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Queering the Dialogue: How Young Adults Are Redefining Sex and Safe Sex

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ABSTRACT

On liberal arts campuses across the United States, about 40% of students are identifying as LGBTQ+ according to a study cited by The College Fix (Peppiatt 2022). While many surveys have collected data on the sexual orientations of students, few have assessed how students are having sex and what safe sex measures they may be using. In a cultural climate that discourages sexual knowledge and offers limited sex education, young adults are defining sex and sexual safety for themselves. This research is framed in the context of symbolic interactionism, discourse theory, and sexual scripts. This research uses eight interviews with liberal arts college students, predominantly queer, to glean personal experiences of sexual learning, sexual safety, and their perceptions and definitions of 'sex.' This study suggests that young adults have reacted to heteronormative norms and limited sexual education with their own dialogical understandings of sex and sexual safety which I consider a 'queering of the dialogue.' The results demonstrate that current approaches to sexual education set young adults up for unsafe sex and that dialogue is an integral tool for sexual safety and the vastness of queer sex.

Keywords: Queerness, safe sex, dialogue, symbolic interactionism, USA

Sex is kind of scary. Jess voiced their sexual education experience during middle and high school. At that time, Jess was unsure about their identity, still presenting as a straight female, and strayed away from asking "nerve-racking" questions about queerness or sexual safety that their school curriculum did not cover in fear of judgment from teachers and peers. Jess was not alone; many young adults I spoke with during this study reported that their sexual education had adhered to heteronormative sexual scripts in a way that left them without sexual knowledge. Using semi-structured interviews and an anonymous survey, I investigate how young adults are making sense of their own queerness, sex, sexual safety, and sexual education. Many of these respondents identified as queer in some manner. I conducted this ethnographic research at Goucher College in Towson, Maryland. During these interviews, respondents demonstrated a consistent trend of understanding sex and sexual safety as dialogic. I argue that young adults are redefining sex and sexual safety for themselves through a "queering of the dialogue," using a form of interpersonal agreement to construct their sexual safety and contextualize their sexual relationships. I will also demonstrate that the heteronormative education that they have received has harmed the sexual safety of queer young adults by omitting queerness in sexual education and, in turn, making queer sexual safety invisible.

Sex as a Concept

I frame my research using symbolic interactionism, analyzing how sexuality and its meanings are maintained by human interaction. Instead of focusing on the biological aspects of sexuality, symbolic interactionism emphasizes how "sexual practice and identities have meaning only through a collective social understanding and agreement of their significance in the social world" (Power, McNair, and Carr 2009, 69). From the same symbolic interactionist framework derives sexual script theory, which analyzes how powerful social structures like patriarchy are incorporated and practiced by individuals in their own lives. Sexual scripts are perceived cultural expectations which individuals use to "order and judge" their own behaviors of romantic and sexual relationships (Power, McNair, and Carr 2009, 69). As social norms influence individuals, so too do individuals influence 'normal.' To understand this process of constructing a status quo around sex, I turn to Michel Foucault's discourse theory. Discourse theory highlights the roles language and communication play in constructing a shared reality, as well as the role power plays in prioritizing certain realities (see also Robinson 2018). Not only do patriarchal ideals of sex affect individuals from the macro-societal level, but they are also reinforced by individuals in their own interpersonal dialogues. Sexual script theory and discourse theory demonstrate dialogue's salience in defining sexual norms and molding individual sexualities.

Using this symbolic interactionist framework, 'sex' is defined and bound by collective attitudes and beliefs of a given culture (Power, McNair, and Carr 2009). In a heteronormative society such as the United States, 'sex' is bound to heterosexuality and patriarchy. Because of this, penetration is considered central and primary to defining 'sex.' In a 2007 study comparing young adults' attitudes around the definition of sex to that of a 1991 cohort, researchers found that oral sex was considered sex 40% of the time in 1991 but only 20% of the time in 2007 (Hans, Gillen, and Akande 2010; Peterson and Muehlenhard 2007). As an important framing device, the researchers point out the prevalence of President Bill Clinton's 1998 affair and his insistence that he did not have 'sexual relations' with Monica Lewinsky. Oral sex was the most intimate act of the affair, yet Clinton's insistence that this was *not* sex very publicly defined oral-genital contact as outside the definition of sex (Hans, Gillen, and Akande

2010). There are further public health implications to this cultural frame when "oral-genital contact represents the next most risky sexual behavior [after penile-vaginal/anal intercourse]" (Hans, Gillen, and Akande 2010, 77). Oral-genital contact carries the risk for numerous STDs—including HIV—yet, in 2010, 10% of young adults did not know STDs can be transferred through this contact and condom/dental dam use during oral sex remains low (Hans, Gillen, and Akande 2010). 'Sex' and 'risk' are thus shaped by changing cultural contexts in ways that have significant effects on public health and individual decision-making.

There are cultural motivations to defining an act as 'sex' or 'not sex' for young adults globally. In rural Zimbabwe, Mavhu and colleagues (2008) found that the language used in their questionnaires had a profound impact on respondents' self-reporting and willingness to accept their sexual activities as sex or not sex. In the Shona language, there is no specific word or phrase for vaginal-penetrative sex. Due to the ambiguity of colloquialisms such as 'to sleep together,' respondents' self-reporting did not deny or confirm intercourse or consent (Mavhu et al. 2008). Social expectations of young women to remain pure motivated them to hide their sexual activity in the fuzziness of language, so as not to appear "loose" (Mavhu et al. 2008, 566). Thus, one's role in a sexual encounter and gender identity can create different definitions of 'sex.' In the United States, Peterson, and Muehlenhard (2007) found a high level of uncertainty in self-reporting 'sex' and 'not sex.' Respondents were motivated to label activities, ranging from manual manipulation of genitalia to vaginal penetration, as 'not sex' because having engaged in 'sex' would mean they had cheated on a partner, were not heterosexual, were no longer a 'virgin,' or had broken their own moral or religious code. Other respondents were motivated to label ambiguous or vague sexual activities as 'sex' to appear more sexually experienced (Peterson and Muehlenhard 2007). These findings demonstrate a cognitive and social element to defining sex as a way of making sense of the self in society. There is personhood at stake in sexual encounters, wherein one's identity is attached to sexual activities that hold bearing on one's worth in a social hierarchy.

Outside of heterosexual discourse, sexual and cultural subgroups create and reinforce their own set of sexual attitudes and knowledge to accommodate risk and define 'sex' and 'safer sex' in practical ways. Jeffrey Escoffier (1998), scholar and queer rights activist, describes how gay vernacular knowledge and discourse grew with the HIV/AIDS epidemic and replicated. Drawing upon Michel Foucault's power-knowledge and discourse theory, as well as Antonio Gramsci's 'common sense,' Escoffier (1998) describes 'safer sex' as an agreed-upon framework in the gay community. "Each community provides a context and knowledge that grows up in that community and typical activities of that community," informing its members on what sex is, how to have it safely, and how to hold accurate discourse surrounding sex and safe sex (Escoffier 1998, 7).

Sexual Knowledge and Attitudes

Peers and Parents

One of many sources of sex knowledge for young adults is family and peers. In a longitudinal study conducted from 1990 to 2006, young adults' primary source of sex information came from peers, and same-gender peers before opposite-gender peers (Sprecher, Harris, and Meyers 2008). Gender is an inescapable dimension affecting sexual knowledge diffusion. Up to this point, the literature I have reviewed classifies gender by a binary, separating male and female responses and, in the process, marginalizing non-binary and other queer gender identities (Hans, Gillen, and Akande 2010; Peterson and Muehlenhard 2007; Sprecher, Harris, and Meyers 2008). This demonstrates a wide gap in current research. While my research aims to examine sexuality outside of the gender binary, it is important to analyze the ways the heteronormative dichotomy of female and male affects the learning and teaching of young people. Young people's perceived gender shapes the way parents, teachers, and peers interact with, teach, and raise them. Young women receive greater attention from teachers, parents, and peers in sexual education than their male counterparts, contributing to a gendered

burden of sexual knowledge (Sprecher, Harris, and Meyers 2008; Dilip, Mishra, and Acharya 2018). Gender influences how the familial institution diffuses sexual knowledge as well. "Mothers were rated higher as a source of sex education than fathers for females, and, interestingly, mothers were also a more common source than fathers for males" (Sprecher, Harris, and Meyers 2008, 21). Although the institution of the family can be a source of education, it may also be a source of fear, and, therefore, young adults may avoid discussing sex with parents at all costs in which case sexual knowledge is sought from outside interpersonal relationships (Dilip, Mishra, and Acharya 2018).

The institution of education, societal trends, and the media

Several studies discuss the impact that institutional sex education had on young adults' sexual knowledge. Cook and Wynn (2021, 11) conducted interviews with Australian young adults, finding that their definitions of safe sex were "not only in biomedical terms such as disease transmission and pregnancy but also in terms of the social and psychological consequences of sexual encounters, with an emphasis on consent." And while discussion of the social nature of sex is lacking in existing classes, access to sexual education of any kind is a larger issue. Currently, there is no federal standard for sexual education in the United States, and very few states have a standard or requirement at all. In comparison, Australia has a nation-wide, mandatory sexual health curriculum (Victoria Department of Education 2021). While the two nations diverge greatly in sexual education, I utilize two Australian studies surrounding sexuality to ground my own research methods. Overall, Cook and Wynn (2021) offer insight into how young adults in the Western world make sense of cultural trends, targeted sexual education, and their own sexuality.

Morgan (2011) found that many young adults engage with sexually explicit media, influencing their personal sexual behaviors. A trend toward higher frequency and variability in the types of material, physical or online pornography, used was associated with more sexual preferences regarding identity and sexual activity type (Morgan 2011). Online pornography is not the only media to affect sexual knowledge and behavior. Sex information in the media "may be inaccurate and even harmful, [but] the media also can be a source of accurate and helpful information about sex in the form of public health messages about condom use and other safe-sex practices" (Sprecher, Harris, and Meyers 2008, 18). What information young adults receive from education and the media has wide effects, although the status of both sources' information is incredibly variable.

Contraceptive Choices and Complicated Sexual Decision-Making

Contraceptives, many feminist scholars argue, were inventions of liberation. Kronenfeld and Whicker (1986) describe the way in which the birth control pill changed women's social roles by allowing them fertility autonomy and therefore familial and occupational power. Contraception and autonomy are inherently linked in feminist theory, yet the only contraceptive methods which do not require a medical professional's permission are condoms, centering the act of penetration as sex (Kronenfeld and Whicker 1986). Today, most contraceptives are available only to people with wombs. While this facilitates a level of autonomy for women, it also represents a weighty gendered responsibility on female-bodied people to procure and maintain contraceptive devices.

Sexual health responsibility is also aligned with larger social issues of access, class, and gender roles. Wu and Mark (2018) speak to class, arguing the need for universal contraceptive access as a means to raise well-being and lessen poverty. Social gender norms "associate women with reproduction and distance men from it," argues Lisa Campo-Engelstein (2011, 22), as she analyzes the relationships individuals have with their contraceptive devices, especially men. It is not that men cannot take responsibility for their sexual health, so much as social systems deny them full autonomy over contraceptive decisions. Currently, the only options for men to avoid unwanted pregnancy are vasectomies

or a male condom (Campo-Engelstein 2011). Limited contraceptive choices create limited sexual autonomy, regardless of gender identity.

Campo-Engelstein (2011) directs attention to how side effects factor into contraceptive decision-making. Unwanted side effects account for 50% of discontinuation of a contraceptive device after one year, with many respondents reporting using the "best worst option" because changing contraceptive methods was too burdensome (Campo-Engelstein 2011, 23). Lesser-studied factors include the personal experiences with different contraceptive options, levels of perceived and real STD/STI risk associated with the methods, and why young adults choose their contraceptive method.

Much of the literature reviewed here has discussed contraception solely in terms of managing unwanted pregnancy. Yet, one major issue in addressing young adults' sexual health needs is sexual knowledge surrounding STIs and how to make 'safe sex' decisions when contraceptive options are limited and sexual encounters are socially complicated. Robinson (2018) conducted interviews with gay men, analyzing how they manage HIV risk in their sexual lives through a lens of symbolic interactionism. With new or irregular partners, men were likely to employ condom use. With regular partners, as a symbol of greater intimacy and trust, condoms were not used (Robinson 2018). This finding points to a portion of intimate relationships that abandon 'safe sex' discourse for the sociality of sex. Non-use of a condom in a close relationship may be a symbol that a partner is no longer seen as a risk (Power, McNair, and Carr 2009; Robinson 2018). A spectrum ranging from risk to trust has implications for other safe sex concepts, such as desire and consent.

'Safe sex' goes beyond biomedical considerations and includes psychological wellbeing and autonomy in sexual encounters. Vannier and O'Sullivan (2010, 433) observed sexual scripts or "implicit social contracts" in long term, heterosexual relationships to perform sexually even when one partner was not experiencing sexual desire. This 'social contract' implies an unspoken concept of consent between partners, no less real to those involved than an explicit 'yes' or 'no.' In real life dynamics of relationships, sex may overrule 'safe sex' concepts of consent, such as mutual desire and explicit permission to engage in intercourse. All sexual encounters are steeped in agreed-upon beliefs that bleed into decision-making. They are made even more complicated as cultural sexual scripts inform individuals as to how 'conventional' sex should occur.

Gendered and Discriminatory Misinformation

Gendered, racist, transphobic, and heteronormative disparities became plainly patterned throughout the literature that I reviewed. García (2009) conducted a study with 40 Latina female students, average age 16, who had received sexual education in Chicago public schools between 1998 and 2002. Young Latina students were often scolded for knowing 'too much' or for asking questions, as interest or curiosity were associated with sexually active 'other girls,' reifying a good girl/bad girl dichotomy. In 28 accounts, students reported that teachers referred to promiscuous or pregnant Latina youth as 'other girls' and told respondents to ask these girls their sexual questions rather than in the classroom. These assumptions by teachers, informed by racial and gendered stereotypes of Latina girls, limited the level of comprehensive sexual knowledge Latina youth received, especially regarding access to non-heterosexual knowledge. The stereotyping of presumed hyper-fertile and heterosexual Latina young women centralized "pregnancy prevention lessons… informed by the heteronormative designation of sexual relations and bodies as heterosexually reproductive," with an effect of limited sexual education (García 2009, 532).

Misinformation targeting queer young adults was also a common pattern. Britton and colleagues (2020) found that a common misconception among trans men was that testosterone therapy would be a reliable contraceptive method. Kaestle and Waller (2011) found that 'sexual minority' young adults were highly unaware of their risk for STD/STI contraction. Of these young adults, young women, especially lesbian and bisexual women,

were likely to believe they were at low risk for bacterial infection *because* of their sexuality (Kaestle and Waller 2021). Queer sexuality research and discourse has focused on gay men predominantly in a way that has marginalized and endangered queer-femme health (Kaestle et al. 2021; Power, McNair, and Carr 2009). Power, McNair, and Carr (2009) found that lesbians in Melbourne, Australia are unlikely to follow sexual health information targeted at gay and heterosexual people, meanwhile, lesbian-specific knowledge is limited and impractical. An important manifestation of this comes to fruition in dental dam use, a barrier method for cunnilingus which was originally created for dentistry. A dental dam must be held in place during oral sex, and it covers the vaginal entrance, making its use impractical considering the activities it limits, such as finger penetration. Of the 300 lesbian and bisexual women who participated in the questionnaire, less than half implemented an STI risk management method, and only one respondent used dental dams (Power, McNair, and Carr 2009).

Lesbian sex is often labelled as "subversive," lacking the penetration by penis that many associate with "real sex" (Power, McNair, and Carr 2009, 68). Several of Power and colleagues' (2009) respondents reported having heard or believing themselves that lesbian sex is not real sex. Power, McNair, and Carr (2009) incite a necessary conversation surrounding lesbian and bisexual women's sex, and they highlight how it still operates under a binary that classifies all respondents as women. Ultimately, there is little research surrounding the sexualities of people who identify outside of a gender binary. This study aims to highlight nonbinary/queer sexualities and investigate how young adults navigate their sexual decisions and risk. I add to the concept of sexual scripts from symbolic interactionism and discourse theory by demonstrating how young adults are dialogically negotiating their variable sexual knowledge, queer or non-queer identities, and sexual safety in their sex lives.

Methods

To connect the sexual history background of young adults to their current sexual beliefs and safety practices, I conducted eight semi-structured interviews with peers I have a comfortable rapport with. I sampled both queer and non-queer voices: Freddie is the only straight, cisgendered male respondent while all other respondents identified as queer either in gender and/or sexual orientation. I did not offer respondents a standardized definition of queerness in order to honor their self-determination and to acknowledge the expansiveness of their own queerness.

Comfort was a main priority in discussing sexuality. This study received research ethics clearance by Goucher College before I asked peers by email if they would be comfortable speaking with me about sex. Interviews took place in private settings, either in dorm rooms or library study rooms, and lasted between 30 minutes and one hour each. I had interviewees sign a consent form following a discussion of their rights as respondents. Like Cook and Wynn (2021), I used open-ended questions to allow respondents to self-define things like sex, sexual safety, and queerness in order to analyze the wide range of their experiences and beliefs. In addition to these interviews, I created an anonymous online survey of contraceptive decision-making, hanging a QR code and invitation around Goucher College for students to use at their leisure. The first of the survey questions asked for consent to take part in my study and agreement that the respondent was 18 years of age or older. All interview and survey respondents were between the ages of 18 and 24. In total, I collected 76 survey responses in which respondents self-reported their gender identity, which contraceptives they use/have used, and why they chose their method of choice.

I open-coded interviews, labeling key findings and patterned themes through each interview. Having developed a list of codes, I organized the codes into categories and used these to develop the themes presented below. I coded surveys similarly, grouping gender identities and motivations for contraception use into broad categories. I created a table of reported contraceptive devices used; see Figure 1. As for thematic elements between interviews and surveys, I found that queerness necessitates a redefinition of the notions of sex

and sexual safety that heteronormativity enforces, dialogue is integral to young adults' sexuality and sexual knowledge, and contraceptive decisions are complicated by heteronormative education and queer omission.

Findings

Queerness Expands Definitions of Sex

Young adults are performing an act of redefinition of sex and sexuality, one that portrays the diversity of gender, relationships, and pleasure. Interviewees discussed sex as something transcending physical action and more akin to a dialogue, a feeling of intimacy, and a conversation of consent. Heteronormative notions of sex tend toward the rigidity of penetration as sex, while queerness is in movement, expanding the horizon of sex definitions. Queerness defies rigidity, and through it interviewees referred to queer identity as a "horizon of possibility," as quoted by queer theorist David Halperin (Lee 2019). Defined by pleasure and not reproduction, the activities that the concept of 'sex' can encompass swell, as Quinn (non-binary) explained when asked to define sex for themselves, "I have, personally, a broader view of what sex is versus, like, what is thought of as the default reproductive sex… It's, I think, involving touching, interacting with sexual areas. But what makes it sex is probably consent and pleasure for both parties."

So, sex is not defined by action but instead by the presence of certain interpersonal interactions: the agreement and maintenance of consent and the goal of mutual pleasure. The horizon of possibility is structured by these interpersonal behaviors and determined by a dialogue between partners of a sexual encounter. Consent is maintained by dialogue, personal pathways to pleasure verbalized, and the activities of the partnership's 'sex' agreed upon through dialogue. Because 'sex' is created by agreement, sex does not necessarily require touch, as Percy (nonbinary/trans masculine) explained with the example of erotic vomiting. Erotic vomiting, for example, occurs in a public space when one person vomits onto another. It is defined as sex between its active parties because it is found to be sexually pleasurable and is agreed upon as 'sex.' Percy explains, "Sex can be pretty much anything you want it to be. I think anything that someone agrees is sex and everyone's consenting, I'm like, sure, that can be sex, you know? Like, at the end of the day, words are just words."

With consent, dialogue constructs 'sex.' Agreement here is the key, that sex is *made* sex by those who engage in it and define it as such. Percy went on to describe why this is sex, in the vein of queerness, as the defiance against definition or categorization in favor of the full nuance of human experience:

> I don't think there really have to be any rules about what is pleasurable for people and what sex has to be. I don't like the idea that it's just a biological thing, because I think that's stupid… I don't want to like, impose anything on to other people. And I think what's really exciting to me about that idea is that I see sex in an inherently queer way… and it is exciting to me to think of all the possibilities of what that could be for someone. And I wouldn't want to limit that.

The dominant heterosexual notion of sex is limiting for queer people and even for straight people. By allowing for interpersonal dialogue to construct a definition of sex, a wider group of people and behaviors fall into that definition. Young adults now are deconstructing and rejecting heterosexual sex norms. By redefining sex between partners against the dominant, heteronormative structure, more activities are included in 'sex.' Then a new problem arises: how can one define something so inherently subjective as sex?

Most interviewees found the question "How do you define sex?" to be a difficult question to answer. In fact, interviewees found it much easier to define what is *not* sex than what *is* sex. Three interviewees drew a line between kissing and sex, while the other five described that sex cannot be sex when it is coercive or non-consensual emphasizing the importance of consent in defining sex. Although interviewees concluded that an expansive definition of sex is necessary, they mentioned the centrality or

social significance of penetrative/reproductive sex in their definitions and when discussing their own expansive definition as a deviation. Quinn worked toward the 'broad view' definition quoted earlier over the course of a few minutes, first beginning with the idea that sex must involve the touching of genitalia, "Involvement of one or more genitals being thrown around… Well no, actually… ugh. That's hard, sorry, this is a hard question!"

Jess (non-binary/femme androgynous) mirrored this cognitive struggle, voicing that vaginal-penetrative sex had been central to their conception of sex for most of their life. The heteronormative structures implicit and explicit in culture, as well as sexual education, seemingly engrained penetration and the purpose of reproduction into most young peoples' definitions of sex. This was true even if their personal definitions did not adhere to such a heteronormative definition. Importantly, they described that as their queer identity developed, their definition of sex developed in parallel ways. Jess stated, "I feel like, [as] I've let go of like, a rigid construction of my sexual identity and my gender identity, that also…the rigid view I had about sex, I had to morph [it] to fit those properties and to fit like, me."

Heteronormativity thus encloses while queerness expands sex definitions. While recognizing the heterosexual structure, young adults are recognizing that their definitions are different or ever-changing, not simple definitions but redefinitions of sex. Jess continues to explain sex as "a feeling of intimacy with someone at this point. I think if you asked me when I first had sex, it had to be like a penis going into vagina. But I think that's much different now. It's like, the sense of being close with someone in a sexual manner…"

Jess's 'feeling of intimacy' definition was comparable to Luca's (gender fluid), who defined sex as a mindset over an action. The thread of sex definitions presented by these interviewees is comprised of an intimate feeling or mindset and agreement, both in consent and dialogue. Queerness finds validity and flourishes in this definition. The importance interviewees placed on dialogue and agreement in defining sex also carried through to their understandings of safe sex.

Safe Sex: Dialogue and Trust

In discussing safe sex, respondents recognized the importance of STI/STD testing and contraceptive use but focused on the communication of both of those elements. This dialogue surrounding risk and protection was key in defining safe sex for young adults. Between partners, trust is an integral part of defining and creating safe sex. Interviewees demonstrated that safe sex is not so dependent upon contraceptive use or regular testing as much as dialogue and trust between partners. Like sex, sexual safety is an agreement between partners; to use or not use a risk management/ contraceptive method, to take on responsibility and hold accountability for STI testing, and to care for the needs of one's partner. Many respondents pressed the importance of consent as a safe sex action as well. It is worth noting that a lack of consent is an issue in both straight and queer relationships. Yet, consent is more explicit in queer dialogues than in the implicit sexual scripts of heterosexual sex. Like Vannier and O'Sullivan (2010) discuss, traditional heterosexual scripts may incite individuals to comply sexually, with or without explicit consent or desire. Whether straight or queer, an ongoing consent dialogue allows partners to explore the nuances of sexual activity and remain mutually informed in the process. A queering of the dialogue, in this sense, allows all social actors to deviate from traditional sexual scripts and define their own 'sex' and 'sexual safety' interpersonally.

Respondents discussed an open attitude as inherent to their conceptions of safe sex, including an ability to discuss sex freely with a partner. This open dialogue may begin before sex and covers safe sex practices such as frequent STI testing, as Joseph (cisgender male) explains, "I define safe sex as informative between your partner. You ask a set of questions. The first line is like, of course, consent… Then asking, like, when's the last time you're tested? Things like that. I always ask everybody when the last time they were tested was…"

This open dialogue allows partners to ask each other about their infection status and preferences for contraception. Partners also feel the ability to share their own testing and

contraception plans, as Quinn mentions. Importantly, whether a partner is up to date with testing is not as important as communicating testing plans and history, "For myself at least, I like to get tested for, you know, STDs just so I can communicate that with whoever I'm hooking up with. I would also like to know if you've been tested recently. It's not necessarily a game changer if they haven't but, you know, it's good to check in." The dialogue continues during the sexual encounter with the purpose of keeping all parties in the know. This is key not only for consent but for ensuring all engaging parties are comfortable and receiving pleasure, as Joseph explains, "Communication throughout is really important. Not just for reasons of consent, but also making sure you're giving your partner pleasure like, asking them 'do you like this? Do you want me to change something?'" Luca explained safe sex similarly, "If I am listening for when my partner feels uncomfortable, that is safe sex. When I tell my partner that I am uncomfortable, that is safe sex… Everyone's in the know to what's happening…"

For these young adults, safe sex is a constant conversation throughout an encounter, ensuring that agreement is kept and met. And while most respondents referred to the use of contraceptive devices, use of a contraceptive device was not necessary for sex to be safe. Supporting the idea of a condom-trust discourse from Robinson's (2018) study, many interviewees discussed a point in their sexual relationships in which trust outweighed the perception of risk during sex. Even without a protective method against STIs, this sex was still considered to be safe sex because the partnership had discussed their decision to cease condom use in open dialogue and had reached a certain level of relational trust. Pearl (queer woman) situates condom use in dialogue and trust, "I think, ideally, I would not feel like I had to use a condom with someone because we had already had the talk about tests and either like, gone and gotten tested together or just shown each other test results and already had that level of trust built."

Having had the discussion of birth control and testing with a partner, Joseph describes a similar decision process that also involves the length of a relationship, "If I was dating someone for a while, and they were on birth control, we usually don't use a condom after like a certain amount of time… If they do [know their testing status] and they feel comfortable not using a condom, then we'll not use a condom."

Time and practice of safe sex increases trust in these sexual relationships. When the sex is consensual, comfortable, and mutually informed, it is defined as safe for these respondents. As queerness expands what sex is, especially from an action to a feeling of intimacy, so too must notions of sexual safety expand out of necessity. Notably, respondents did not discuss risk management methods for their queer relationships, as queer sexual safety is rarely taught. Without queer safe sex knowledge or communication skills being taught in sex education settings, queer partners are creating this safety knowledge together in dialogue.

Sex Knowledge and Heteronormativity

In discussing their experiences with sexual education, it became clear that young people are receiving very different sex knowledge from educational institutions. Some respondents had not received a course at all, while others had received multiple years of sex education either in person, online, or outside of school with organizations like *Our Whole Lives*, a comprehensive sexual education course offered in secular and faith-based settings. With the variability of education and personal needs, respondents voiced limitations in their sexual education. Respondents discussed multiple themes of sex knowledge that were missing from their education which would have been useful and important to them before becoming sexually active. Sex education lacks 'real life' knowledge about the mechanics, the *how*, of sexual encounters, both heterosexual and queer, while reinforcing penetration as sex. Sex knowledge surrounding relationships was also lacking, especially regarding how to recognize unhealthy dynamics and non-consensuality, how to set boundaries and communicate with a partner, and how to approach pleasure.

When asked what information her sex

education lacked, Alice (cisgender female) responded, "General information about like, what is sex and how sex happens? That kind of thing would have been better to receive instead of having to figure it out on my own." Alice instead used online platforms to learn these mechanics or learned them in real time with her partner. A sense of loneliness in learning how to perform sex became apparent among many respondents. Jess reported lacking other practical information and highlighted that the information they received excluded queerness, "How do you get an STI? Like, what should I do after sex? Like, what [does] sex look like for like queer people?" Jess reported lacking sex information generally, such as the recommendation to pee after vaginal penetration to avoid an UTI, but emphasized that their sexual education had totally omitted queerness. Their and others' education was set around heterosexual sex and relationships, which emphasized the idea that sex is only penetration. Anal penetration was discussed in sex education for several respondents, but this reifies penetration as sex, as well as centers the male gay experience in queer sex discourse. Queer sex acts that did not include penetration were not discussed.

Consent was missing from many respondents' sex education in a way that led to non-consensual, risky sexual encounters. Quinn describes the way that sex education's exclusion of information regarding consent harmed them:

> So, I think my big consent learning curve was coming to [university] with that [sex ed class] where it's, like, consent should not be coercive. Or, like, being under the influence of stuff affects consent. And I was, like, a little bit of a troubled teen and I was doing, like, a lot of drugs… I don't know, I was in, like, not really consensual situations in terms of sex. So it would have been nice to know about the risks there. And also with like coercion, I guess, not really knowing… coercion not being consent essentially.

Consent has many dimensions and factors, requiring communication skills to execute and a great deal of knowledge to use practically. Without that practical knowledge, young adults may find themselves in dangerous situations. Communication skills are necessary in consent but also in sexual relationships at large. Social stigma affects young adults' ability to communicate about sex, sexual safety, and consent. Pearl describes that she would have benefited from communication skills being taught as an aspect of sexual education, maintaining, "I wish I had had more of the knowledge to be able to communicate and to even know what was pleasurable for me." Percy pointed out that a lack of communication skills prevented them from setting boundaries during sex, as sexual communication had not been taught in sex ed or demonstrated accurately in media:

> I realized how that has shown up in my sex life and how I don't tell my partner, like, when things are uncomfortable or like… no one ever really told me, like, how to do that communication… That's what I wanted to know about: how to communicate during sex. Because in movies, no one talks to each other, ever. Even in porn, they're never like, "Hey, could you try this?" Maybe if you find really good porn. But it's just like the basics of like, you need to always be communicating, like sex should be a conversation.

Dialogue is inherent to the sex these young adults are having, yet how to communicate is not taught or visible in popular culture.

While many of these young adults reported learning the *how* of sex themselves and practicing communication and consent, they still lacked knowledge surrounding a key element of sexuality: pleasure. Exploration, with and without a partner, was the avenue for developing knowledge of pleasure for many respondents. Even so, stigmatization of masturbation and promotion of heteronormativity slowed this process. Percy argued that even without being given practical *how* knowledge, destigmatizing exploration would allow for people to have more pleasurable sex, especially queer people:

> You are kind of thrown in the deep end as a queer person with like, what does

> your body do? If you get people from a young age to be more comfortable exploring their bodies, you don't have to spell things out because then people would be more free to experiment and feel like they can try things. I don't think I needed like, step-by-step directions from someone of how to do gay sex, but just being like, sex does not have to look like what just straight sex is.

Heteronormativity as an obstacle to learning all that sex could be and reciprocal pleasure was a concern for Pearl as well. She voiced that her education had presented a simplistic and inaccurate method for pleasure that centered around vaginal penetration, "I think the biggest lack for me was knowledge around my pleasure zones. And having sex be defined as something more than just like, a guy gets aroused and then puts his penis in a vagina, and then they orgasm and then done." This penetration model is both an inaccurate and unattainable representation of pleasure.

Current sex education fails to meet young adults' needs for consensual, queer-informed, pleasurable sex. Without the language to advocate for themselves or the comfort to communicate, young adults are left in a lonely position. This ultimately points to the need for teaching open dialogue in sex education, so that young adults have the dialogue skills to voice their sexual needs. Further, heteronormative teaching forces young queer people to wade through the trenches of sexual learning without guidance while stigma denies the validity of pleasure exploration as learning. Yet, young adults are redefining sex and sexual safety for themselves, and one important aspect of this is making choices around contraception.

Contraceptive Choices

In addition to the eight semi-structured interviews, the data from this section utilizes the responses of 75 young adults to create a more holistic understanding of how young people are making contraceptive choices and what contraceptives they are using. Survey respondents were not asked if they identified as queer overall, yet 24 self-reported their gender identity as queer.

From the surveys, respondents made contraceptive choices based on the following factors in order of importance, often with more than one factor involved: avoid pregnancy (20), avoid infection (12), regulate menstruation (12), regulate hormones (10), affordability (5), longevity of option use (5), decrease anxiety around sex (3), avoid the pain of IUD insertion (3), because of relationship type, to avoid the side effects of hormonal birth control, because the type was the only available to their assigned gender at birth. A breakdown of respondents' contraceptive device choices is found in Figure 1. Both multiple selection and write-in responses were recorded.

Queerness and relationship type were important factors and presented as notable findings that support earlier literature on the subversiveness of lesbian sex and heightened risk of STI transmission among queer femme people (Power, McNair, Carr 2009; Kaestle and Waller 2021). Another theme of decision-making was choosing the lesser of evils, crossing off contraceptive options from worst to most bearable.

Several survey respondents reported making their contraceptive decisions through the lens of their specific relationship needs, especially through a dialogue with their partner. This included the condom-trust discourse discussed above in 'safe sex: dialogue and trust,' although some survey respondents continued to use condoms with their long-term partners to avoid hormone disruption with other female birth control methods, such as the pill. Male condoms were the most common contraceptive option utilized, accounting for 51 users between the interviews and the survey.

Queerness developed as a complicated relationship factor in contraceptive choice. When asked to define safe sex, Percy first brought up the importance of a protective method but then explained that his queer relationship has no need for protection, "I mean, my initial thought is like, use protection but also like, I'm in a relationship right now that I don't need to use protection. So, I feel like that's not always the thing depending on just like, biology things." Together, he and his

partner hold no risk for pregnancy, making their shared perception of risk from sex low. The two do not use dental dams together. Quinn reported they also do not use dental dams with feminine partners but do use male condoms, for both fertility and STI avoidance, with masculine partners, "If working with a penis, condoms. I take birth control every day. I don't use dental dams." Two survey respondents, when asked what type of contraception they use, named their queer or lesbian relationship as the contraception: "I am a cis woman dating another cis woman, so I don't need contraception" and "Dating another woman."

I note the limitation of the term 'contraception' in both the interviews and surveys. The word is most often associated with avoiding pregnancy, although its intended use was to reference any and all risk reduction methods for avoiding pregnancy or STI infection during sexual activity. Unintentionally, this word choice may have marginalized and separated dental dams because their purpose is not associated with fertility. All the same, it is striking to find that not one of the 83 young adult respondents used or had used dental dams. Interviewees reported using male condoms for penetration but never during fellatio. Comparing this non-use of dental dams to high use of male condoms supports the centrality of penetration as sex and the subversiveness of lesbian and queer sex. In discussing their sexual education history, only 2 interviewees had been shown a dental dam during a sex education but had not been shown how to use them. Dental dams are invisible in comparison to male condoms, which are accessible and visible, especially on college campuses, free for the taking and in high supply. Queer risk management methods, like using a dental dam to avoid infection, are not taught and therefore made invisible and rare, excluded from safe sex discourse. In turn, infection becomes a silent and unequal burden upon queer young adults.

Fear was a common emotion among interviewees when discussing contraceptives, especially the process of choosing which contraceptive methods would not work for them or their partnership. Quinn and Jess expressed they had heard 'horror stories' about the pain of IUD insertion and that this was an active part of their decision process. Jess and Alice discussed their fear of hormone dysregulation and adverse side effects with

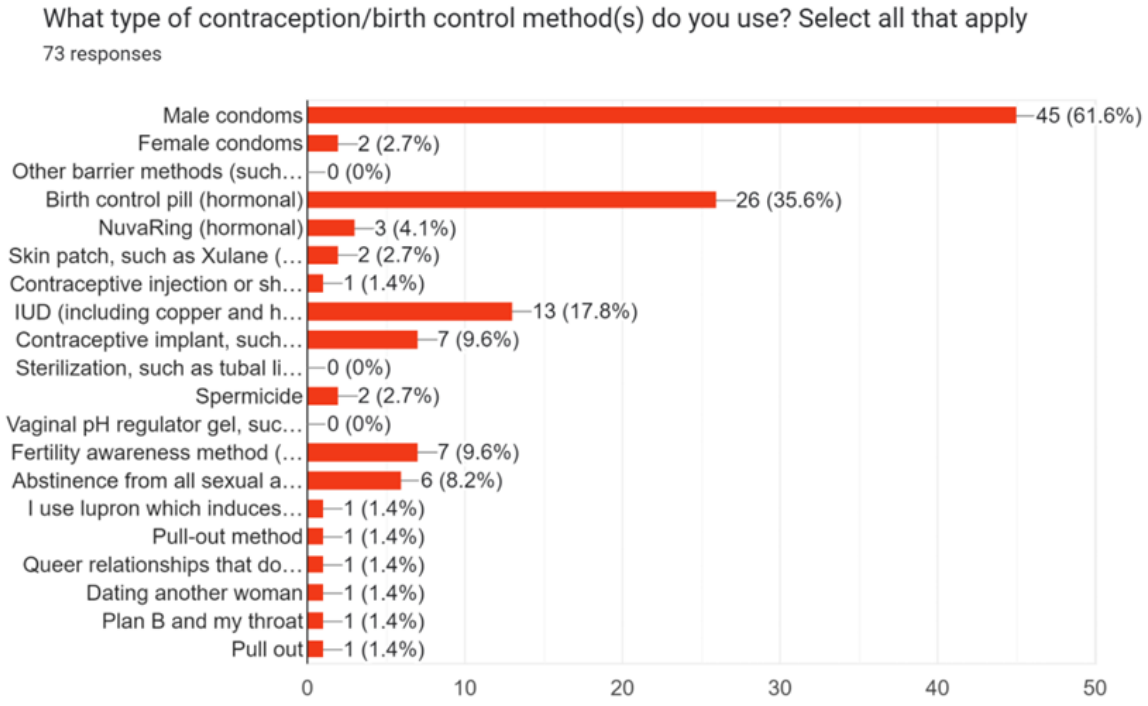

Figure 1. A table of showing respondents' previously and currently used contraceptive devices, either selected from a list or written in by the respondent. Table created by Thea Roland, "Contraceptive Device Survey Results," February 2023, Towson, MD.

options like the pill and hormonal IUDs. Jess described a fear of weight gain among their high school friends "not wanting to gain weight was more important than having a method of practicing safe sex." Options become limited as fears and unbearable consequences of use pile up; this is especially true for people assigned male at birth. Freddie (cisgender male) described his limited options paired with the ease of finding condoms, "So condoms just seemed like the easiest to get. And I can't always, like, know if my partner wants to be on birth control or anything like that. And sometimes they don't… And then things like spermicide, it's just not good for you… it's, like, don't want to branch to that." The contraceptive choices and communication of his partners affect his own choices, further complicating the process. Having limited options based on gender and relationship needs, young adults are not making contraceptive decisions based on what is available to them or viable for them.

Conclusions

As I consider how to demystify and destigmatize sex for future generations, it is crucial to incorporate the wide and subjective world of queer sexuality in teaching and discourse. High STI infection and low risk management use among queer femmes, as reflected in the interview and survey data, may be one effect of marginalizing these identities in teaching and discourse. Without practical knowledge or queer knowledge in sex education, young adults shape their own notions of sexual safety through the contexts of their relationships. Dialogue is a powerful tool for these young adults to redefine sexuality and sexual safety to meet their own needs, a power that can also enlighten the vast horizon of possibility of human sexuality.

In previous work in discourse theory and symbolic interactionism, sexual scripts have relied upon dominant cultural norms around gender and sexuality to analyze sexual decision-making. "Queering the dialogue" problematizes the legitimacy of these scripts as queer young adults dismantle cultural norms of gender and sex with their own identities and sexualities. Without a clear and concise 'universal objective' of sex to default to in their sex lives, young adults are changing and creating their own subjective truths of sex through dialogue. Moreover, queering the dialogue seems to extend beyond queer young adults to heterosexual young adults, who, too, negotiate partnership sexuality and safety dialogically. I add to discourse theory by highlighting condom -trust discourse and the dialogical negotiation of risk and intimacy. Further, the invisibility of queer discourse and high visibility of heterosexual discourse demonstrates a gap in acknowledgement and understanding of queer sexuality that sociological research should remedy. These concepts are important not only to sociological considerations but also to public health and education.

Public health policy can alleviate the burden of STI infection among queer people by including queer sexual safety methods such as dental dams in sexual education, demonstrating their use practically, and making dental dams as widely available as male condoms. However, dams are not perfect tools. Current prevention methods available do not consider the practical needs of queer partners and their actual sexual activity. To truly meet the sexual needs of queer people, innovation is required to create new STI prevention methods for specific sex acts such as cunnilingus. Education policy should be concerned with isolating already marginalized, queer identities by excluding queer discourse. In the past two decades, political conservatism in the U.S. has increasingly limited educational institutions' ability to address queerness and sexuality, both through local and national censorship campaigns (Kadziolka 2025). This targeting of sexual education will leave many young people without access to any sexual health knowledge. Worse yet, it will further isolate groups already vulnerable to depression and suicide, such as young transgender people (Wolford-Clevenger et al. 2017). Queer children will become sexually active queer adults, whether or not they receive comprehensive sex ed. Of this there is no doubt. We can support their sexual safety and development by offering comprehensive, queer-inclusive, and dialogue-based skill-building sex education in schools.

This study was limited in scope in that all respondents were university students from the

same, predominantly white institution, although not all respondents to this study are white. Future studies on queer sexuality should also investigate non-students, a variety of geographical areas, a more diverse sampling by racial-ethnic group, and religious affiliation to widen understanding on the complexity of sexual learning and decision making. García (2009) demonstrates that ethnicity and racism play roles in sexual education that harm young people and limit their knowledge of sexual safety. Future research should consider how race/ethnicity and racist stereotyping interact with sexual learning, decision-making, and queerness. The work of Cook and Wynn (2021) highlights a gap in understanding interactions between safe sex practices and drug use, drinking, and party culture. Young adult respondents had many questions about how consent is negotiated when drug use is involved (Cook and Wynn 2021). What is exceptionally clear is that consent is multidimensional, each dimension of which should be explored and better understood. All the same, this study offers insight into queer sexuality and uplifts queer voices that have been seriously lacking in the sociology of sexuality. The dialogical exploration of sexual relationships young adults are undertaking instills a hope in me for a better, safer future for all of us.

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References

Britton, Laura E, Amy Alspaugh, Madelyne Z Greene, and Monica R McLemore. 2020. "CE: An Evidence-Based Update on Contraception." *The American Journal of Nursing* 120 (2): 22–33.

Campo-Engelstein, Lisa. 2011. "No More Larking Around! Why We Need Male LARCs." *The Hastings Center Report* 41 (5): 22–26.

Cook, Meghan A. and L. L. Wynn. 2021. "'Safe Sex': Evaluation of Sex Education and Sexual Risk By Young Adults in Sydney." *Culture, Health & Sexuality* 23 (12): 1733-1747.

Dilip, Diwakar G, Vinod Kumar Mishra, and Sanghmitra S Acharya. 2018. "Addressing Challenges of Physiological Changes among Adolescents." *Indian Anthropologist* 48 (1): 13–30.

Escoffier, Jeffrey. 1998. "The Invention of Safer Sex: Vernacular Knowledge, Gay Politics and HIV Prevention." *Berkeley Journal of Sociology* 43:1–30.

García, Lorena. 2009. "'Now Why Do You Want To Know About That?': Heterenormativity, Sexism, and Racism in the Sexual (Mis) education of Latina Youth." *Gender and Society* 23 (4): 520-541.

Hans, Jason D, Martie Gillen, and Katrina Akande. 2010. "Sex Redefined: The Reclassification Of Oral-Genital Contact." *Perspectives on Sexual and Reproductive Health* 42 (2): 74–78.

Kaestle, Christine E. and Martha W. Waller. 2011. "Bacterial STDs and Perceived Risk Among Sexual Minority Young Adults." *Perspectives on Sexual and Reproductive Health* 43 (3) 158-163.

Kadziolka, Emma K. 2025. "LGBTQ+ Exclusion in Sex Education: How Local Parental Conservatism Realizes a White Christian Nationalist Agenda." Trinity Student Scholarship. Trinity College Digital Repository.

Kronenfeld, Jennie Jacobs, and Marcia Lynn Whicker. 1986. "Feminist Movements and Changes in Sex Roles: The Influence of Technology." *Sociological Focus* 19 (1): 47–60.

Lee, Robyn. 2019. "Queering Lactation: Contributions of Queer Theory to Lactation Support for LGBTQIA2S+ Individuals and Families." *Journal of Human Lactation* 35 (2): 233–38.

Mavhu, Webster, Lisa Langhaug, Bothwell Manyonga, Robert Power, and Frances Cowan. 2008. "What Is 'Sex' Exactly? Using Cognitive Interviewing to Improve the Validity of Sexual Behaviour Reporting among Young People in Rural Zimbabwe." *Culture, Health & Sexuality* 10 (6): 563–72.

Morgan, Elizabeth M. 2011. "Associations between Young Adults' Use of Sexually Explicit Materials and Their Sexual Preferences, Behaviors, and Satisfaction." *The Journal of Sex Research* 48 (6): 520–30.

Peppiatt, Margaret. 2022. "Almost 40 Percent of Students Identify as LGBTQ at Liberal Arts Colleges: Survey." The College Fix, December 16, 2022.

Peterson, Zoë D, and Charlene L Muehlenhard. 2007. "What Is Sex and Why Does It Matter? A Motivational Approach to Exploring Individuals' Definitions of Sex." *The Journal of Sex Research* 44 (3): 256–68.

Power, Jennifer, Ruth McNair, and Susan Carr. 2009. "Absent Sexual Scripts: Lesbian and Bisexual Women's Knowledge, Attitudes and Action Regarding Safer Sex and Sexual Health Information." *Culture, Health & Sexuality* 11 (1): 67–81.

Robinson, Brandon Andrew. 2018. "HIV, Risk Discourses, Trust, and Gay Men Interacting Online." *Sociological Perspectives* 61 (3): 383

Sprecher, Susan, Gardenia Harris, and Adena Meyers. 2008. "Perceptions of Sources of Sex Education and Targets of Sex Communication: Sociodemographic and Cohort Effects." *The Journal of Sex Research* 45 (1): 17–26.

Vannier, Sarah A. and Lucia F. O'Sullivan. 2010. "Sex without Desire: Characteristics of Occasions of Sexual Compliance in Young Adults' Committed Relationships." *The Journal of Sex Research* 47 (5): 429-439.

Victoria Department of Education. 2021. "School Operations: Sexuality and Consent Education." https://www2.education.vic.gov.au/pal/sexuality-education/policy.

Wolford-Clevenger, Caitlin, Christopher J. Cannon, Leticia Y. Flores, Phillip N. Smith, and Gregory L. Stuart. 2017. "Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research." *Violence and Gender* 4 (3): 69–72.

Wu, Lawrence L. and Nicholas D.E. Mark. 2018. "Could We Level the Playing Field? Long-Acting Reversible Contraceptives, Nonmarital Fertility, and Poverty in the United States." *RSF: The Russell Sage Foundation Journal of the Social Sciences* 4 (3): 144-166.