube.com/watch?v=TBFCeGDVAdQ

Is consent really all that different for GBMSM?

- Prevalence Rates – Sexual Assault
- Sexual Scripts
- Masculinity
- Offline Spaces
- Online Spaces
- Sexual Positions & Communication Methods

Sexual Scripts

- Assumptions and norms learned through culture, society, and media about acceptable and expected sexual behaviour
  - Heteronormative (e.g., women are the gatekeepers, men are the pursuers)
- Three levels of Sexual Scripts:
  - Intrapsychic Scripts
  - Interpersonal Scripts
  - Cultural scenarios

Sexual Scripts

- Traditional male sexual scripts:
  - Always ready and always pursuing sexual opportunities
    (Dworkin and O'Sullivan, 2005)
  - Permitted to have more sexual partners
    (Oliver and Hyde, 1993)
  - Men emphasize importance of being sexually skilled and experienced
    (Seal & Ehrhardt, 2003; Weiderman, 2005)
  - Men can't say no to sex because they should want it
    (Sakaluk et al., 2014; Weiderman, 2005)

Definitions of Consent

coercion; incapacitation; alcohol/drugs

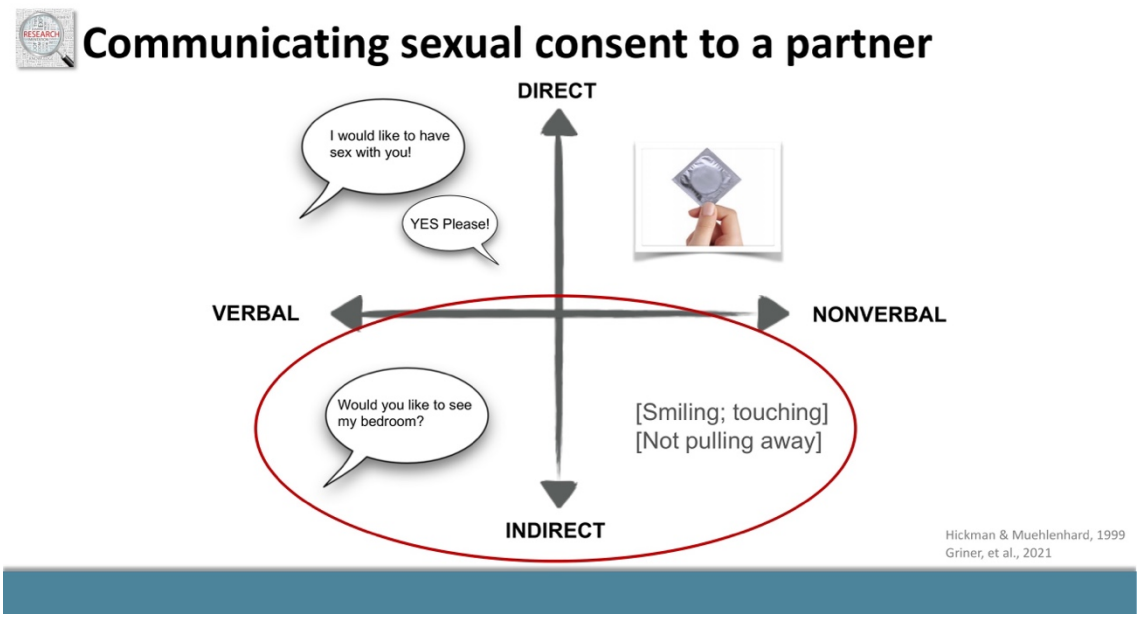
Behavioural display

the free verbal or nonverbal communication of a feeling of willingness to engage in sexual activity

Hickman & Muehlenhard, 1999

Internal cognitive decision

* *All components of the definition are required*


Communicating sexual consent to a partner
DIRECT
I would like to have sex with you!
YES Please!
VERBAL
NONVERBAL
Would you like to see my bedroom?
[Smiling; touching]
[Not pulling away]
INDIRECT
Hickman & Muehlenhard, 1999
Griner, et al., 2021


Masters Study
Recruitment
amazon
mechanical turk
GAY BAR
GMSH
GAY MEN'S SEXUAL HEALTH ALLIANCE
SQUIRT
.org
Demographics
• Total GBMSM: 473 (350 Qual)
• Caucasian (73.8%); Asian (9%); ACB (3.8%); Latino (2.8%); Middle Eastern (1.4%); Indigenous (1%); Other (9.2%)
• Most well educated with some post high-school training

Basic Findings

- 78% reported experiencing some form of NSE
  - Important to note that many GBMSM reported not having difficulty negotiating sexual consent
- The majority of participants noted that expectations (e.g., scripts) and masculinity norms complicated sexual consent negotiation

Cultural Considerations

- Conflicting identities
- Legal and social repercussions
- Role of religion
- "Outness"
- Own personal beliefs and formed intrapsychic scripts about homosexuality
- Hypersexualization of POC bodies and problematic narratives
- Husbands and colleagues (2013) via a survey of 168 African, Caribbean, and Black (ACB) GBM in Toronto found that ACB GBM would agree to 'top' more often when having sex with White men but would be more likely to state their actual preferences when having sex with other men of colour (often less enjoyable, adhering to script of Black dominance and aggression)

Qualitative Findings

THE JOURNAL OF SEX RESEARCH
2020, VOL. 57, NO. 8, 1014–1025
https://doi.org/10.1080/00224499.2020.1767023

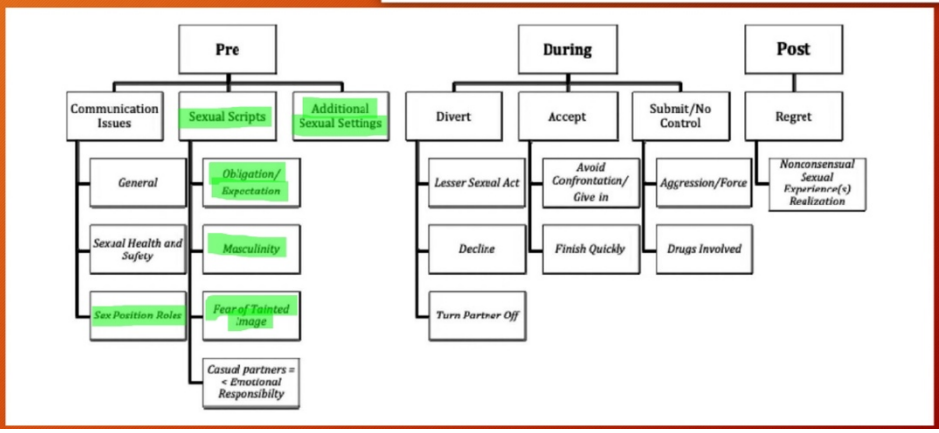
Taylor & Francis
Taylor & Francis Group

Check for updates

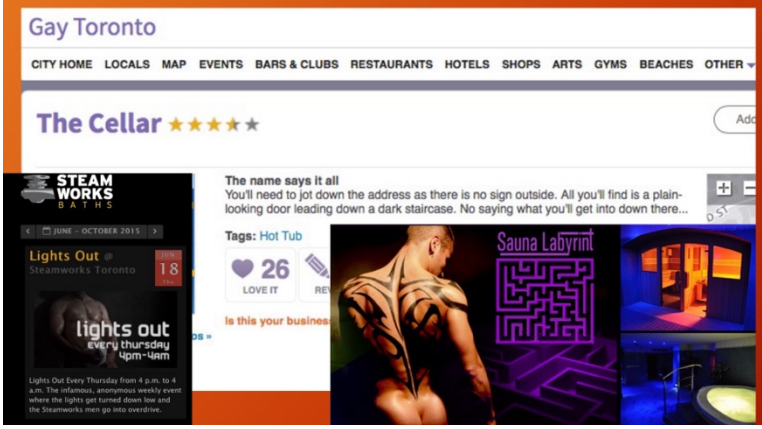
Is There Space for Our Stories? An Examination of North American and Western European Gay, Bi, and Other Men Who Have Sex with Men's Non-consensual Sexual Experiences

Raymond M. McKie [a], Shayna Skakoon-Sparling [b], Drake Levere [c], Sage Sezlik[a], and Terry P. Humphreys [d]

[a]School of Psychology, University of Ottawa; [b]Department of Psychology, Ryerson University; [c]Department of Psychology, University of British Columbia; [d]Department of Psychology, Trent University



Additional Sexual Settings



History of hiding gay sex → sexual liberation and freedoms

While sexually exciting, can lead to challenges

Sexual Scripts

I have found that my sexual partners that I am with for longer or have had several dates with always seem to include more talk about sexual wants and needs … whereas casual sexual partners are often used for a quick release and fear about the wellbeing of the guy are not always taken into account…. it can be easy to get pushed a little bit harder or encounter sexual selfishness in those situations. (Jonas, 19, Germany)

Part of the appeal of anonymous sex is that you feel less badly about turning someone down if you have to. However, the flip side of this would be … getting taken advantage of for the other guy's sexual release….Sometimes…I've been forced into anal sex because the guy wanted it so bad and said it was the only way he could cum quickly and that his friends had already left the club. (Benoit, 26, France)

Masculinity

Obligation

I know that consent is not a real thing in MSM communities due to gender roles and masculine ideals, so I am under the premise that I will not be able to say no. I can try to redirect behaviors, but that's about it. (Jacob, no age specified, Canada)

If a guy picks me up and drives me back to his place, I feel a bit of an obligation, also, as we are not exactly friends, I feel I have to do stuff just to ensure he's willing to take me back to my place when we are done, rather than just leaving me stranded somewhere. (Oliver, 32, England)

Fear of a Tainted Image

- Bad reputation (e.g., prude) in the community
- Outing to friends, school, family, church

I am not out of the closet and come from a really religious background. My parents have talked about their hate of gay people before and would be devastated if they found out I was gay…it would be seen as a disgrace to the family's honor. My partner has used this sometimes saying that he would 'out me' if I didn't give him a blowjob when he wanted it. There are certainly rules in the underground gay community preventing many guys from saying no to sex (Sami, 24, Canada).

Sex Position Roles

- Many MSM will dichotomize top/bottom and attach identity characteristics/scripts to them. Typically, the more effeminate partner is often assumed to be the receiving partner, despite past literature suggesting that this is not always an accurate assumption (Kippax & Smith, 2001; Tskhay & Rule, 2013)
- Tied to "masculine" traits → height, muscularity, penis size
- Cultural misconceptions (e.g., Asian men as bottoms, other POC as tops)

New Directions

Continued Efforts

- Accurate prevalence rates of NSE's
- Unique barriers to navigating sexual consent
- Introduction of PrEP, changes in scripts?
- Cultural factors
- Coping following an NSE (Jeremy's thesis)

Labeling

- Many individuals who have experienced NSE's don't view their experiences as sexual assault or rape (Kilimnik & Meston, 2020)
- This is especially true for men

> I found it very hard to say no at first…I had anal sex with no condom, even though I didn't give my consent. I felt awful and scared afterwards, and ashamed, as though I had invited myself to be raped. I feel embarrassed if I call it rape, because I didn't stop it (I don't know if I could have stopped it) and I didn't say no. I feel like it's my fault for not saying no, and I know that these feelings are illogical, but I have struggled with them ever since (Luke, 21, United States)

Intraminority Stress (Packankis et al., 2021)

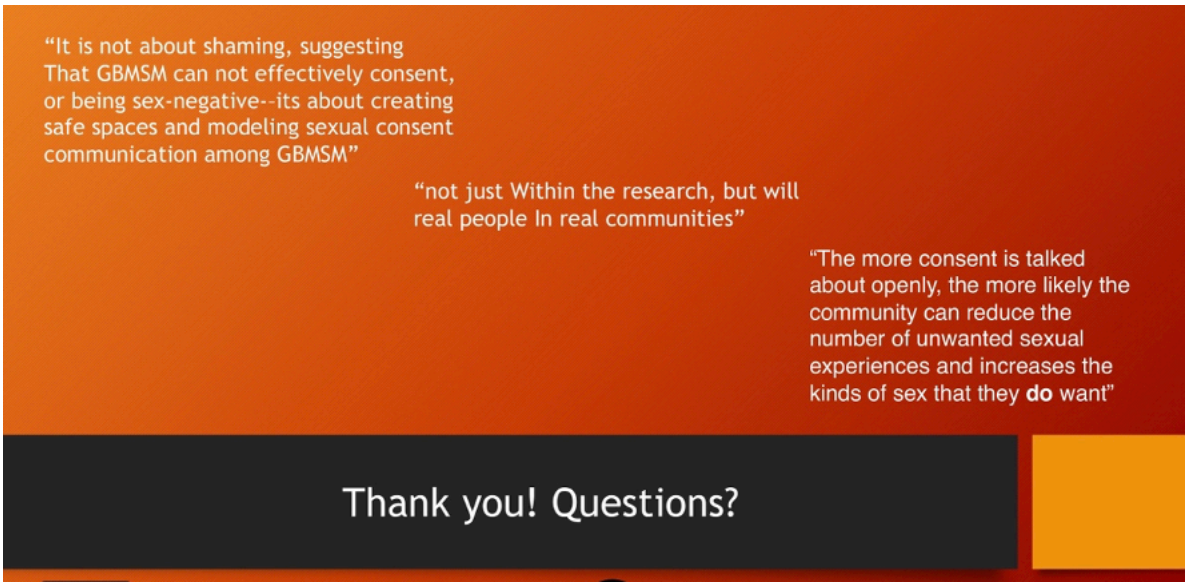
- Problematic hierarchies within the community
- Script monitoring and mirroring (e.g., what does it "look like" to be a gay man, how can I fit in to this new community)

> There is this image of what perfect is, and many groups don't fit it and it makes it hard for them--almost more self-conscious or focused on perfecting their body to make up for other 'faults'. 'No Asians' is a common one to see. I'm not Asian, but I hate that kind of racist bullshit. Or there is the DDF or 'clean'…all of which is used to weed out HIV positive men, because some how they are not 'clean'. I'm appalled by all the HIV phobic comments and know how it affects poz men. Another one is about 'no feminine guys/no faggots', or 'be masculine'…the list goes on (Juan, 34, Canada)

Ending on a Positive Note

- More research
- More social movements (e.g., #MeToo, video's of GBMSM talking about their lived experiences)
- More accountability, legal repercussions (e.g., Kevin Spacey), and acceptance/training of police
- More diversity and exposure to GBMSM in media (e.g., Sex Education

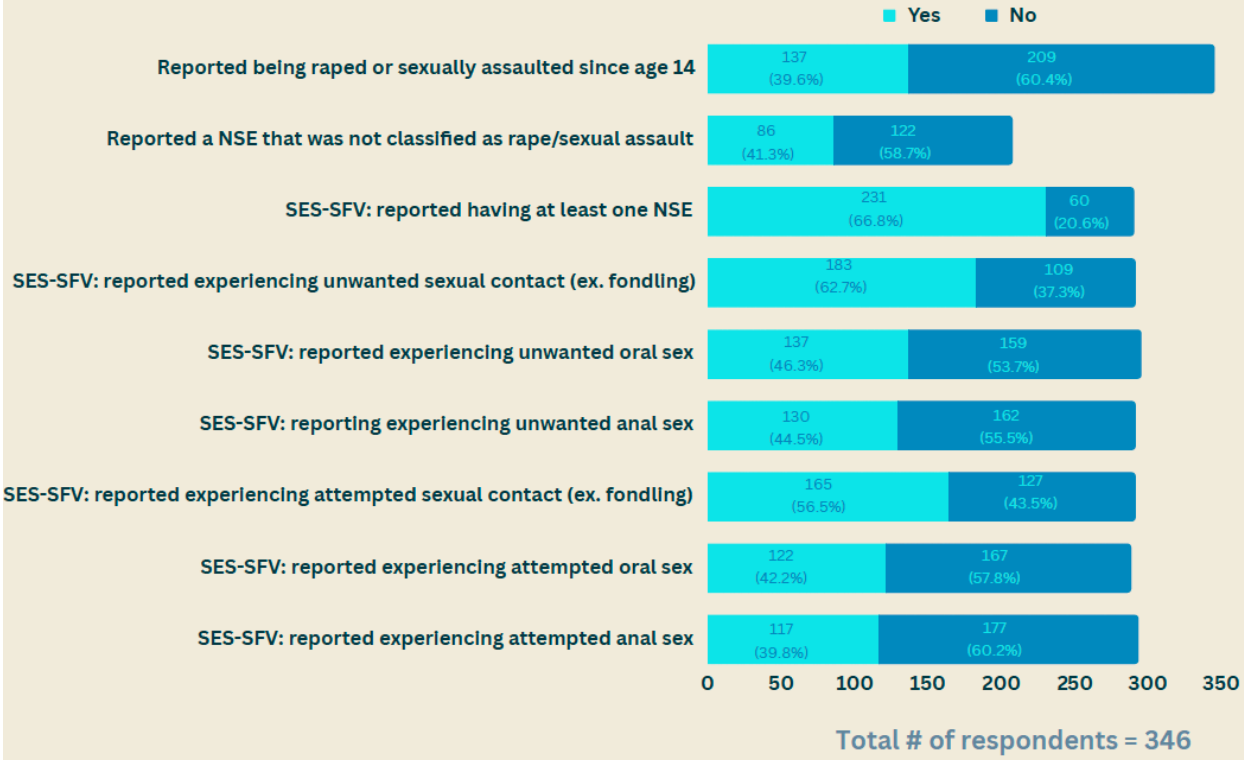
- Greater acceptance and tolerance in some regions of the world


"It is not about shaming, suggesting
That GBMSM can not effectively consent,
or being sex-negative--its about creating
safe spaces and modeling sexual consent
communication among GBMSM"
"not just Within the research, but will
real people In real communities"
"The more consent is talked
about openly, the more likely the
community can reduce the
number of unwanted sexual
experiences and increases the
kinds of sex that they **do** want"
Thank you! Questions?

Appendix L – Community Infographic Report

TYPES OF Non-Consensual Sexual Experiences (NSEs) REPORTED

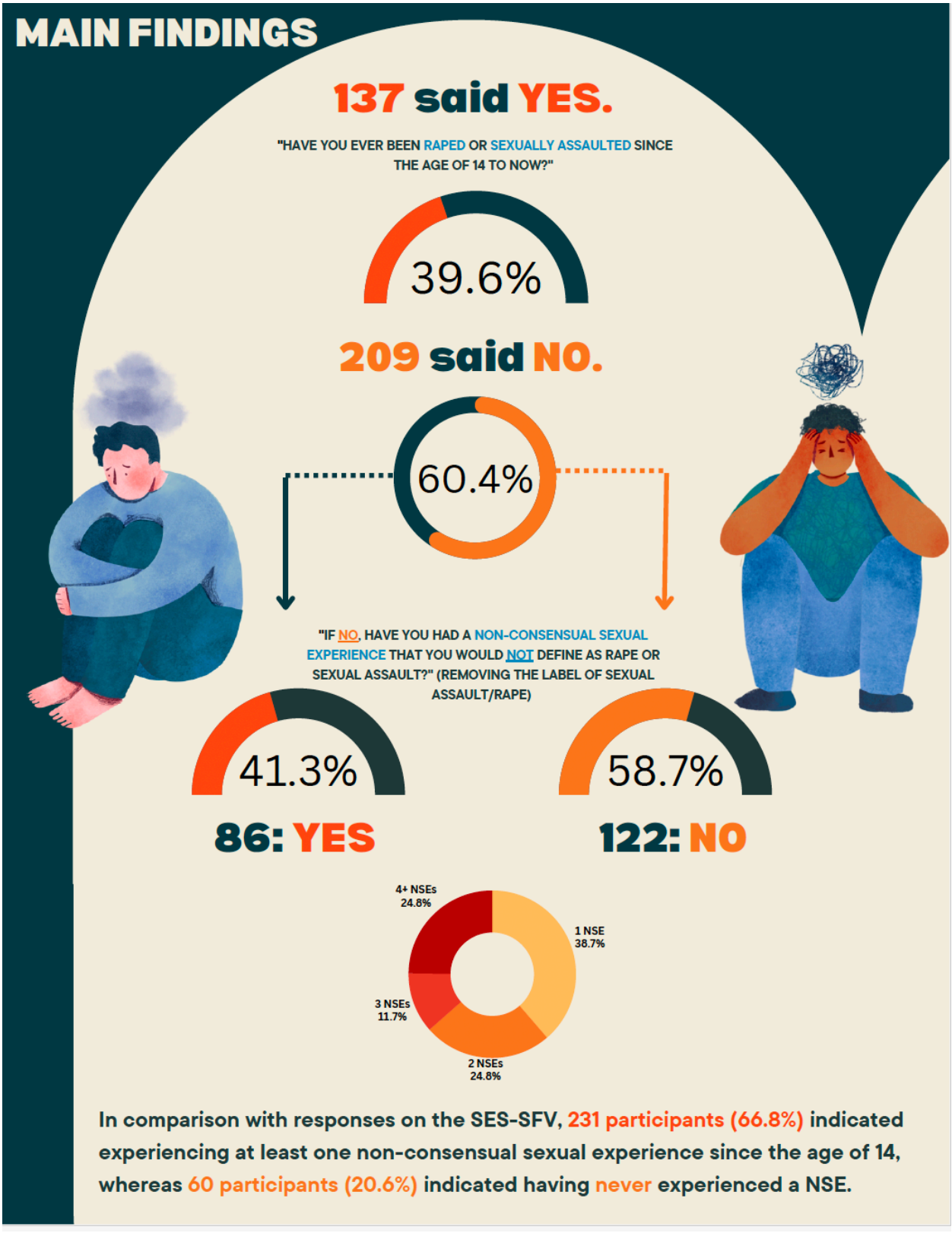
The Sexual Experiences Survey-Short Form Victimization (SES-SFV; Koss & Oros, 1982; Koss et al., 2007) **assesses past experiences of sexual victimization and uses questions that describe behaviours rather than using labels** (e.g., someone put their penis in by butt without my consent by using force).



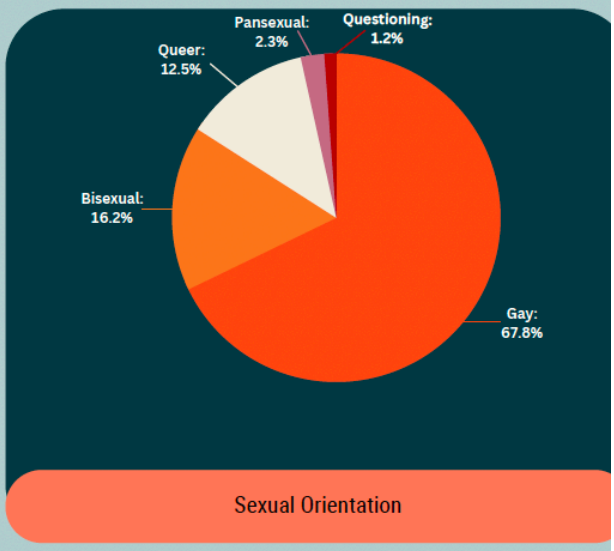
Total # of respondents = 346

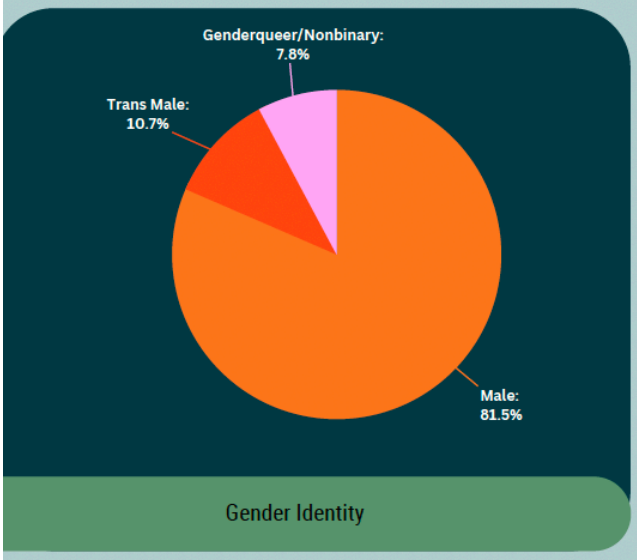
231 participants indicated experiencing at least one nonconsensual sexual experience 66.8%

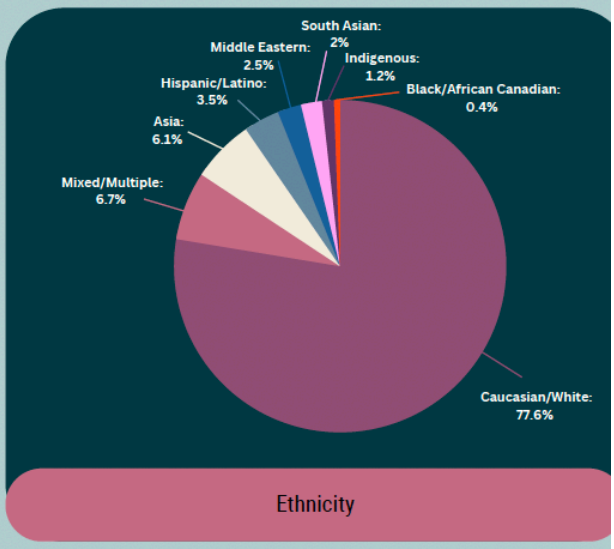
- **Of those participants, 183 indicated experiencing forced sexual contact** → 62.7%
- **With 130 participants experiencing forced anal sex** → 44.5%
- **And 137 experiencing forced oral sex** → 46.3%


MAIN FINDINGS
137 said YES.
"HAVE YOU EVER BEEN RAPED OR SEXUALLY ASSAULTED SINCE THE AGE OF 14 TO NOW?"
39.6%
209 said NO.
60.4%
"IF NO, HAVE YOU HAD A NON-CONSENSUAL SEXUAL EXPERIENCE THAT YOU WOULD NOT DEFINE AS RAPE OR SEXUAL ASSAULT?" (REMOVING THE LABEL OF SEXUAL ASSAULT/RAPE)
41.3%
86: YES
58.7%
122: NO
4+ NSEs 24.8%
1 NSE 38.7%
3 NSEs 11.7%
2 NSEs 24.8%
In comparison with responses on the SES-SFV, 231 participants (66.8%) indicated experiencing at least one non-consensual sexual experience since the age of 14, whereas 60 participants (20.6%) indicated having never experienced a NSE.

Participant Demographics



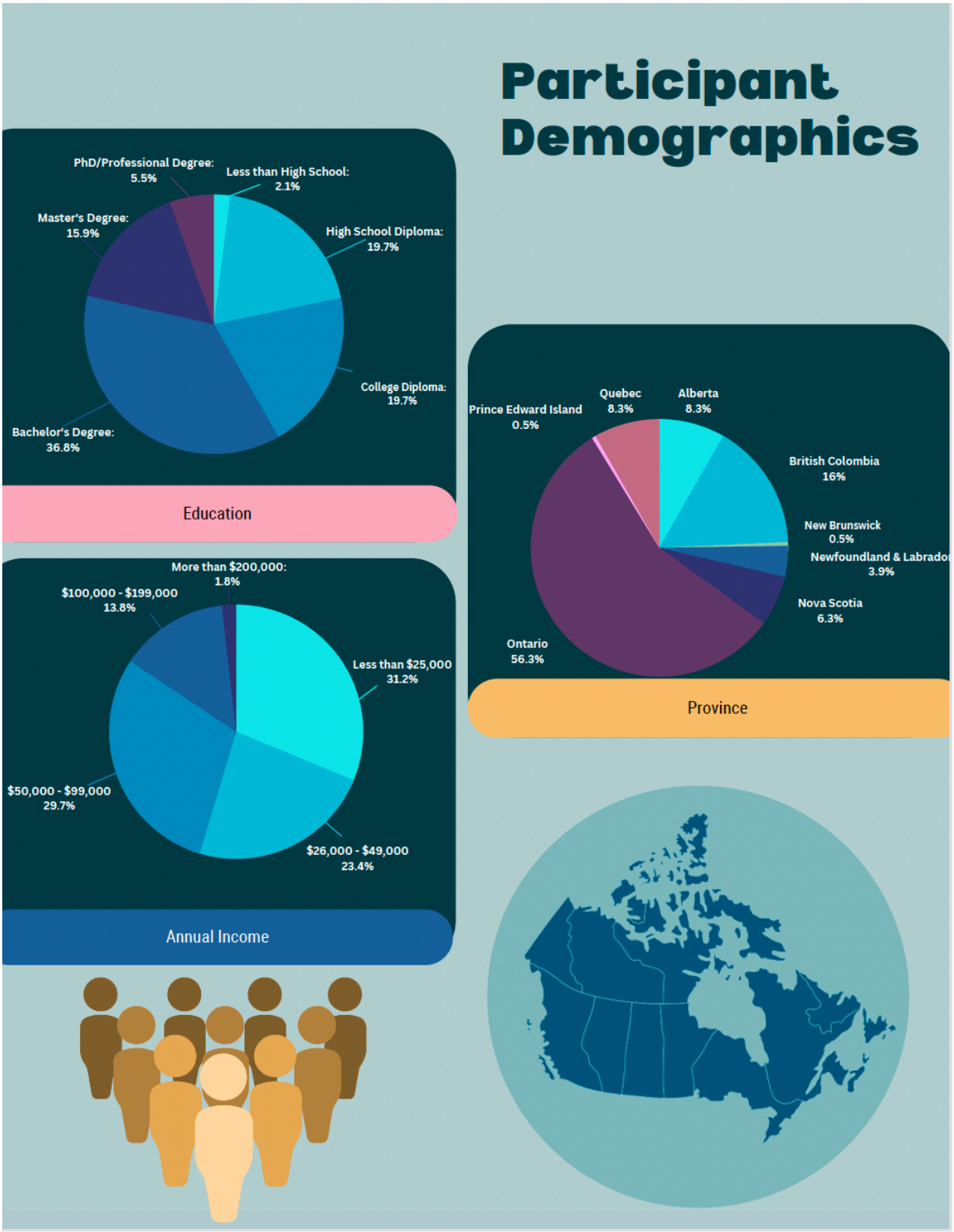




346
Total Participants (N)
ages: 19-77

67.8%
Identified as pre-dominantly gay

77.6%
Caucasian


Participant Demographics
PhD/Professional Degree: 5.5%
Less than High School: 2.1%
Master's Degree: 15.9%
High School Diploma: 19.7%
College Diploma: 19.7%
Bachelor's Degree: 36.8%
Education
Prince Edward Island 0.5%
Quebec 8.3%
Alberta 8.3%
British Colombia 16%
New Brunswick 0.5%
Newfoundland & Labrador 3.9%
Nova Scotia 6.3%
Ontario 56.3%
Province
More than $200,000: 1.8%
$100,000 - $199,000 13.8%
Less than $25,000 31.2%
$50,000 - $99,000 29.7%
$26,000 - $49,000 23.4%
Annual Income

PERPETRATOR TYPE

Casual Partner (e.g., club, website)
119 (34.4%)

Romantic Partner (e.g., dating)
56 (16.2%)

Boss/Authority Figure
19 (5.5%)

Family Member
21 (6.1%)

Friend/Acquaintance
43 (12.4%)

Stranger (e.g., completely unknown to you)
66 (19.1%)

***These results suggest that the most common perpetrator types amongst the participants were:**

1. **Casual partners met via a club or online** — 34.3%
2. **Strangers** — 19.1%
3. **Romantic partners** — 16.2%

*Fewer respondents answered this question


"Yes, I drove to my friend's house at 4 in the morning after it happened and cried in a national park. The support from my friends was the most important thing in the end." (age 19, gay)
"I avoided certain roles in sex (being submissive) for years and didn't/still don't like people touching my genitals unless I initiate it." (age 20, gay)
Quotes from participants
Participants were asked "if you have experienced prior non-consensual or unwanted sexual experience(s), how do you cope following?"
"I had a difficult time coming to terms with the fact that it wasn't my fault. He said he didn't hear me say no, but I did twice" (age 28, queer)
"lots of therapy to this day. Making jokes about the lighter experiences. But lots of therapy." (age 22, gay)
"I did experience a couple situation[s] and they weren't pleasant. I coped with them by suppressing them and not really thinking" (age 35, gay)
"I did not cope. I was deeply mentally scared and traumatized. I became depressed and suicidal... And I am still affected by it to this day but mainly just by the memory of the abuse." (age 28, gay)
Negative
Positive
Long Term Outcomes

Participants were asked: **"What unique barriers, if any, do you believe that GBMSM** (Gay, Bisexual, and other Men who have Sex with Men) **may face when navigating sexual consent with a potential partner?"**

"The stigma of sexual health, specifically the conversation of HIV, including the language that is used ('clean' instead of negative, 'dirty' insead of positive, etc.)." (age 22, queer)

"Misunderstanding about roles. Some guys want me to top them and I thought they knew I don't do that." (age 35, bisexual)

"High expectations to follow through with sex once an encounter begins." (age 29, bisexual)

"Not being taught sexual consent as it relates to non straight/cis sex in school therefore not knowing how to navigate through it." (age 19, queer)

"The sense of urgency and location of many sexual encounters do not lend themselves to conversation about consent." (age 62, gay)

"Some may think that they need to instigate or be aggressive or dominant." (age 34, queer)

"Some guys might have trouble asking for condom use especially if they worry about the other person not wanting to have sex with them if they have to use condoms." (age 33, gay)

"Some men have difficulty or are uncomfortable expressing their expectations." (age 50, gay)

"Prevalence of drugs/alcohol in the gay community." (age 30, queer)

"Sexual consent on hook up apps is very difficult to navigate. Sexually explicit material is often sent without consent from the receiving party." (age 31, queer)

"As a trans man... it's difficult (and borderline impossible) to navigate safety without first disclosing that I'm trans." (age 20, gay)

"It is often assumed that everyone is always looking for sex. Even after saying no, men will still keep at it." (age 21, gay)

"Implicit pressure to be down for whatever." (age 35, bisexual)

Recommendations

- Create more **educational programming** on sexual consent and relationships among GBMSM in school settings.

- Establish GBMSM **cultural sensitivity training programs** for frontline responders and mental health professionals to participate in.

- Develop more **peer support groups** dedicated to discussing NSEs with mental health providers.

- Increase the **accessibility of mental health services** to maximize positive coping strategies among GBMSM who have experienced NSEs.

Key Takeaways

- Of the **346 GBMSM** surveyed across Canada, **66.8%** reported having **one or more NSEs** (non-consensual sexual experiences) since the age of 14.

- If you have experienced a non-consensual sexual experience, know that **you are not alone**. Talking to others in the community can be important.

- **The way we label our experiences matters**. Not all GBMSM with NSES will identify with the labels of sexual assault and rape.

- GBMSM have **unique barriers** that can make sexual consent more complicated (e.g., sexual positioning, stigma, expectations/assumptions, disclosure).

Special Thanks

We could not have reached as many GBMSM across Canada had it not been for so many amazing drag performers sharing our study recruitment on their socials. Thank you to the following performers whose posts resulted in participation in the study:

Aimee Yonce Shennel (@aimeeyonce) - Ottawa, ON
Alma Be (@the.alma.be) - Vancouver, BC
Aunty Vas (@auntyvasxoxo) - Ottawa, ON
Bambi Dextrous (@thebambidextrous) - Montreal, QC
Barbada (@barbada.ca) - Montreal, QC
Barbra Bardot (@barbrabardot) - St. John's, NL
Chimaera (@itschimaera) - Hamilton, ON
Deborah Kadabra (@deborah.kadabra) - Quebec City, QC
Divine Intervention (@gvilevil) - Vancouver, BC
Eda Kumquat (@edakumquat) - St. John's, NL
Eva Lasting (@miss.eva.lasting) - Vancouver, BC
Fashionista Jones (@fashionistajones) - St. John's, NL
Fifi Hoo-Kers (@fifihookers) - Ottawa, ON
Gemma Nye (@higemmanye) - Edmonton, AB
Helena Poison (@thehelenapoison) - Toronto, ON
Henrietta Dubet (@henriettadubet) - Victoria, BC
Holli Cow (@farmgirlholli) - Ottawa, ON
Irma Gerd (@queen.irmagerd) - St. John's, NL
JD Merciii (@jd_merciii) - Ottawa, ON
Jimbo (@jimbothedragclown) - Victoria, BC
Kiki Coe (@coekiki) - Ottawa, ON
Kimmy Couture (@itskimmycouture) - Ottawa, ON
Lavender Skyes (@lavendersykesdrag) - London, ON
Nikki Chin (@nickkichin89) - Toronto, ON
Oceane Aqua-Black (@oceaneaquablack4) - Montreal, QC
Ophelia Delight (@ophelia_delight) - St. John', NL
Pepper Mache (@peppermachequeen) - Toronto, ON
Rouge Fatale (@RougeFatale) - Dartmouth, NS
Ruby Foxglove (@therubyfoxglove) - Ottawa, ON
Sahira Q (@dragsahiraq) - Peterborough, ON
Shavonne (@theshavonne) - St. John's, NL
Stivy Schatzi (@stivy.qc) - Quebec City, QC
Sunshine Glitterchild (@sunshineglitterchild) - Ottawa, ON

...and so many other performers and organizations

APPENDIX M

Supplemental Table

Table 1

Participant Recruitment Methods

Social Media Recruitment/Postings	*n*	%
Friend's social media page	173	51.6
Drag performer's social media page	67	20
Reddit	55	16.4
Online listserv	15	4.5
Organization & club social media page	13	3.9
MAX Ottawa	12	3.6