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"You're Gay, It's Just What Happens": Sexual Minority Men Recounting Experiences of Unwanted Sex in the Era of MeToo

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ABSTRACT

Our grounded theory analysis derives from in-depth interviews conducted with 24 gay, bisexual, queer, and other men who have sex with men (GBM) living in Toronto, Canada, to understand their experiences of sexual coercion. Participants drew on discourse from the #MeToo movement to reconsider the ethics of past sexual experiences. The idea that gay or queer sex is inherently risky and unique from heterosexual relations made negotiating sexual safety challenging. These notions were enforced by homophobic discourses on the one hand, and counter discourses of sexual liberation, resistance to heteronormativity, hegemonic masculinity, and HIV prevention on the other. Biomedical advances in HIV prevention such as pre-exposure prophylaxis (PrEP) and undetectable viral load affected how some participants felt about sexual autonomy and safety. Participants held themselves responsible for needing to be more assertive within sexual encounters to avoid coercion. Many believed that unwanted sex is unavoidable among GBM: if "you're gay, it's just what happens." Targeted education aimed at GBM communities that incorporates insights on GBM sexual subcultures is necessary. This work must be situated within a broader understanding of how gender norms and hegemonic masculinity, racism, HIV status, and other power imbalances affect sexual decision-making, consent, pleasure, and sexual harm.

Introduction

There has been growing scholarly interest in the topics of unwanted sex and sexual violence among gay, bisexual, queer, and other men who have sex with men (GBM) (Felix et al., 2021; De La Ossa, 2016; McKie et al., 2020; Salter et al., 2020; Sternin et al., 2021). Approximately 30%-47% of GBM report experiencing a sexual assault over their lifetime (Black et al., 2011; Chen et al., 2020; Rothman et al., 2011). In their study of 41,174 adults in the US, Chen et al. (2020) documented a lifetime prevalence of contact sexual violence among gay and bisexual men of approximately 38% and 39%, respectively. Prevalence of rape was documented at 14.5% among gay men and 11.3% for bisexual men. Levels of sexual coercion were similar (16%) among gay and bisexual men, while unwanted sexual contact was reported by 26.5% and 29.2%, respectively. These numbers were considerably higher than for heterosexual men, who reported a prevalence of contact sexual violence of nearly 17%, 1% for rape, 5.6% for sexual coercion, and 12.8% for unwanted sexual contact.

Given variability across studies, especially with how sexual harms are defined (i.e., coercion, assault, non-volitional sex, unwanted sexual contact, intimate partner violence, gender-based violence), it is important to remain critical of this emerging scientific narrative. Some definitions may overstate or understate the issue, collapsing together or ignoring complex social processes (harassment, stalking, emotional abuse, condom negotiation, HIV biomedical prevention, withdrawn consent, etc.). While continued quantitative measurements of sexual harms are needed, this scientific literature also needs to be supported by qualitative inquiry that can elucidate the nuances of everyday sexual decision-making and sexual ethics, and the intersecting nature of various forms of sexual violence. It is also necessary to understand how shifting social and cultural norms among GBM populations shape how sexual coercion is understood, accepted, and, importantly, resisted (Braun et al., 2009).

By *sexual coercion* we rely here on Braun et al.'s (2009) broad definition of "a range of ways in which men may be forced or pressured to have unwanted sex" (p. 340). This includes through direct force without consent, as well as through indirect pressure and the absence of explicit non-consent. Sexual coercion encapsulates a spectrum of unwanted sexual encounters which range from uncomfortable to more severe forms of sexual violence such as rape. This definition is influenced by Gavey's (2005) concept of *cultural scaffolding* which is defined as the "discourses of sex and gender that produce forms of heterosex that set up the preconditions for rape – women's passive, acquiescing (a)sexuality and men's

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forthright, urgent pursuit of sexual 'release.' These script a relational dynamic that arguably authorizes sexual encounters that are not always clearly distinguishable from rape" (p. 3). By scripting, Gavey is referring to how circulating cultural narratives regarding how sexual interactions *should* unfold come to influence social actors' behaviors. With cultural scripts often framing male dominance and sexual "assertiveness" over women in all (even "consensual") dating and sexual encounters as natural and desired, "everyday taken-for-granted normative forms of heterosexuality" (p. 2) can then produce the social and cultural conditions that propagate and excuse sexual violence and heterosexual male predatory behavior.

Nonetheless, highlighting sexual coercion among GBM can be met with resistance. Firstly, notions of hegemonic masculinity (cultural and political beliefs that explain male identity and masculinity as inherently dominating) present all men, including GBM, as having unlimited sexual appetites and thus can occlude victimhood (Braun et al., 2009). Such beliefs are behind the prevailing notion that men cannot be raped, which studies have shown can prevent some GBM from reporting sexual assault to the police (Jackson et al., 2016). Moreover, if sexual coercion is understood to be a product of power-imbalances between genders, then encounters between men cannot *a priori* be coercive. Indeed, social, cultural, and epidemiological discourses regularly present GBM as highly sexually active, sexually desirous, and sexually "assertive," thus obscuring sexual coercion within this population (Toro-Alfonso & Rodríguez-Madera, 2004). Research has also shown that social desirability for male sexual aggressiveness can lead some GBM to accept sexual conditions that could otherwise be understood as problematic (Toro-Alfonso & Rodríguez-Madera, 2004), and that some GBM may excuse intimate partner violence as inevitable features of masculinity (Oliffe et al., 2014).

Secondly, a hesitancy to describe patterns of unwanted sex among GBM can be a product of scholars wishing to avoid reproducing homophobic ideas long supported by scientific, medical, legal, and religious discourses that have framed sexual and gender minorities as deviants, criminals, predators, pedophiles, and rapists. Necessary political and scholarly work has been done to reframe same-sex relations as healthy, legitimate, and not inherently violent (Conrad & Schneider, 1992). Nonetheless, recent media analyses have demonstrated how these harmful stereotypes still infiltrate reporting on sexual misconduct cases involving GBM (Hindes & Fileborn, 2020). Thirdly, given the HIV epidemic, the need to present GBM sexual relations as safe, consensual, and pleasurable has become a political and public health imperative. Research on HIV prevention has documented the role of context, power, masculinity, trauma, substance use, and intimate partner violence in determining the negotiation of HIV risk, sexual consent, and serostatus disclosure (Adam, 2016). Nonetheless, though interested in exploring sexual violence, this scholarship has tended to prioritize understanding HIV outcomes, a necessary, but incomplete part of understanding sexual coercion among GBM.

While research on sexual coercion among GBM is relatively nascent, existing scholarship has begun to explicate the complexity of this issue. In their qualitative study conducted in Aotearoa/New Zealand, Braun et al. (2009) noted how coercive dynamics shape GBM sexual relations, including: power imbalances tied to age differences; feelings of obligation to have sex; and the use of drugs and alcohol to force sex. Their participants often engaged in unwanted sex without direct pressure, but rather from "prescriptive cultural norms including dominant discursive constructions around masculinity and male sexuality" (p. 355), which come to frame GBM as always desiring and willing to have sex (for example, pornography). McKie et al. (2020) found similar dynamics in their mixed methods study on GBM in North America and Western Europe conducted in early 2015. They also noted power imbalances between receptive (bottom) and penetrative anal sex partners (tops); challenges with finding the right moment to negotiate consent; forced insertion and HIV risk; the diversion of sexual advances; and the pervasiveness of casual sexual harassment in GBM venues (e.g., grabbing, forced kissing). Further analysis from this dataset revealed beliefs that consent practices among non-heterosexual men are inherently different from heterosexual relations, as they are perceived to be more immediate, less emotionally involved, and more likely to occur anonymously (Sternin et al., 2021). However, studies focussing principally on sexual coercion have often missed opportunities for intersectional analysis, including on the grounds of HIV status, transgender identity, and race, which is undoubtedly necessary to understand how power and oppression inform sexual decision-making (Aspin et al., 2009; Scheim et al., 2019).

There have also been significant biomedical and cultural shifts affecting GBM sex since these prior studies were conducted. Firstly, there have been monumental changes in HIV prevention. This includes the scientific confirmation and community promotion of the understanding that people living with HIV who have a suppressed or undetectable viral load cannot transmit the virus (i.e., undetectable equals untransmittable or U = U), and the roll out of pre-exposure prophylaxis (PrEP) in Canada since 2016, the regular use of HIV antiretrovirals by HIV-negative persons to prevent HIV infection (Gaspar et al., 2019; Grace et al., 2020).

Secondly, in October 2017, the #MeToo (#TimesUp) movement erupted globally, exposing the pervasiveness of sexual misconduct across society. Though principally focused on women and heterosexual relations, there has been growing interest in understanding the implications of the #MeToo movement for queer communities (Hindes & Fileborn, 2020). Some cultural critics have noted that GBM sexual practices fundamentally differ from heterosexual norms, and that ignoring these nuances can eclipse dimensions of GBM sexual liberation, thus potentially overstating the degree of sexual harms GBM encounter (Kornhaber, 2019). Put differently, framing more social practices under the rubric of sexual coercion or sexual misconduct can also reproduce notions of gay sex as dangerous, the exact opposite of what gay and queer liberation politics has aimed to do. Others, however, have opined that there is a "culture of silence" obscuring GBM sexual violence (Segalov, 2018). Some have critiqued the normalization of unsolicited "dick pics," "assumed consent" during hookups that were initiated online, and a sense of entitlement GBM have to making sexual advances (Franco, 2018; Moore, 2017). While these behaviors are also enacted by heterosexual men, some commentators have presented them as constructing

a distinct "rape culture" among GBM (Franco, 2018; Moore, 2017).

Much like the #MeToo movement more broadly, these conversations about GBM sexual practices demonstrate that what had perhaps once passed as "acceptable" behavior may now be questioned. Thus, for this study we drew on in-depth interviews with GBM collected during the rise of #MeToo in order to better understand their experiences of unwanted sex. Our study offers original contributions by examining how GBM are making sense of sexual coercion within a rapidly shifting social, cultural, and biomedical landscape.

Given the focus of this analysis, absent below is a reflection on the positive and non-coercive dimensions of GBM sex. As noted above, there can be some hesitancy toward documenting experiences of sexual violence among GBM, for fear that such evidence will become ammunition for homophobes. As a team of researchers – many of whom are gay men – we are committed to fostering the health of sexual minorities and understand the necessity of presenting positive portrayals of queer sexualities. However, as the first author has argued elsewhere: "Silence on this issue [i.e. sexual misconduct] does not tackle homophobia, but only normalizes everyday forms of violence against sexual minorities" (Namaste et al., 2020, pp. 4–5). The focus of our current analysis is not meant to suggest that sexual coercion is the principle frame by which to make generalizations about queer sexualities. Not all GBM experience sexual violence. Our goal is not to pathologize GBM sexuality. Rather, we aim here to gain a better understanding of the intersecting systemic factors that facilitate and at times occlude negative and coercive sexual encounters among GBM, in order to produce community education and discourse that supports positive, affirming sexual experiences.

Method

Measures

This analysis derived from 24 in-depth interviews conducted with GBM living in Toronto, Canada. The first author completed these interviews between October 2017 to January 2018. The overarching objective of the qualitative study was to examine GBM's mental health. We gathered data on the following domains: HIV and mental distress (Gaspar et al., 2019); mental healthcare access (Gaspar et al., 2021a); substance use and mental health (Gaspar et al., 2021b); and mental health and sexual health, with attention to sexual coercion (current analysis). This interest in sexual coercion preceded the start of #MeToo. The interview guide was finalized and approved by the study's community engagement committee (i.e., an advisory board made up of GBM stakeholders in Toronto) and the research ethics boards at the University of Toronto, Ryerson University, and the University of Windsor in the summer of 2017. The inclusion of questions on sexual coercion was a response to the limited literature in this field, especially in the Canadian context. That data collection occurred during a massive cultural awakening on sexual misconduct was a coincidence. This timing did, however, affect how many participants spoke about unwanted sex.

Participants

The participants were recruited from a larger, national mixed-methods study called Engage, which is focusing on the health of sexual minority men. Engage participants who agreed to be contacted for additional studies were emailed to determine their interest in participating in this qualitative interview. For this study, we aimed to recruit a diverse sample, factoring in age, race, gender identity, HIV status, and mental health experiences. We did not state in our recruitment e-mails that we were looking for GBM who had experiences with sexual coercion or sexual violence. This allowed us to speak to GBM who may not have been inclined to participate in a study exclusively on sexual misconduct. Research has indicated that explicitly framing a study's objectives around sexual coercion can deter some GBM from participating, even though they may be interested in sharing their thoughts on sexual ethics (Namaste et al., 2020). Indeed, many participants did *not* consider their experiences documented below to be explicit acts of coercion. These insights were invaluable to informing the following analysis.

Procedure

The one-on-one interviews were conducted after participants gave informed consent, and took place in a private meeting room at a local university. An interview guide covering the main domains listed above was used, which also included socio-demographic questions. The interview style followed an active approach (Holstein & Gubrium, 1995), whereby participants were prompted to discuss their mental health experiences from as far back as they could remember to the current moment, rather than going through the interview guide question-by-question. In many instances, participants brought up issues of sexual coercion without direct probing by the interviewer, as these experiences were tied to their broader narratives on mental wellness. Nonetheless, all participants were asked the following in the final section of the interview: 1) Have you ever had sex or been in a sexual situation that you were uncomfortable with?; 2) Have you ever felt pressured or coerced into having sex?; 3) Have you ever had sex/been in a sexual situation that you feel you didn't fully consent to? Participants received 30 CAD for their participation.

Analysis

The interviews were audio recorded, transcribed verbatim, and analyzed in NVivo 11 using a constructivist grounded theory approach (Charmaz, 2014). Grounded theory was selected because the literature on GBM sexual coercion and violence is relatively nascent, and thus there are no extant theories or frameworks that can yet adequately explicate the phenomenon. A grounded theory analysis allowed us to begin to descriptively chart the contours of the issue and propose hypotheses that can then be tested in subsequent studies. The full transcripts were first coded line-by-line for all possible themes by the first author. To achieve consensus and reliability of interpretation, the coauthors provided feedback through repeated rounds of

revisions that included detailed versions of the results. This built familiarity with the dataset as a whole to understand the intricacies of each participant's account, to document commonalities across participant accounts, and to develop preliminary hypotheses. We then sequentially examined key substantive areas: HIV and mental health, mental healthcare access, substance use, and sexual coercion. The following analysis thus derives from close attention to how each participant has managed a range of mental and sexual health issues over their life course. Following the precepts of Charmaz's (2014) approach to grounded theory, the initial coding of the data on sexual coercion was inductive, but was then iteratively refashioned through an engagement with the literature introduced above, including theoretical concepts such as cultural scaffolding. The results remain largely descriptive, focusing on the lived experiences of GBM managing sexual coercion. However, our analysis builds toward a theoretical argument on the prominence of notions of *inherent risk* and *sexual exceptionalism* in shaping experiences and perceptions of unwanted sex among GBM. These themes emerged prominently in the data, cutting across all the topic areas explored below. The names used below are pseudonyms.

Results

The participants' (n = 24) ages ranged from 22 to 59 years old, with a mean age of 37. The majority (92%) identified as gay and/or queer, while 2 (8%) identified as bisexual. One participant identified as trans and another as gender non-binary. Nine participants (38%) were living with HIV. Half of our participants reported annual incomes of 40,000 CAD or lower. Fourteen participants (58%) identified as white, 3 (13%) as Black, African or Caribbean, 3 (13%) as East or South Asian, 2 (8%) as Latino, and 2 (8%) as Middle Eastern.

Based off of their interview responses to the sexual coercion questions, four (17%) participants answered that they had never been in a sexual situation that they were uncomfortable with or were coerced into. Twelve participants (50%) described sexual circumstances that they deemed uncomfortable, but not necessarily coercive. Eight participants (33%) described experiences of explicit sexual coercion; 3 (13%) of these men detailed being raped. Below we outline five key dynamics that emerged from the participants' descriptions of their experiences with (potentially) coercive sex: navigating uncomfortable sex; the role of HIV risk and biomedical advances on consent and coercion; the influence of gender norms and aggressive sex on consent and sexual comfort; the influence of race, fetishization and white supremacy on consent and sexual comfort; and the normalization and minimization of sexual violence among GBM.

Navigating Uncomfortable Sex

Two thirds of the participants (n = 16) expressed not experiencing sexual coercion or *explicit* non-consensual sex, in that they did not report experiences where they actively refused advances that led to sex or that they unsuccessfully tried to stop sex once it started. Many of these men, however, detailed experiences of discomfort/reluctance in sexual situations. Though these men did not express *explicit* non-consent, they did not express enthusiastic or non-ambiguous *consent* either. Mitchell (50s) described some of his experiences as such:

> Nothing like a Harvey Weinstein or anything, or nothing like work related, but I've probably had friends that liked me in that way and I didn't like them and just kind of went with it because I didn't want to hurt them, but [I] knew it wasn't going to be good and it's not going to be something I really wanted to do.

Mitchell drew on an analogy from #MeToo (i.e., Harvey Weinstein was #MeToo's highest profile case) to distinguish his uncomfortable sexual encounters from clear violations of power. Liam (30s) similarly described having sex with partners reluctantly because "my anxieties around worrying about not pleasing people." And Kris (20s) discussed how he often carried along with sex out of obligation:

> And then, I just remember one person, especially that happened with, I tried to avoid having sex, but then I kind of felt like, obligated to because I just didn't know how to—I didn't know how to bow out without feeling so embarrassed, if that makes sense? And then so I ended up having, well, you know, having sex but not really being very engaged at all and wanting to leave very quickly.

Meanwhile, Justin (20s) discussed how he often goes along with sex "because I feel guilty because I said I would" and because he worried that the person would spread rumors that he is a "tease." He reflected on this dynamic by taking personal responsibility: "And like, I should get better being like, hey, you don't really look like how you looked like [on the dating/hook up app], or hey, I'm not really in the mood." Justin discussed only "very rarely feel[ing] uncomfortable with sex except the communication of sex":

> When I do have sex that's a little bit more intense, I find that there's more communication with it with the partners that I choose to have sex with, which makes . . . I find that when it's just like more vanilla, so it's like great, we're just going to hook up, I find there's more miscommunication, more like oh, I didn't really like that, or like oh, you didn't really like that, sorry. Or like oh, I shouldn't have really done that. But when it's – which is funny, cause there's this stereotype of it's all just like leather, dark room, you know, consent issues. And within that community there's sometimes that stuff but I am not a part of the community, just like, my individual partners. It's just all about communication and it's funny because when you think of like, BDSM or leather or stuff like that, it's just like oh, that's like all really fucked up and how can you dominate someone? It's like, because they asked for it and we communicated about what they wanted and what they didn't want.

Justin's comments are illuminating for showing how he actually found it easier to communicate and negotiate sexual boundaries when having sex on the "BDSM side of things" since "it's all about communication." This contrasts to cultural perceptions of BDSM as dangerous.

Participants also described how sexual partners being drunk or on drugs sometimes made them uncomfortable. Cameron (30s) mentioned having "escaped" situations that were "sketchy" because of the other man's drug use. And Sanjay (30s) discussed inviting a man that he met at a bar to his house for sex who started exhibiting "erratic" behavior. Sanjay criticized himself for picking up this stranger: "This is bullshit. You know absolutely nothing about this person and to bring them into your space, you know?"

These findings indicate that some GBM may feel obligated to have sex after an initial understanding that sex is on the table (Braun et al., 2009; McKie et al., 2020). By comparing their experiences of uncomfortable encounters to more severe cases of sexual violence or coercion (e.g., Weinstein), and making themselves accountable for needing to be more assertive in sexual negotiations, the participants often normalized these moments of unwanted sex. Arguably, this reflects a cultural scaffolding of sexual violence, an acceptance of the inevitability of sexual discomfort and reluctant or ambivalent sexual exchanges. Participants did not tend to blame the other man for a failure to read cues of discomfort (non-verbal non-consent) (see too Braun et al., 2009). These examples also demonstrate the complexity of consent (De La Ossa, 2016). While *explicit* non-consent or forced sex might be easier to describe as coercive, the presence of ambivalence, discomfort, confusion, and ambiguous sexual attraction, can be harder to pin down as coercive or as explicit acts of unwanted sex, no doubt since such emotions may also be present in decision-making that also leads to fully consensual, affirming sex. These contradictions created a context where some GBM could then easily blame themselves for not providing *explicit* non-consent if the sex they had was not fully desired.

The Role of HIV Risk and Biomedical Advances on Consent and Coercion

A few participants discussed sexual encounters that started off consensually until the other man moved forward to intercourse without a condom. In these instances, HIV risk shaped the interpretation of harm. Phil (30s), for example, recounted one situation that led him to take post-exposure prophylaxis (PEP, taking antiretrovirals after a potential exposure to HIV to prevent infection): "I wasn't sexually assaulted, but some sex happened that I didn't consent to that was neither violent nor awful, nor anything. I was just like, "What are you doing? You can't do that."' Phil described the encounter in more detail:

> I didn't feel assaulted. I didn't feel offended. I was just like, the guy was an asshole. Again, it was an extraordinarily low risk activity. It was like the tiniest amount of anal sex imaginable, but I was like, "Wait a minute. Excuse me?" That sort of thing.

Following this, Phil decided to go on PrEP. Carlos (20s) described a similar experience involving unsolicited condomless anal sex and PEP and then an eventual decision to begin using PrEP. However, he framed the severity of his experience differently:

> I was actually assaulted during a date, and I went to go get PEP. [. . .]. It was a date, I was pretty excited. [He] came to [meet] me at work. We went back to [his] place. It became a sexual scenario, but he decided to put his dick in my ass without a condom, and that freaked me all the way out. So, I was, yeah, because I'm extremely specific about the way I have sex, in terms of, like, the gradation of consent—that has to be like constant, you know?

Carlos thus framed his experience explicitly as an *assault*, while Phil repeated that his experience was *not an assault*. While similar sexual encounters can be subjectively experienced differently, these cases also indicate that there may not be a shared understanding of how language should be applied to describe coercive sex. Phil's distancing from the word *assault* may also potentially be interpreted as an attempt to avoid this situation being read in legal terms, or a desire to avoid presenting himself as a sexual victim. Phil was explicit that he did not provide consent. However, since he considered the risk of HIV transmission to be low, and because the situation did not follow the dominate narrative of how sexual violence occurs (i.e., through physical violence, see Braun et al., 2009), he did not interpret the situation as an assault. The event may have been off-putting, but Phil communicated that he managed potential risks with self-assuredness and rationality, and not as a victim (Adam, 2016). Nevertheless, Phil's choice to go on PEP does suggest a higher degree of concern for HIV. Moreover, he brought up this encounter on several occasions throughout his interview, indicating that this experience at least somewhat negatively impacted his mental health.

In another interview, when asked if he ever had sexual experiences that he felt uncomfortable with or coerced into, Jimmy (30s), answered "yes, absolutely, many times." He described how his ex-boyfriend:

> Would bring guys over [that] then ended up naked in my bed. And he's like oh, look who I brought over and I'm just like, what the fuck? I'm like, okay, I guess I have to join in, right? Or, I remember, I'm like, oh, take me to a bathhouse 'cause you know, I've never been before. And I remember when I was there, he's like, let this guy do this to you, do this, do this, and I was just like, ugh! Yeah, so, there was a lot of that going on where he would kind of encourage me to do . . . cause like yeah, I was sexually curious, but he was kind of making decisions on my behalf or encouraging me to do things. It isn't like I was kicking and screaming and saying no, but I was – I had some reservations about it, for sure.

As Gavey (2005) noted, this narrative of a more assertive partner convincing a more hesitant partner into sex is not automatically coercive. However, its acceptance as *the* dominant cultural script on sex often makes it challenging to distinguish coercive from non-coercive sex, which is evident in Jimmy's comments. He started his account by "absolutely" claiming that these situations were coercive, before stating that he was not "kicking and screaming."

Jimmy immediately followed these comments with a description of how these experiences led him to start PrEP:

> But lately, or let's say since I started PrEP, I don't know, I just felt a lot more in control and healthy—healthier attitude towards my sexual health, I felt like. How could I put it? Yeah, like I could have . . . I could choose my partners, and I don't have to necessarily exclude anyone or if I did exclude someone, it is because of me.

The experiences of negotiating HIV risk made Jimmy consider some of his prior sexual relations as somewhat unwanted. However, by eliminating HIV risk with PrEP, Jimmy came to feel more autonomous and empowered in his sexual decision-making, thus making the sex feel more consensual by removing the ambivalence and anxiety associated with sexual health concerns.

For participants living with HIV, sexual consent and coercion were additionally challenging because of a legal duty in Canada to disclose their HIV-positive status if they are not undetectable and also are not using a condom (Kirkup, 2020). Fred (20s) expressed concerns about the criminalization of HIV non-disclosure. He had recently seroconverted and said

that he would only have sex with men on PrEP or other men living with HIV until his viral load was undetectable in order to avoid charges. Beyond legal ramifications, men living with HIV explained the challenges of communicating their HIV status to new sexual partners. Mitchell (50s) observed that "there was so much damn stigma" that made the disclosure of his HIV-positive status challenging, though he recognized the potentially problematic dynamics with not disclosing one's status even with an undetectable viral load: "I'll be the first to say that's not the right thing to do." However, for some of the HIV-negative men interviewed, PrEP and/or an undetectable viral load made the disclosure of HIV status less relevant and sometimes irrelevant (see too Gaspar et al., 2019).

The Influence of Gender Norms and Aggressive Sex on Consent and Sexual Comfort

Gender was another dimension shaping experiences of coercive sex. For example, one trans participant, Michael (30s), discussed meeting a man through a hookup app for sex. Though things started off consensually, the sex became aggressive:

> It turned into a wrestling match where he pinned me down, basically and made me submit. And like, it was rough enough that I had bruises for days afterwards, and it was—actually there was a moment during that where I actually had to accept that he was like, stronger than me, and that I wouldn't be able to get out if I wanted to. Which was like, terrifying, but then I had sex with him. So, I don't, I don't really know what to say about that, to be honest. [. . .] I feel like, you know, the good, like, feminist person in me would have, once he like [became aggressive] – wouldn't have had sex with him, right? Would've been like, you're an asshole, don't treat me like that, I'm out of here. But I didn't.

A perceived "failure" to be empowered during sex is being interpreted here as an individual-level failure to be a *good feminist*. This is significant given that feminism aims to empower individuals to be sexually autonomous. Thus, the very critical tools meant to protect vulnerable people from sexual harms can also work against them.

Michael then discussed an experience where his ex-boyfriend was aggressive during sex causing significant pain: "But I didn't . . . speak up, or like, ask him to stop." Discussing his reluctance to assert himself he stated:

> But yeah, it's just, it's instances like that where I should be taking care of myself better but for some reason . . . I mean, actually I don't know how often you hear gay men say this. So, I don't know if maybe this is just a [me] thing, but I have often thought to myself that I don't speak up because I still have some like, leftover female socialization where like, women are really raised to care more about how men are experiencing sex, and to like, get men off and like, be there for men's pleasure.

Michael's account illuminates the pervasiveness of gender roles and gendered socialization in shaping sexual agency and expectations around desire, safety, and comfort in sexual situations. In this case, heteronormative beliefs that women should prioritize men's needs in sex continued to pervade Michael's thinking on sexual negotiation even following his transition. As such, Michael held himself responsible for not being able to negotiate the terms of sex to his satisfaction. Though he questioned whether this was unique to his experiences as a trans gay man, the cisgender participants' accounts above also demonstrated how these men had sex out of a sense of obligation. Nonetheless, Michael's account highlights how differences in physical strength between partners makes the threat and/or use of physical violence a factor in how sex is experienced.

Other participants discussed having initially consensual encounters that were then made uncomfortable because of a sexual partner's increased aggression. Drawing on implicitly gendered language, Harry (40s) mentioned how when he was younger he met a "string of like, kind of brutes," men "who were just really like inconsiderate and aggressive and didn't, like didn't . . . [they] just wanted to fuck, you know? And like, [they] weren't considerate of my comfort or even like, my involvement or my consent." Harry described a recent encounter as such:

> It was like, it was right on the edge. Like, he was another person who was, like, really aggressive and like, really inconsiderate and it was a really painful experience. And it was like, it was right—I think if I were more, like, a more assertive person it wouldn't have gone as far as it did and lasted as long as it did. I would have like, sent him away. But I'm not that kind of person.

Similarly to Michael, Harry's comments show how GBM can blame themselves for not being assertive enough. Harry also indirectly alluded here to power imbalances experienced by the receptive sexual partner.

In contrast, Alberto (40s) highlighted how expectations *to perform* sexual assertiveness could produce some cognitive dissonance. Speaking about sex in bathhouses he stated:

> I even like learn what people like to see in me. They like to see the bad guy, the sexy guy, like this. And then I learned to give what people like me to give. But that's not the real [me]. Which sometimes in the long-term, that conflicts a little bit with what I really want, or what my heart desires.

While he was aroused by the appeal of being the "bad guy," Alberto discussed how this clashed with his desires for a longer-term partnership and sustained intimacy.

Whether it was framed as a product of leftover female socialization, "bad feminism," masculine sexual aggressiveness, or social expectations to perform sexual confidence and a "bad guy" persona, these participants discussed being conflicted by sex that they otherwise considered consensual. These sexual experiences were not explicitly unwanted. However, gender roles and associated power imbalances produced dissonance and self-blame, creating situations that were "right on the edge." These "right on the edge" encounters, though not direct forms of sexual coercion, are erased from view through dominant gendered discourse that substantiate male aggressiveness as desirable and a necessary element of sex exchange.

The Influence of Race, Fetishization and White Supremacy on Consent and Sexual Comfort

Race was another factor shaping sexual negotiation. James (30s) spoke about the challenges negotiating sex as a Black non-binary queer: "Like I would say like forty, fifty percent of the sex I've had over the last ten years that has been with cis

white gay men, has been not consensual, has been fetishizing. There's been like, some really messed up racial, racist things going on there just in like, language and all that." James outlined these moments of emotional-sexual-racist abuse:

> And there'd be situations where they'd be like well, I want you to do this and I'd be like, I don't want to do that. And then [he] would – there'd be a lot of this emotional abuse that happens where sort of like – or emotional or verbal abuse that happens where it's like, [he'd say] "you know, oh look how hot I am, look how this I am, like, you know, you're not even the hottest Black guy I've been with, like, you're wasting my time, you know, I could be with so many other guys." And then I'll kind of just let them do whatever they want to me. Or even situations where they don't even ask. I'm just like, thrown on a bed and just, have someone have sex with me. And for a long time, I was like oh, you know, it's just what happens. You're gay, it's just what happens.

James explained how this dynamic occurred more often when they were younger because "I just want[ed] to be beautiful, I want[ed] to be accepted." Though James stated that some of these situations were "definitely not consensual," they described how "the thing with mainstream gay culture, we're kind of just told to like, go with the flow."

James discussed how these situations negatively impacted their self-esteem. Talking about themselves in second person: "You're doing something that really has affected and altered how you see yourself as a sexual being, how you look at yourself in the mirror, how you sort of weigh what is appropriate and what is like, damaging to your own self-worth and your own self-image." Thus, James still took personal responsibility for these difficult scenarios, despite also articulating how racialized power dynamics informed these sexual interactions.

James also drew on discourse from #MeToo: "But again, as we talk about the language around mental health evolving, we now are in a situation where the language around sexual assault is evolving and I now know I can now really formulate exactly what those situations were." This passage illuminates how broader cultural discussions on sexual misconduct can prompt individuals to reevaluate past experiences, acknowledging coercive dimensions to sex acts previously considered acceptable or normal.

The Normalization and Minimization of Sexual Violence among GBM

Two participants described being sexually assaulted in childhood and again in adulthood. Saib (30s) detailed being "molested" by a tutor when he was a pre-teen. His parents sent Saib to a therapist who thought that his queer sexuality was a result of having post-traumatic stress syndrome from this experience. When asked if he had encountered instances of sexual coercion as an adult, Saib responded:

> Oh, yeah. Yeah, yeah. Several times. I mean, you know, gay people —gay men are not the best with consent. Yeah, no, there was a time when I was 21 or 22, this was back in [North American region]. I got drugged and driven to a field [by two guys] and then, I guess, had, yeah, sex.

Saib began by normalizing the idea that GBM are bad at consent. This then minimized the severity of the sexual violence he proceeded to describe by explaining it as an inevitability of how GBM generally operate. His description began with more violent imagery (i.e., "drugged" and "driven to a field"), before ending with a more hesitant "I guess, had, yeah, sex," as if he eventually consented.

Meanwhile, Douglas (50s) started his interview by discussing how media coverage around #MeToo was causing him distress:

> So that was a new floodgate, 'cause sexual abuse to me is like penetration or stuff like that. But when they're talking about inappropriate behavior and all that kind of stuff it's just like, whoa. And I can't put a finger on it. It's just triggered something inside that just overwhelmed me.

He recounted being sexually abused as a child. He described how stigma surrounding sexual violence and homosexuality led his mother to ignore his pleas for help. As an adult, he described being drugged at a bar and raped in a park. However, Douglas was concerned that he would become an aggressor: "I always feared that I'd be one of those people, or a rapist, or an offender and all that." He expressed internalized homophobia and worried that he had become "a pervert, a dirty old man." Though Douglas was a *victim* of sexual violence, homophobia led him to envision himself as a potential *perpetrator*.

Kyle (40s) also recounted an experience of sexual violence in adulthood:

> I was sexually assaulted in a bathhouse during the years when I was using crystal meth. So, I was high but not that high. Like, I knew what was going on. I was horny and high on crystal meth and—but I knew who the person was, and [I] went back to their room voluntarily. But then it became a bit ugly. [. . .] It became quite violent and ugly, yeah.

Kyle then drew on the #MeToo discourse of "bad dates" regarding the complexities of uncomfortable sexual scenarios (Franco, 2018):

> But other than, I mean, there have been . . . oh, this is so relevant to what's being talked about these days [i.e., with #MeToo]. Like, bad dates, what's a "bad date"? And then there's been creepy folks, but none of those really stand—the one that really stands out, though, is this situation at a bathhouse where I was, where I was raped.

Kyle used the word *rape* when re-acknowledging this encounter, whereas he had previously defined the experience as a form of *sexual assault*. Compared to how the term *sexual assault* was used by some participants above, this example again indicates that people employ these terms in disparate ways. Cultural scaffolding also shaped how Kyle narrated his story, as he began with the ubiquity of experiencing awkward sexual encounters or "bad dates," before re-centering an explicitly violent sexual act.

When asked if he filed a police report, Kyle stated:

> No. It was during—this was kind of at the peak of my crystal meth using days, so, you know, it happened and then I walked away for a minute and I thought, I didn't really think anything of it. I guess I was in shock. And it wasn't until several days or weeks later that I kind of thought, like, holy fuck, just what . . . that just happened to me.

Kyle's comments that this was at the "peak of my crystal meth using days" and that he entered the room "voluntarily," implicitly acknowledges that he understood that others may not view him to be a "sympathetic victim." People living with HIV like Kyle may also avoid reporting sexual assault to the

police since the criminalization of HIV non-disclosure can potentially expose them to charges (Kirkup, 2020).

Discussion

Interviewees drew on discourse from the #MeToo movement to explain their encounters of unwanted sex as innocuous compared to more serious sexual offenses, to question "bad dates" and sexual encounters, and to reconsider the ethics of past sexual experiences. For some, #MeToo prompted reflection on how they would more effectively negotiate sexual boundaries. However, an underlying belief that unwanted and non-consensual sex are unavoidable was evident across the sample: if "you're gay, it's just what happens." While our analysis echoes previous research arguing that GBM can "normalize" sexual coercion and sexual pressure (McKie et al., 2020), our findings also demonstrate how some GBM are resisting this "normalization." Though participants communicated experiences of unwanted sex as common, they did not necessarily consider these to be acceptable.

While some dynamics presented above represent experiences unique to or more typical of GBM sexualities and subcultures, much of what was observed has direct parallels to heterosexual sex. The key difference, however, was that participants then relied on the narrative that unwanted sex is just what happens to GBM to rationalize and normalize these situations, thus minimizing their significance. While experiences of sexual coercion may be quite similar in principle between GBM sex and heterosexual sex, *the discourse* on these issues is often distinct. It is necessary, however, to be critical of how describing GBM sexual coercion as unique can inadvertently normalize it. Addressing this nuance avoids further stigmatizing GBM sex, and suggests that at the level of policy what is required is a far more significant expansion of inclusive and intersectional education on consent and gender norms for both queer and non-queer populations. Undoubtedly, targeted education aimed at GBM communities that incorporates insights on GBM sexual subcultures and consent practices (e.g., non-verbal cues in a bathhouse) are necessary. However, this work must be situated within a broader understanding of how gender norms, hegemonic masculinity, and other intersecting power imbalances affect sexual decision-making, consent, pleasure, and harm.

When responding to #MeToo, some cultural critics have noted that GBM sexual relations cannot be evaluated by the same rules governing heterosexual sex (Kornhaber, 2019). However, it is unequivocal from the data that the level of psychological and emotional harm related to experiences of sexual coercion was directly related to a participant's social vulnerability, including factors such as: race, gender identity, physical strength, sexual experience, HIV status and use of antiretrovirals, the receptive role in sex (though this was more implied than directly stated), a prior history of assault, and substance use. Thus, when divorced from a critical reflection on which groups of GBM get to decide what is ethical sexual practice and how interpersonal and systemic power imbalances inform sexual negotiation and sexual agency, the belief that GBM sexual ethics are intrinsically guided by different principles from heterosexual sexual relations can actually excuse sexual harms experienced by more vulnerable GBM.

Participants explicitly and implicitly alluded to the notion that accepting unwanted and uncomfortable sexual scenarios is how one participates in "mainstream gay culture." This latter dynamic must be understood within a larger historical context whereby GBM sexuality, because of legal, religious, and medical discourses, as well as the HIV epidemic, has been associated with deviancy, danger, and risk. Moreover, as queer theorists commonly aver, GBM have often co-opted these notions of risk to reinforce sexual pleasure rather than just being oppressed by heteronormative expectations (Dean, 2009). The participants' accounts are thus suggestive of how GBM sexual cultures are discursively shaped by notions of *inherent risk* and *GBM sexual exceptionalism*. Gay sex has historically been considered inherently risky by being understood as sex which is deviant, dangerous, illegal, threatening, unwanted, and prone to sexual disease risks like HIV. It is also sex which has been considered exceptional or unique, socially and culturally pre-determined to be "other" and fundamentally different from "normal," "safe" heterosexual sex. These notions of *inherent risk* and *GBM sexual exceptionalism* are thus enforced by homophobic discourses on the one hand, and counter discourses of sexual liberation, resistance to heteronormativity, and HIV prevention messaging emphasizing individual-level responsibility on the other (Adam, 2016).

As such, it is not surprising that when a GBM finds himself in a sexual interaction that feels coercive, uncomfortable, harmful, and risky, he may be inclined to interpret this experience as inevitable. In the socio-historical context where GBM sex has never been understood to be truly "safe" sex, GBM can rationalize away their feelings of unease, deny their victimhood, blame themselves for a failure to be more assertive or for "voluntarily" entering a space, and worry that they will become perpetrators. Notions of *inherent risk* and *GBM sexual exceptionalism* make negotiating sexual safety a challenging process for many GBM.

Despite emerging #MeToo discourse, participants frequently made themselves responsible for needing to be more assertive within sexual encounters to avoid coercion. Thus, the irony of social progress on complex issues such as sexual misconduct is that individuals can then hold themselves *personally* accountable to a new cultural standard rather than demanding systemic change. These findings mirror those in the HIV literature. GBM who have been socially regulated to envision themselves as individual risk calculators often blame themselves for "failure" to avoid harms, including HIV (Adam, 2016). Paradoxically, GBM can use sexual risk-taking to both establish queer subjectivity and accrue sexual capital, but consequently, they can also feel directly liable when "sex goes wrong." Our analysis indicates that the hyper-individualism governing HIV prevention discourse for decades seemingly applies to how some GBM interpret their experiences of sexual coercion.

Biomedical advances in HIV prevention such as PrEP and undetectable viral load are changing how some GBM are understanding issues of safety and autonomy in ways that have implications for how they experience coercion, negotiate consent, and select sexual partners. Experiences of sexual coercion encouraged several participants to start PrEP. More research is needed, however, to investigate exactly how antiretrovirals are informing sexual negotiation and the potentials

for power imbalances between those who have access and respond well to novel HIV technologies and those who do not. For example, are there increased pressures to abandon condoms among PrEP users or those who have sex with PrEP users? Who can access these new technologies, and who is disempowered as a result of access inequities? Does HIV status disclosure remain ethically necessary in instances where HIV transmission is biomedically impossible? While our research adds preliminary reflections on these matters, these are questions that GBM will be confronting more acutely as PrEP access and the acceptance of U = U expand (Grace et al., 2020).

We also observed that the binary logic determining policy discourse on sexual misconduct – coercive vs. uncoercive, nonconsensual vs. consensual, assault vs. not assault – makes it difficult for some GBM to talk about the spaces in between these descriptors (Braun et al., 2009). What one individual defines as uncomfortable another may define as coercive, what one defines as annoying another as assault. Part of this is due to the subjective nature of experience. However, the language of sexual misconduct, with its legalistic connotations, makes it difficult for some individuals to assess behaviors as potentially problematic without necessarily considering them to be criminal acts or stigmatizing GBM sex. This suggests the need for community programming that works closely with GBM to think through the language of sexual misconduct, and the necessity for sexual health education strategies that move beyond legal discursive frames, particularly since such legal frames have historically worked *against* people living with HIV, people who use drugs, GBM, Black and Indigenous GBM, and trans people.

If women have been socialized to accept that "boys will be boys," many GBM have come to accept, as per one participant's observations, that "gay men are not the best with consent." The difference, however, is that an individual GBM can be both the casualty *and* beneficiary of this dynamic. Indeed, an absence in the data are reflections on how participants *themselves* may have potentially coerced others into sex. This is a limitation of how we asked our research questions. However, if notions of *inherent risk* and *sexual exceptionalism* occlude victimhood for many GBM, they also serve to occlude *accountability* among GBM who enact sexual harms or engage in coercive practices. The only indication of this dynamic was noted in the accounts of participants living with HIV, who as a result of HIV stigma and the criminalization of HIV nondisclosure, were aware that society already views their sexuality with skepticism. Nonetheless, this tendency in the literature to focus on the coerced (De La Ossa, 2016) misses an opportunity to reflect on how GBM confront prior experiences where they have potentially done harm, and, as such, to think about what strategies they have taken to readjust behaviors and ensure more consensual experiences for sexual partners. This is an area for future research. However, given the taboo nature of the topic, such work would likely encounter extreme recruitment challenges.

Finally, several participants with more severe histories of sexual violence discussed acute mental health challenges as a result of these encounters. While most did not discuss sexual coercion as the fundamental issue affecting their mental health, the anxieties and self-esteem issues they communicated related to sexual coercion indicates that unwanted sex can aggravate existing mental distress. There is a need for services capable of addressing the mental health consequences of sexual coercion among GBM. Nonetheless, we have previously documented how difficult it is for this population to access mental healthcare (Gaspar et al., 2021a). Addressing issues of sexual coercion and sexual violence thus requires explicit attention to the economic determinants governing healthcare access for minorities in Canada.

Our study was limited by having a small sample size of English speaking GBM. Our analysis was also limited by a majority of the sample identifying as white (58%), with each other racial group being made up of three or less participants. Our preliminary analysis of the racialized dynamics of consent demonstrates the need for further research on this issue. These limitations notwithstanding, the diversity of experiences reported and the timing of our data collection offers original contributions to discussions on sexual coercion and directions for future research. While these matters are complex, our findings suggest that – especially in the context of #MeToo – GBM are beginning to resist the idea that their sex should feel inherently unsafe or risky.

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