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**The role of communication and self-advocacy in sexual relationships:
Exploring sexual communication among cis and trans women, trans men and
non-binary people**

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**The role of communication and self-advocacy in sexual relationships:
Exploring sexual communication among cis and trans women, trans men and
non-binary people**

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The University of Texas at Austin, 2023

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Sexual communication, or messages exchanged between sexually intimate individuals about their wants, desires, and preferences for sexual encounters, has not been fully explored by communication scholars. Sexual communication is positively related with sexual health (Sheeran et al., 1999), relationship satisfaction (Rubinsky & Hosek, 2019), and sexual satisfaction (Babin, 2012; Brown & Weigel, 2018; Byers & Demmons, 1999; Frederick et al., 2018; MacNeil & Byers, 1997, 2005, 2009; Montesi et al., 2012; Rehman et al., 2019; Rubinsky & Hosek, 2019), but the work has not been contextualized within systems of power and policy regarding sex and sexuality, which impact relationships, individuals, and their sexual communication behaviors. Twenty-two semi-structured interviews were conducted to answer three research questions. Research question 1 asked, what sex education messages do women, transmen, and non-binary individuals receive? How do they fill the gaps in their sex education later in life? Question 2: How do women, transmen, and non-binary individuals use sexual communication with their

partner(s)? and question 3: What do women, transmen, and non-binary individuals state as their motivation to reveal or conceal sexual preferences and desires to a partner?

Thematic analysis of the interviews found that the sex education participants received was most often abstinence-only, and it was portrayed as the only safe and moral way to prevent adverse outcomes. Participants had to seek sex and relationship information on topics of consent, safe sex, and pleasure for themselves from their partners, communities, and through media to access the information they were not given at home or school to engage in safe, pleasurable, and consensual sex. Sexual communication was used outside of and during sexual encounters to negotiate the sexual encounter, advocate for one's wants, to discuss safe sex, and navigate changes to the sexual relationship over time. Having previously used sexual communication with a partner and it being received well was motivating for many participants to engage in sexual communication in the future. Participants believed that their internalized social scripts for sexuality negatively impacted sexual communication, as some participants recalled avoiding sexual communication out of a fear of being perceived negatively. Findings are discussed through emergent themes, and the inter-relationships among the themes was used to construct a model of sexual communication patterns based on individual, relationship, and societal factors.

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Chapter 1: Introduction

Background and Significance

Sexual pleasure is a right, for all who desire it, that should be accessible, a positive experience, and non-violating of other's human rights and wellbeing (GAB, 2019). Sexual pleasure is the physical and psychological satisfaction and enjoyment derived from solitary or shared erotic experiences (GAB, 2019). However, access to sexual pleasure remains inequitable worldwide. One's access to sexual pleasure tends to depend on their gender and sexuality (Goldey et al., 2016; Lamont et al., 2018; Mahar et al., 2020; Volck et al., 2013), sexual attitudes and beliefs (Oattes & Offman, 2007; Quina et al., 2000; Swank et al., 2013), sexual health knowledge (Lloyd, 2006), internalized societal beliefs about female and LGBTQIA+ pleasure (Gruskin et al., 2019; Saliars et al., 2017), and one's self-efficacy and empowerment (Afifi & Weiner, 2006; Holland et al., 1992). Access to sexual pleasure is crucial given its relationship to personal and relational outcomes such as relationship satisfaction (Butzer & Campbell, 2008; Lawrance & Byers, 1995; Sprecher & Cate, 2004; Young et al., 1998) and higher levels of overall psychological and physical well-being (Ford et al., 2019; Gruskin, et al., 2019).

This project focuses on sexual communication between intimate partners – their discussions of sexual preferences, desires, likes/dislikes, fantasies, prior sexual experiences, and sexual health. This sexual communication occurs before, during, or after sexual encounters. These messages can be verbal and nonverbal whether individuals use direct requests or use body language and vocal cues to communicate with their partner about sex. Sexual communication is a significant predictor of sexual pleasure (Babin, 2012; Brown & Weigel, 2018; Byers & Demmons, 1999; Frederick et al., 2018; MacNeil & Byers, 1997, 2005, 2009; Montesi et al., 2010; Rehman et al., 2011; Rehman et al., 2019; Rubinsky & Hosek, 2019); however, people

generally have poor sexual communication skills (Byers, 2011). More specifically, sexual communication is a strong predictor of sexual pleasure for women and gender queer individuals but not for cisgender men (MacNeil & Byers, 2009). This difference between cisgender men and other genders suggests that when sexual communication (e.g., letting partners know what you desire, what feels good, etc.) does not happen during sexual encounters, cisgender men are more likely to still experience sexual pleasure. A potential reason for this difference may be cultural norms of penetrative, male-focused sex in popular culture and sex education. Gendered scripts for sexual communication and gender norms towards sexuality further perpetuate inequities in access to sexual pleasure as female presenting individuals are perceived to be sexually submissive, have a low sex drive, and should be sexually reserved while male presenting individuals tend to be perceived as sexually driven, initiators of sex, and more sexually active (Hundhammer & Mussweiler, 2012; Rubin et al., 2019).

Given the power of sexual communication in predicting sexual satisfaction and pleasure, this study seeks to further our understanding of partners' perceptions of their sexual communication and how social and individual factors, such as sexual experiences and sex education received, are associated with their engagement in, or avoidance of, sexual communication. In addition to better understanding sexual communication patterns and behaviors, the proposed study will contribute to theoretical knowledge of disclosures, avoidance, and gendered communication.

Research Problem

Chapter 2 of this dissertation will review literature which indicates that: a) sexual communication is related with positive outcomes for individuals, their relationships, and their sexual health; b) sexual autonomy, sexual health information, and scripts for sexual communication are not equitably available, and access is based on physical geography due to

state-based regulation on health care, abortion, sex education, and gender; c) sexual pleasure is both stigmatized and less available based on gender and sexuality; and d) sex education can play a crucial role in sexual behaviors, attitudes, and outcomes. This project thus focuses on the experiences of women (cisgender and transgender), trans men, and non-binary and gender queer individuals as these voices have traditionally been marginalized.

Beliefs about biological sex-based differences in sexuality and desire are instilled through gendered socialization by sex education, popular culture, parents, and communities. Men are told that they should be masculine, sexually motivated, and initiators of sex, and women are told that they should be feminine, sexually reserved, and gatekeep men's advances of sex. These cultural scripts have historically molded sex education policy and curricula in the United States. The lack of information about anatomy, pleasure, and scripts for sexual communication leave adolescents unprepared for adulthood, resulting in generally low sexual information levels among adults and allows for the emergence of inequities in experiencing orgasm based on gender and sexuality scripts that persist. This lack of information is especially the case for women and those with non-cis-gender identities.

The lack of access to sexual health information, pleasure, and sexual scripts is an issue that communication scholars, educators, and advocates alike should be aware of because access to this information is related to life-long relational and health outcomes. As such, this study asked the following research questions. RQ1: What sex education messages do cisgender women, transgender women, transgender men, and non-binary people receive? How do they fill the gaps in their sex education later in life? RQ2: How do cisgender women, transgender women, transgender men, and non-binary people use sexual communication with their partner(s)? RQ3: What do cisgender women, transgender women, transgender men, and non-binary people state as

their motivation to reveal or conceal sexual preferences and desires to a partner? These questions were addressed by utilizing a qualitative thematic analysis of 22 interviews with transgender women, cisgender women, transgender men, and non-binary individuals. Chapter 2 provides the relevant literature and background regarding the research questions. Chapter 3 outlines the methodology and analysis. The themes extracted for each research question are described in Chapter 4. Finally, Chapter 5 discusses the findings within a larger social ecological model regarding communication about sex while also noting limitations, applications, and future directions.

Chapter 2: Review of the Literature

Defining the Terms

Through sexual communication, partners educate one another on their sexual needs, preferences, and desires (Cupach & Comstock, 1990). Given the vast application of inquiry into communication around topics of sex, there are numerous names applied to communication on the topic of sex based on who the talk occurs between, the purpose of the talk, and when it occurs. *Interpersonal sexual communication* involves any talk about sexual attitudes and behaviors, regardless of the relationship of the communicators. This concept has been used to study communication among peers about sex including gossip, recaps, and exchange of information about previous encounters between female friends (Pariera & Abraham, 2020). In family communication patterns, *sex talk* (Holman & Koenig Kellas, 2018) is used to describe communication that socializes adolescents through familial beliefs about sex and sexuality as well as the relaying of information about sexual education (Gunning, et al., 2019). *Socio-sexual communication* considers the interpretation of nonverbal and verbal actions that occur “when potential partners are in the initiating, exploring, or developing stages of courtship” (Hall, 2016, p. 139). Additionally, *pillow talk* is communication that occurs directly after sexual activity (Denes & Afifi, 2014; Denes et al., 2020).

For the purposes of this study, *sexual communication* is the verbal and nonverbal messages intimate partners exchange regarding the sexual activity that could or does occur in their relationship. This project limits the scope of sexual communication to messages between individuals who are or may be sexually intimate—whether currently or previously intimate—to focus on the sexuality and sexual experiences among intimate partners. These messages include

disclosures or inquiries about one's preferences, planned activities for a future sexual encounter, conversations after sex about what they enjoyed as well as conversations about sexual health and family planning. Prior to a sexual relationship, partners may use sexual communication to establish rules and norms for a future encounter or to determine if their sexual desires are compatible. In long-term sexual relationships, partners may use sexual communication to reflect on their sexual relationship or to initiate and navigate a new or different type of sexual relationship for themselves and their partner, such as exploring polyamory or starting hormone replacement therapy. As such, this communication about sexuality and sexual activity is goal-directed (Coffelt, 2018; Dillard, 1997; Wilson, 2007; Wilson et al., 2009) with the intent of, for example, initiating, changing, or improving aspects of the sexual relationship. The goals partners have thus shape what they communicate about and how they communicate about it.

The focus of sexual communication inquiry has predominantly focused on heterosexual cisgender samples. For example, LGBTQIA+ sex and relationships, often excluded from sex education curricula, have also been systematically underrepresented in the academy. When LGBTQIA+ samples are included, the focus is typically on HIV prevention and disclosure and condom usage rather than focusing on pleasure or intimacy (Rubinsky & Roldan, 2021). Research has also disproportionately focused on gay male relationships and sexual communication (Parrillo & Brown, 2021) and tends to frame their participants as promiscuous and assesses their 'risky' sexual behaviors. Additionally, although there are likely some similarities in how sexual communication is associated with both relational and sexual satisfaction for heterosexual and LGBTQIA+ samples (Rubinsky & Hosek, 2019), there could be certain nuances unique to the Queer community. For example, sexual communication may take added relational and communication navigation for transgender, non-binary, and gender non-

conforming individuals who may have to navigate gender dysphoria and a lack of language to talk about their bodies (Rubinsky & Hosek, 2019). However, when gender disclosures and sexual communication are met with positivity and acceptance, sexual communication comfort between the partners increases (Rubinsky & Hosek, 2019). There is also literature to support the notion that some members of the LGBTQIA+ community may be more comfortable engaging in sexual communication due to comfort in discussing sexual topics with friends and belonging to social network groups such as Kink or Bondage, Discipline, Sadism, and Masochism (BDSM) communities (Kattari, 2015; Rubinsky & Hosek, 2019). This comfort may also be attributed to the rejection of heteronormative relationship conventions by some LGBTQIA+ individuals and partners who navigate their sexual and romantic relationship using their own scripts (Lamont, 2017).

Given the typical focus on cis, heterosexual male sexuality and pleasure as well as the lack of research on populations that are more diverse in gender and sexuality, this project centers on cis and trans women, trans men, and non-binary individuals' perspectives and experiences regarding sexual communication. The goals as well as communication about sex in relationships also occurs in the context of social and cultural norms and beliefs. This review thus starts with cultural background factors that might shape partners' beliefs and expectations about talking about sex in the relationship. Subsequently, research specifically on communication about sex in marginalized groups in terms of gender and sexuality is reviewed with a particular focus on the communication processes of disclosure and avoidance.

Socio-Cultural Context of Sexual Communication

Gendered scripts for sexuality

Gender is an essential element to this study as it is consistently related to sexual communication behaviors and sexual attitudes and beliefs. Gender is how an individual performs and experiences the world as male, female, both, and neither (Human Rights Campaign, 2021; Lonergan & Palomares, 2020). Gender is “systematically unstable, constantly in flux, endlessly repeatable” (Banks et al., 2019, p. 9). Given the rich expansiveness of gender, assessing it as a binary in research brings ethical problems such as misrepresentation of data and potential psychological harm to participants. Binary measures of gender erase and marginalize transgender, non-binary, agender, and gender-queer individuals (Frohard-Dourlent et al., 2017) and can have implications on how these partners discuss sexual experiences.

Gendered cultural scripts for sexuality and sexual behaviors that we consume generally propose that men have an inherently stronger desire for sex than women. These social rules tell men they should initiate sex and women should gatekeep these advances (Hundhammer & Mussweiler, 2012; Rubin et al., 2019). These scripts and binary modes of thinking are harmful to queer relationships where power imbalances and gender norms persist (Gabb, 2019; Lamont et al., 2018).

Women and femme individuals experience lesser sexual satisfaction and autonomy due to these scripts which tell them they should be sexually submissive—being too sexually eager or forward may result in them being perceived negatively (Sanchez et al., 2012). These scripts are also harmful because they assume an innate sexual desire level based on one’s sexual organs and gender presentation. The evolutionary argument that men are biologically oriented towards sexuality has been weakened as recent works propose female sexual desire is “stifled by a host of

social factors” (Leiblum, 2002, p. 66) and cultural norms rather than an inherent biological difference between the sexes (Sanchez et al., 2012).

The Orgasm Gap

The disparity in orgasm rates between cisgender men and women in heterosexual relationships have been studied widely as the *orgasm gap*. *The orgasm gap* is a societal phenomenon in which heterosexual cisgender men have significantly more orgasms than their heterosexual cisgender female partners due to the belief that women are less interested and less able to achieve sexual pleasure (Lloyd, 2006; Mahar et al., 2020). Twenty percent of cisgender women report never or hardly ever having orgasm with their current partner (Bell & McClelland, 2018). This inability to reach orgasm with a partner can cause feelings of abnormality and shame (Bell & McClelland, 2018). The orgasm gap has been attributed to a lack of clitoral stimulation, a lack of knowledge on the anatomy of the clitoris (which is worldwide; Volck et al., 2013), and a failure to center clitoral pleasure in sexual intercourse (Mahar et al., 2020).

The orgasm gap is typically constructed as a relationship between cisgender male and female partners. As a result, there is a lack of inquiry into whether or how the orgasm gap affects non-binary, trans, and otherwise gender non-conforming partners who engage in sex where one partner has a penis and the other a clitoris. One qualitative study on college hook-up culture (Lamont et al., 2018), provides some insight into the orgasm gap with non-binary individuals who sleep with cisgender heterosexual men. They found that non-binary and cisgender women tended to state their sexual pleasure came from emotional connection and intimacy rather than having an orgasm. This finding fits into the current literature on gendered goals for sex but further inquiry is needed to determine if relationship-oriented goals for sexual encounters, rather than pleasure, vary in part due to the lack of knowledge and discussion of female and minoritized

genders' anatomy and pleasure as well as the socialization of women and femmes to be relationally-oriented beings. Even in trans and lesbian relationships, heteronormative roles for partnerships, regarding masculinity as dominating and femininity as submissive, can be perpetuated at times (Lamont et al., 2018). This further complicates the need for inquiry into sexual communication behaviors and motivation of individuals of a variety of genders and sexual orientations.

The Role of Sex Education

Standardized sex education curriculum has the potential to interrupt inequities in access to sexual health information, disrupt gendered scripts for sexual desire which perpetuate gender stereotypes, and decrease the power of the orgasm gap. Sex education can increase sexual health information, provide sexual communication scripts, and center sex as a relational or personal activity that should yield pleasure and satisfaction. In the United States, 38 states and the District of Columbia (DC) mandate sex education and HIV education, 10 states and DC require an inclusive content regarding sexual diversity, and only 17 states require programs to be medically accurate (Guttmacher Institute, 2023). In these curricula, pleasure is largely absent, and when present, is typically equated with danger (Lamb et al., 2013).

The state of sex education curricula in the United States is even further behind for our LGBTQIA+ students. The lack of inclusive curricula for LGBTQIA+ students can have long-term effects on sexual health behaviors. These include misconceptions and fear about HIV contraction for gay males and a lack of resources or knowledge on how to protect themselves against sexually transmitted infections (STIs), sexually transmitted diseases (STDs), and Human Papillomavirus (HPV) STI/STDS and HPV for bisexual and lesbian women (Formby, 2011). Sexual health curricula that exclude LGBTQIA+ individuals and content also contribute to the

social construct that lesbians are “not susceptible to sexually transmitted infections or HIV simply by virtue of being a lesbian” (Dolan & Davis, 2003, p. 30). However, the same study found that 3 out of 10 lesbian and bisexual women perceive themselves as just as “vulnerable as anyone else” (p. 33). This suggests that lesbian and bisexual women must go out of their way to become competent to protect themselves in sexual encounters, as information about safe sex for lesbian women is not regularly included in sex education curricula.

Receiving a sex education curriculum that describes sex as pleasurable and not harmful or coercive serves as a protective factor against experiences of sexual assault in college (Kantor & Lindberg, 2019). It is also associated with safer sexual health outcomes and greater gender equality (Hirst, 2013). Having greater sexual health knowledge is also associated with communication efficacy in sexual encounters (McManus, 2020). The incorporation of pleasure into sex education curricula has been effective in pregnancy prevention and is associated with fewer cases of HIV and STD/STIs (Koepsel, 2016). Young people want to learn about pleasure, for themselves and their partners, in sex education curricula (Hirst, 2013; Saliaries et al., 2017). They want to engage in conversations about pleasure with their partners but feel they lack the anatomical knowledge and communication skills to do so (Saliaries et al., 2017).

Collectively, social and cultural factors and contexts, including gender norms for sex and sexuality, access to medically accurate and inclusive information on sex and relationships, and the prioritization of male pleasure have the potential to impact sexual experiences and sexual communication behaviors. The current study seeks to explore and unpack the emerging relationships between these factors and provide commentary and suggestions on interventions to strengthen access to sexual pleasure and related positive outcomes for individuals and their relationships.

Sexual Communication Research

The research regarding sexual communication tends to focus on negotiating sexual health, how sexual communication can be used to enhance relational and sexual satisfaction, and on the specific communication processes of avoidance and disclosure. These areas of research show the importance of engaging in sexual communication but also highlight the risky and taboo nature of this topic.

Sexual Health

Sexual communication allows partners to state and negotiate their preferences for safe sex. This may be done verbally, such as requesting a partner to use a protective barrier, or nonverbally, by using a barrier or handing one to a partner. A meta-analysis of 121 empirical studies of heterosexual adults, found sexual communication is the strongest predictor of condom use between partners, which is greater than 41 other tested variables including demographic factors, relationship status, and attitudes towards condoms (Sheeran et al., 1999).

Sexual communication regarding sexual health also includes communication disclosures. Individuals with an STD or HIV must decide whether to disclose or conceal their status to new or current partners. This disclosure can be risky and involves both partners who must decide their steps moving forward. The dialectical tension here lies in the desire to maintain privacy of health information with the need to inform partners of the pertinent information (Xiao et al., 2015). When choosing whether to disclose, individuals may consider relational factors, such as intimacy and trust (Gruzd & Hernández-García, 2018), the risk-to-benefit ratio of disclosure (Coffelt et al., 2019), and feelings of obligation to disclose (Xiao et al., 2015). Some individuals disclose sexual health information with priming messages or straightforwardly while others downplay

their status or feel they have no obligation to reveal (Coffelt et al., 2019). Individuals may not disclose their positive status to a sexual partner to avoid relational vulnerability and maintain their own privacy (Xiao et al., 2015) as well as to avoid feelings of shame and embarrassment (Coffelt et al., 2019). Sexual communication between partners about their STI/STD/HIV status and their preferences for safe sex have life-long implications; yet barriers regarding disclosure or initiation of communication on these topics persist. These barriers suggest a public health need to provide individuals with scripts to initiate sexual communication about sexual health and to better inform individuals how they can protect themselves against STDs and dispel beliefs about HIV transmission. Teaching these scripts, through relationship-building courses or sex education curriculum, may also help to normalize sexual communication of sexual health and decrease anxiety in initiating the topic.

A Relational Tool

Sexual communication is a tool for sexual partners to improve their sexual relationship, their relational satisfaction, and their communication confidence. It is essential to “the development and maintenance of satisfying sexual relationships” (MacNeil & Byers, 2005, p. 170). It is a skill not generally taught in sex education curricula, so individuals are forced to learn through experience. Individuals who lack this experience discussing and disclosing their sexual likes and dislikes to a sexual partner feel less confident engaging in sexual communication (Rehman et al., 2019).

Open sexual communication can be used to lessen the orgasm gap, increasing the likelihood and regularity for all genders to have pleasurable sex with their partner and rate their relationships more satisfying overall (Frederick et al., 2018). Sexual communication is associated

with increased relationship and sexual satisfaction for heterosexual men and women (Montesti et al., 2011) and LGBTQIA+ individuals alike (Rubinsky & Hosek, 2019).

Sexual communication as a learned practice is made up of a combination of communication competencies and sexual health and pleasure knowledge. Individuals need a basic level of communication efficacy, appropriate scripts to communicate with their partner(s) about sex, and a basic knowledge of sexual pleasure and anatomy. Sexual satisfaction is dependent upon effective sexual communication (Montesi et al., 2010). Individuals who are confident in their sexual communication skills communicate about pleasure more often and experience greater sexual satisfaction (Babin, 2012). One study tested the communication elements of this theory and found that couples who are coached to initiate and engage in sexual communication with their partners experience greater sexual and relational satisfaction and decreased anxiety around sexual communication with a partner (Rosier & Tyler, 2017).

Avoidance: Why we keep silent

Despite the clarity, closeness, and sexual satisfaction that can arise from sexual communication, individuals may avoid sexual communication for a variety of personal and social reasons such as the evaluation of the potential threat it may cause to the relationship, their partner, or themselves (Metts et al., 1993; Rehman et al., 2019; Theiss & Estlein, 2014). Topic avoidance can be used to maintain, increase, or decrease uncertainty about a topic or event amongst sexual partners. Avoiding possibly taboo or uncomfortable conversations can help protect against potential embarrassment and shame and avoid the real possibility of having their partner be unsupportive of their disclosure (Afifi, 2017; Caughlin et al., 2005). Avoidance can also serve to uphold the relationship (Afifi & Guerrero, 2000) and maintain one's privacy and autonomy (Caughlin et al., 2011). However, avoidance of sexual experiences (past/present

sexual behaviors, preferences, issues) has been found to be negatively associated with relational satisfaction between intimate partners (Dailey & Palomares, 2004).

Avoidance of sexual communication can also have negative impacts on sexual health outcomes and sexual satisfaction (Davis et al., 2006; Theiss & Estlein, 2014). Managing sexual information, given the potential imagined outcomes, can cause heightened uncertainty levels (Afifi & Weiner, 2006). This uncertainty leads to decreased frequency in sexual communication about pleasure during sex (Babin, 2012). Having low self-efficacy is associated with being less likely to directly seek sexual health information from their partners (Afifi & Weiner, 2006) and experiencing heightened levels of anxiety around sexual communication (Chang, 2014). Being perceived as having used topic avoidance can also lead to lower relational satisfaction and more distancing (Palomares & Derman, 2019).

Individuals might also avoid sexual communication because they believe disclosing a sexual preference or desire may reveal a sexual incompatibility among the partners thereby threatening relationship stability (Metts & Cupach, 1989). Individuals who perceive sexual communication as risky to their relationship are also more likely to avoid the topic (Theiss & Estlein, 2014). Social and situational anxiety can also exasperate this avoidance. Individuals with higher social anxiety tend to have more fear of intimacy, rejection, and abandonment causing them to avoid topics such as sexual communication that are particularly risky (Montesi et al., 2012). When engaging with risky/taboo topics, individuals are more likely to use indirect information seeking strategies and less often engage in direct information seeking (Afifi & Weiner, 2006; Lawrance & Byers, 1995). Individuals with an anxious attachment style are also more likely to avoid sexual communication, keeping their sexual needs quiet, and instead, relying on their partner's sexual preferences to avoid conflict and please their partners (Davis et al., 2006). The proposed

study may allow us to reach a broader understanding of the psychosocial variables that motivate sexual communication avoidance in more diverse gender and sexuality populations. Better understanding these communication choices can help to inform advocacy work and curricula development for more equitable sex and relationship curricula.

Managing Risky Information: Sexual Self-Disclosures

Those who do engage in sexual communication and self-disclosures of sexual wants and needs experience relational and personal benefits. Some individuals engage in sexual communication through self-disclosures. *Self-disclosure* is the communicative act of revealing private information about oneself to another that was previously unknown (Jourard & Lasakow, 1958). Self-disclosures of private information can be anxiety-inducing or face-threatening given the vulnerability required. An individual must make the decision to keep intact their personal autonomy and ownership of the information or to disclose, which involves risks, but could potentially build intimacy (Petronio, 2002). Disclosure frequency tends to accelerate the longer one is in relationship with another individual (Greene, et al., 2006) due to increased commitment and trust.

More specific to the current study, *sexual self-disclosures* involve personal disclosures of a sexual nature, including one's sexual likes and dislikes (Byers & Demmons, 1999). Sexual self-disclosures are related to individual sexual satisfaction (Brown & Weigel, 2018; Byers & Demmons, 1999; MacNeil & Byers, 2009; Rehman et al., 2019), relationship satisfaction (Byers & Demmons, 1999), a better understanding of one's sexual desires by their partner (MacNeil & Byers, 2009), one's perception of their partner's comfort engaging in sexual communication (Herold & Way, 1988), and sexual communication satisfaction (Byers & Demmons, 1999). Showing the importance of intimacy and trust, individuals in long-term relationships are more

likely than those in friends with benefit relationships to engage in self-disclosures of their sexual desires and their sexual health status (Lehmiller et al., 2014). Sexual self-disclosures fit within the current conceptualization of sexual communication, as a subcategory of communication; however, they are different in that disclosures are given exclusively through the verbal channel and include a revelation of private information (Byers & Demmons, 1999).

MacNeil and Byers (2005) expanded our understanding of the gendered relationship between sexual self-disclosure and relationship satisfaction with the addition of the expressive and instrumental pathways. The two pathways are relevant in this inquiry as they offer two different perspectives on why sexual communication may impact relationship satisfaction. In the *expressive pathway*, sexual self-disclosures themselves are what lead to greater relationship intimacy and relational satisfaction, which in turn leads to increased sexual satisfaction. The *instrumental pathway* explains that sexual self-disclosures lead to greater sexual satisfaction because they provide the other partner with tangible information about their likes and dislikes so they can increase sexual rewards and decrease sexual costs. The significance of these pathways, however, is gendered. Sexual self-disclosures were found to be a stronger predictor of relationship intimacy and relational satisfaction for women than for men (MacNeil & Byers, 2005) suggesting that sexual self-disclosures do not build trust and relationships in the same ways for both men and women.

This research collectively tends to study heterosexual individuals in long-term relationships. This work also tends to be quantitative in nature, so we have limited knowledge of *how* partners initiate and navigate sexual self-disclosures. Qualitative inquiry in this area is well suited as it can strengthen our understanding of the motivations and thought processes that precede both sexual communication and sexual self-disclosures. For example, one participant from this

dissertation's pilot study noted that they now engage in sexual communication frequently with their partners and do so with confidence, but it was not until they took the time to educate themselves on their anatomy and practiced sexual communication with several partners until they reached this confidence. This aligns with the literature which finds individuals with more comfort discussing sexual topics engage in more sexual self-disclosures (Herold & Way, 1988). These types of observations can center marginalized gender and sexuality groups' voices to reveal theoretical and practical applications regarding sexual communication and its outcomes.

Chapter Summary

The aims of this chapter were threefold. First, I examined the cultural background and implications for this study on sexual communication. I began by providing an overview of the terms related to the research study that may not have been common knowledge among the audience of this study. Next, I set the scene for the significance of this work discussing gender-based inequities in accessing sexual health information, accepted behaviors, and being perceived as a sexual being and engaging in pleasurable sex. I discussed sex education's untapped potential in decreasing these inequities and increasing the frequency and comfort in sexual communication behaviors. The review of the literature illustrated the need to understand sexual communication, both its initiation and avoidance, from the lens of populations that are systematically underrepresented in the literature. From this review, I created research questions to better understand sexual communication behaviors and patterns and the related personal and societal factors.

This dissertation will further our understanding of partners' perceptions of their sexual communication practices and the psychosocial factors that are perceived to impact these behaviors. It will also tell the stories and lived experiences of trans and non-binary individuals

who are historically left out of academic research. The following research questions will guide inquiry and expand the understanding of sexual communication, self-disclosures, and avoidance in these marginalized groups.

Research Questions

RQ1: What sex education messages do cisgender women, transgender women, transgender men, and non-binary people receive? How do they fill the gaps in their sex education later in life?

RQ2: How do cisgender women, transgender women, transgender men, and non-binary people use sexual communication with their partner(s)?

RQ3: What do cisgender women, transgender women, transgender men, and non-binary people state as their motivation to reveal or conceal sexual preferences and desires to a partner?

Chapter 3: Research Methodology

Research Framework

A qualitative research method was utilized to complete the proposed project. Qualitative research gives a better understanding of a given phenomenon and the related concepts and systems to create and further develop theory (Bradley et al., 2007). Within the field of Communication there has been a consistent call for research, such as qualitative inquiry, that represents diverse populations and offers rich descriptions of lived experiences that expands our current understanding of communication phenomena and theory (Afifi, 2017; Britten, 2011; Dempsey et al., 2011; García-Jiménez & Craig, 2010; Manning & Kunkel, 2014). Qualitative inquiry is well-suited for this project by allowing rich, descriptive accounts of sexual communication from the lived experiences of an understudied population.

Qualitative methods allow for direct inquiry of the meanings individuals make of their relationships and day-to-day interactions (Manning & Kunkel, 2014). This direct line of inquiry may disseminate some of the power the researcher tends to hold, as an interpreter of data, to the participant by asking them to express the meanings they themselves make of their communication and relationships. Qualitative research also allows for historically marginalized voices to emerge—voices that may be erased or silenced by statistical averages and norms (Manning & Kunkel, 2014).

Queering the research process

I utilized queer methods to consider the subjective experiences of sexual communication and the social and systemic forces which may impact this communication. In doing so, this work aspires to challenge traditional ways of thinking (about sex, gender, and research) and to connect the subjective experiences of the participants within this study to larger global trends (Creswell & Poth, 2018). Queer theory and methods seek to de-center dominant and binary modes of

thinking (Lindolf & Taylor, 2017). I've utilized this framework and collections of inquiry to dissect sexual communication behaviors and position these behaviors within layers of society (relationships, communities, policy).

Queerness is used to represent individuals whose sexual, romantic, and intimate relationships lay outside of the assumed and societally rewarded and affirmed cisgendered, monogamous, heterosexual norms for love and intimacy. Queerness is fluid and encompassing (Gorman-Murray et al., 2010). It is a label that is helpful in research and the lived experiences of LGBTQIA+ individuals. In research, this lens is helpful as a wide net to cover the diversity within the LGBTQIA+ community and the multiple identity markers or labels individuals may use to categorize or signal their identity to themselves and others. For example, an individual may tell someone they are queer instead of saying, "I am an asexual, agender, aromatic, non-monogamous demi-girl." In research, queer and queerness are helpful terms because they are open and expansive—one cannot assume that the labels and identity markers participants use for themselves will remain stagnant throughout their lives. Browne (2010) says it well, "Keeping queer permanently unclear, unstable, and 'unfit' to represent any particular sexual identity is the key to maintaining a non-normative queer position" (p. 21). Gender should also be added to this definition as it is, "systematically unstable, constantly in flux, endlessly repeatable" (Banks et al., 2019, p. 9).

Queer theory dissects and critically examines how research is a source of power as well as a means of disruption to power. There is no one right way to define or utilize queerness or queer theory. Creating or enforcing such a thing theoretically juxtaposes the notion of and power in queerness. The lack of clarity and coherence signifies the "diversity of queer theorizing and its refusal to be bounded, controlled, or defined" (Browne, 2010, p. 23).

Rooke (2010) explains the importance of critically analyzing the ways our own queer identity and understanding of queer life color our understanding of the phenomenon of inquiry. Being a “cultural insider” is helpful in making connections and building rapport with participants, but it is imperative to allow participants to define and categorize their experiences in their own manner as to avoid confirmation bias and missing out on important themes that lay outside one’s own queer experiences and ideas. Utilizing the rich thinking and experiences of participants allowed me to queer and disrupt my own conceptualization and analysis and instead share the role of analyst with participants as they reflected on their own understanding of the relationship between their sex education, gender and sexuality, and relationships regarding their sexual communication behaviors.

Positionality Statement

Positionality has the potential to impact all parts of the research process (Gergen & Gergen, 2003) and thus should be stated by the researcher. In addition to my research ideologies expressed prior, I’d like to state how I am coming to this study as an individual. As a queer, trans non-binary individual, the topic of inquiry has directly impacted my lived experiences, knowledge, access to sexual health resources and information, and intimate relationships. I have experienced both privileges and adversity in these areas at the systemic and interpersonal levels. I came to this dissertation project, in my early 20’s, through my own inquiry and self-education as I began to unpack the harmful beliefs and stereotypes about sex and sexuality that I had absorbed in school, church, and the media. Many of the queer participants who you will meet in this study had a similar journey—unlearning and shaking off shame around sexuality, gender, queerness, and pleasure. This study was born in my own craving for understanding and

belonging as a sexually liberated queer person. Queer and trans participants in this study consistently echoed a desire to see queer relationships and experiences represented.

Research Participants

Individuals were recruited via social media and word of mouth to reach the desired sample population after obtaining IRB approval (see [Appendix A IRB approval](#)). The study flyer ([Appendix B: Recruitment flyer](#)) was shared within Facebook communities for trans and non-binary people and on HER (a social media app for queer individuals). The recruitment flyer provided transparency of the topics of inquiry given the highly personal topic area. Criteria for participation included: living in the United States, eighteen years of age or older, having been sexually active (anal, oral, or vaginal sex with one or more partners in the past twelve months) and identifying as a woman, non-binary, gender queer or trans. (Definitions of gender categories are provided in the Glossary.) Snowball participation was also utilized as some participants really enjoyed the study and sent the flyer to their friends.

Sampling resulted in twenty-two participants (see Table 1 below for their demographics). Participants were asked to self-describe their gender, sexuality, and race/ethnicity. The average age of participants was 29 years old, and the range was 22-43. The sample included 12 women (six identified as trans and four as cis), two trans men (one identified as a trans man and gender queer) and eight non-binary individuals (one non-binary femme, one trans masc non-binary).

Participant ID numbers as listed in Table 1 were used in place of pseudonyms given the sociocultural diversity of names and the embedded cultural and personal meanings they carry.

Table 1: Participant Demographics

Participant ID	Gender	Sexuality	Age	Race/ethnicity
1	Trans woman	bisexual, queer	22	white
2	Trans Woman	Bisexual	22	White
3	Trans woman	Lesbian	30	White
4	Non-Binary femme	bisexual	21	Mexican American
5	Trans Woman	Straight	42	Mexican American
6	Trans Man	Pansexual	31	Mixed Caucasian and Latino
7	Non-Binary	pansexual	35	White
8	Non-Binary	queer	26	white
9	Trans man, gender quee	queer	25	white
10	Trans masc non-binary	pansexual	40	white
11	Non-binary	bisexual	26	white
12	Non-binary	Bisexual, queer	32	white
13	Non-binary	pansexual	43	white
14	Woman	queer	26	Black
15	Non-binary	lesbian	24	Black American
16	woman	bisexual, queer	23	white
17	Trans woman	bisexual, queer	27	Mixed-Latina
18	Trans woman	heterosexual	26	Black American
19	Cis woman	heterosexual	22	White
20	Cis woman	heterosexual	28	white
21	Cis woman	bisexual	28	Native American, Latina
22	cis woman	straight	28	Hispanic, Latina

Data Collection

The proposed project consisted of semi-structured interviews, conducted via Zoom given the COVID-19 global pandemic at the time of data collection. This format did not impede rapport or participant disclosures. Interviews were scheduled for 60 minutes, with some variation in final time depending on the participant, resulting in a range of 30–90-minute calls. Interviews were conducted in December 2021 and January 2022.

The semi-structured interview creates a conversational tone between researcher and participant using a limited number of anchor questions. In this format, the researcher must develop rapport to elicit information from the participant (Spradley, 1979). In semi-structured interviews, it is important the interviewer is well trained and versed on the topic and research

objectives, as they need to probe and ask follow-up questions throughout the interview. This more naturalistic form of interviewing ensures the researchers targeted questions and topics are discussed while also allowing for new themes or information to arise as the participant has more ownership in the interview process to share their own sense-making and experience with the topic or phenomenon. The full interview protocol can be found in Appendix C.

Data Analysis

Interview data was professionally transcribed by Landmark Associates Incorporated. Thematic analysis was utilized to make meaning of the interview transcriptions through the identification analysis and reporting of themes (Braun & Clarke, 2006). Themes were identified as repetitive experiences or concepts that came up in participant responses.

Inductive and deductive thematic analyses were conducted. Inductive analysis first explored categories that organically arose in the data – a bottom-up approach (Braun & Clarke, 2006). Then, deductive analysis was used to make sense of the data against the backdrop of the existing literature in sexual communication with the research questions in mind. I created a codebook in NVivo based on the research questions which were organized into *categories* and *codes*. (See Table 2 for the full list of codes created.) Lindolf and Taylor (2017) describe categories as bins to organize data which have similar properties or features while codes are “shorthand devices that identifies specific data as an element of a category” (p. 218). Larger code buckets were formulated in line with the research questions, which were then broken down into smaller nodes as themes emerged. These emerging themes were then organized into and across the research questions. Some themes spanned two or all research questions, such as *shame*, so the data were organized to fit within sex education (RQ1), sexual communication experiences (RQ2), or reasons participants recalled disclosing or avoiding in sexual communication (RQ3). These

emerging themes as answers to the questions were organized in a table by research question and included: a) theme b) definition c) examples d) counterexamples e) implications. From this table, potential themes that lacked sufficient supporting data were removed, and homogenous themes were collapsed into one another in the process of answering the research questions.

In the delineation of the themes, participants are described in terms of their self-reported gender, sexuality, age, and ethnicity. At the time of collection, participants resided in Texas ($n = 18$), New York ($n = 3$) and Missouri ($n = 1$). When discussing the sex education received, the geographical area a participant grew up in is provided (if given by the participant) to provide context around sex education access through public education. Frequencies are also reported within the themes to denote how many of the participants' responses were coded into each theme (See [Table 3: Thematic Frequencies](#)).

Table 2: Codebook

Code	Description
Avoidance	Instances where sex comm is avoided or reasons for avoiding sex comm
Being trans	Coming out to a partner, self, or others. How being trans impacts the way they are perceived during sex.
Disclosure	Instances of sex comm disclosures or things that impacted their choice to disclose a sexual want or need,
Gender Norms	Discussion of a socialized gender norm that impacts their sexual communication behavior
Relationship Sat and Sex Sat	The relationship between satisfaction with the relationship and satisfaction with the sexual dynamics of the relationship
Changes in Sex Comm over Time	Changes in sex comm behaviors over time as a person or in a relationship
Consent	Giving or requesting permission to engage in a sexual activity with a partner
Educating partners	Sexual communication to educate a partner about transition, what to call parts of one's body and how they can touch you/where.

Code	Description
Navigating changes	Instances in which partners use sexual communication to navigate changes in the relationship- such as a partner coming out as queer or trans
Preferences	How individuals communicate about sexual preferences or desires with their partners
Sex Comm Delivery	Setting and method for sexual communication. Including strategies used, when conversations occur
After Sex	Sex communication which occurs after a sexual encounter
Before Sex	Sex communication that occurs before a sexual encounter, both immediate before and at a completely other time
Computer Mediated Sex Comm	Sexual communication that occurs via the internet, app, phone, or text
During Sex	Sexual communication that occurs during a sexual encounter. Includes direct and indirect requests and verbal/nonverbal communication about what one wants or is enjoying
Emotions	Feelings the participant shares around sexual communication. For example, feeling nervous, excited or ashamed to bring something up.
Sex Ed Goals	What they would have liked to have seen changed or added to the sex education curriculum
Sex Education Content	The content of the sex education received
Consent	Information provided on what consent is and how to request it and give it. Also includes how to say no.
Pleasure	Content about pleasure- how to have it and give it
Pregnancy Prevention	Information about how to prevent pregnancy
Puberty & Anatomy	Information received about menstruation, sex drive and changes to the body during puberty
Purpose of Sex	Messages received about the purpose of sex, whether it be for childbearing, pleasure, or marriage.
Reproduction	How babies are made, how to prevent this from happening
STDs	Information about prevention of STD, HIV or STIs. Regardless of if information was fact based,

Code	Description
LGBTQIA+ Sex Education Content	Information and representation received about gender and diverse sexualities
Information	Tangible information provided to queer students on how to have sex safely and information on diverse sexuality and gender identity
Shame	Socialized shame about being LGBTQ from communities
Sex Education Source	Descriptions of sex education received or desired
College	Sex education received in college or emerging adulthood (18-24 years old)
Family	Sex education messages received from family members
Media	Sex education information found online, porn, YouTube, bogs
Peers & Partners	Information from peers of similar age group
Queer community	Bars, sex shops, queer family
Religion	Messages and sex education received from religious entities
School	Messages and sex education received in formal educational settings

Table 3: Thematic Frequencies

Theme	Participants Referenced
RQ1	
Fear and Shame	11
Abstinence until marriage	9
Biological sex break-out groups	4
Information seeking to fill in information gaps from sex education	12
Hands-on experience and education from sexual partners	15
The queer community educates one another	11
RQ2	
Making requests and trying new things before the sexual encounter	17

Navigating changes during transitions	9
Discussions of HIV/STD status early in the sexual relationship	19
Feedback during sexual encounters	15
Sexual communication online	5
RQ3	
Avoidance: Internalized beliefs about gender and sexuality	17
Disclosure: A safe place to disclose	12
Avoidance: Outcome expectations	5
Avoidance: Self-efficacy in sexual communication	5

Chapter 4: Results

Sex Education and Socialization (RQ1)

The first research question explored the sex education that participants received from their communities, schools, families, friends, and the media and the impact of these messages on their sense-making of sexuality and sex. Individuals were asked to recall a) memorable messages or content they received in their sex education as an adolescent and b) how they filled information gaps left by their formalized education.

Their responses revealed that participants received sex education messages which 1) focused on risk mitigation such as pregnancy and STD prevention, and 2) provided a basic overview of anatomy and physiology information about puberty and reproduction. Pleasure and LGBTQIA+ content were almost exclusively left out of standardized sex education, so participants filled these information gaps through their own experiences and inquiry. Participants turned toward media (YouTube, Twitch, and television shows) internet searches and literature. Others learned about their bodies and pleasure through sexual exploration with partners.

Sex Education Messages Received

Most participants recalled receiving abstinence-only or abstinence-focused sex education at school and/or at home. In formalized sex education at school, participants received sex education that offered abstinence as the moral choice and only safe way to prevent HIV/STDs/pregnancy. Sex education instruction was broken into male/female sex groups and provided basic biological information on puberty and pregnancy. When safe sex information was provided, it mostly left out queer sex. Participants were not provided tangible information to engage in safe sex, have healthy relationships, or understand their gender and sexuality as a healthy normal part of adolescence.

Fear and shame. School-based curricula focused on risk reduction and failed to provide tangible information for students to prevent unwanted pregnancy or transmission of HIV and STDs. Participants recalled feelings of shame and embarrassment toward sex following what were supposed to be sex education moments at school and with their families. Eleven participants who received abstinence only programs recalled being scared into avoiding sexual encounters. Participant 8 (non-binary, queer, 26, white) grew up in Idaho, a state with abstinence-only sex education, and shared this fear: “I have distinctive memories of my health teacher in middle school telling us that the size of HIV molecules is smaller than the pores on condoms, so even if you use condoms, you will get HIV, and you will die.” For them, this information (although incorrect) inferred that there was no way to avoid negative sexual health outcomes besides avoiding sex all together. Participant 14 (woman, queer, 26, African American) grew up in Missouri, and was raised Catholic where sex was socialized as a means of production not a “natural human activity.” They echoed the experience of receiving fear-based messaging to persuade them toward abstinence:

Over time, that same sentiment, though not exactly the same kind of religious and spiritual damnation laid on top of it, was reflected in the sex education I got in school... it wasn't quite abstinence-only, but there was kind of an over-focus on disease and pregnancy. Definitely in the realm of scare tactics. Very little about sex being a natural human activity. Very little about it being pleasurable, or very little about consent even. Just a lot of this is what a penis with gonorrhea looks like...

Participant 18 (trans woman, straight, 26 Black) also received a risk-based education at school which had long-term impact on their sexual behaviors. They shared, “I think for me personally, it [depictions of STDs and negative health outcomes from sex] put fear in me, and I didn't have sex until after freshman year of college.” Participant 18 further said they believed one reason they received abstinence-only education at home as well was due to having a young mother who did not want to see her children become young parents themselves. Participant 2 (trans woman, 22,

Caucasian) received an abstinence-only sex education at home and at school which instilled the idea that sex was shameful and should be kept a secret. They grew up with ‘fairly’ religious parents and recalled the time their mom found out they were sexually active and how her negative reaction to their sexuality further reinforced the notion that sexual exploration should be avoided. They said:

Middle school was when I first became sexually active...My mom was appalled. She immediately took me to get an HPV vaccine right after. She was talking about like, "Oh, my God. You could've gotten her pregnant." I'm like, "No, we never did stuff like that." Just all the same things that I learned in sex ed in middle school where it was just about all the dangers, and it wasn't anything about some activity I wanted to get involved in.

Participants shared that receiving sex education experiences, which stigmatized sex and instilled fear-based information. These tactics may have caused some to engage in the desired curricula goal of abstinence, for a period of time, but eventually, when they were ready to engage in sexual relationships, they lacked the information to do so safely and pleasurably.

Abstinence until marriage. For nine participants, through socialization, at church or at home, abstinence-only sex education at school was reinforced by participants' families and religious communities. Here abstinence from sex was extended from a matter of safety to a matter of morality. Participants were taught sex was a sacred act intended only for a man and a woman in marriage. Participant 19 (cis woman, heterosexual, 22, white) grew up in a “super conservative Evangelical Christian community.” They shared, “I was raised that sex before marriage is a sin... as a Godly woman, your purity is the most important thing about you. If you have sex before you’re married, you will be impure, like no man will want you.” Participant 22 (cis woman, straight, 28, Hispanic Latina) received an abstinence-only sex education in school and messages from their religious community that impacted their sexual attitudes long-term: “I grew up with this idea that sex was great once you were married...but it should not be something

that should be indulged in before marriage. That was what was concentered into my mind for forever.” Participant 14 (woman, queer, 26, African American) shared the views and norms for sexuality within her Nigerian family and how these messages shifted their pointedness from avoiding sex to now pressure to get married and have sex to procreate:

It’s no longer about not having sex, not getting pregnant in high school or college. Now, it’s an intense amount of pressure to get married and start having children as soon as possible...It’s an interesting thing given how strong and forceful the messaging around sex as being bad was for so long. It’s like, Okay. Well, now that you’re in your mid-late 20s, sex is not only necessary, but especially in the confines of a heterosexual marriage, then really, you’re allowed to have as much sex as it takes to have lots of babies.

Five of the six participants who brought up religious communities as a source of sex education recalled being taught abstinence, but this is certainly not true of all religious groups, such as the experience of Participant 9 (trans man/gender queer, queer, 25, white) who grew up in New York attending Jewish synagogue. They shared, “I never had any messaging about not having sex before marriage, or sex being bad or sinful, and I’ve been pretty religious from a young age.” This theme emphasizes the role families and social communities play in formulating sexual attitudes and beliefs. These formative scripts, based in morality and social rules, appeared to have long-standing impacts as adolescents navigate their sexual identities and relationships with a lack of information or empowerment they need to engage in consensual, safe, and pleasurable sex. This leads us to our next set of themes on information seeking behaviors.

Biological sex break-out groups. Four participants recalled being separated into boy/girl groups to be taught about puberty and basic reproductive anatomy. Participant 2 said, “My fifth-grade class had an anatomy class, sort of. Sexual anatomy for each gender, and that was separate” (trans woman, lesbian, 30, white). Participant 16 had a similar experience, “I grew up in the state of Florida and so our formal sex education started in middle school, and it was the

classic boys are in one room, girls in the other room” (woman, bisexual/queer, 26, Black). Six U.S. states now mandate a gender inclusive curriculum, but participants' experiences predated inclusive policies such as these. An encouraging story about the impact of gender inclusive curricula and its long-term impact on identity and visibility was shared by participant 10 (trans masculine/non-binary, pansexual, 40) who had recently identified as non-binary after they were first presented with language and representation from their child’s sex education curriculum. They shared, “I think it really was until about a year ago. My child started talking about non-binarianism and things like that. It really struck a chord. It was just not—I had not been presented with those categories.”

Information seeking to fill in information gaps from sex education.

Participants recalled significant gaps in their understanding of sex and relationships from the messages they received at school and at home and thus had to seek out information for themselves. Twelve participants recalled seeking out sex and relationship information to affirm themselves as sexual beings and to learn tangible ways to have healthy satisfying relationships and sex. For queer participants, this self-education also included specifically looking into queer life, relationships, and sex for information and queer representation.

In the hunt for information, individuals turned to books, podcasts, television, and the internet. These sources provided an additional layer of sexual socialization as individuals can encounter endless expressions of sexuality and viewpoints on sexual and romantic relationships in the media. Participants sought out information on pleasure and relationships. These information-seeking behaviors are recalled as highly intentional by participants who used their social media accounts to follow sex educators and advocates. These accounts and sites serve as a source of education, and a place where, over time, sexuality may become normalized. Participant 14

(woman, queer, 26, Black) spoke to this self-initiated socialization (unlearning) process after growing up in a sexually conservative family and religion:

I studied...I was just really hungry for knowledge. I really wanted to know why this thing that felt so natural and beautiful within myself was so demonized and taboo within the broader community, and then how could I learn more about what I needed, and what I wanted, or what worked for me, so that even if I was entering into situations with the residual shame or whatever, that, at least, I could understand what was going on, understand the dynamics, maybe to advocate for myself to a certain extent. I found people, who are studying sex and sexuality academically, read books, watched seminars and podcasts, and really just tried to educate myself on what is really going on, what is really going on.

Participant 16 (cis woman, bisexual/queer, 24, Black) grew up in Florida where they received an abstinence-focused, heteronormative sex education in school. Their parents did not directly discuss sex with them, but it was implied if they were having it to be safe and keep it to themselves. They utilized information online first to embrace their sexuality and learn about queer relationships and sex:

From a very young age when I started discovering my sexuality, I think the internet provided me with a place for me to embrace personal pleasure... but I don't think until I was really in college and became really conscious of the way that I interacted with social media did I start following accounts that were talking about pleasure for women or queer relationships and the tangible information about how to be safe and what tools to use and how to communicate with your partner in—before and after sexual experiences. I think that a lot of that information came from spaces that I was consciously engaging with online.

Recall Participant 2 (trans woman, bisexual, 22, white) shared receiving abstinence-only information at home and school. When asked how they filled the gaps in their sex education they recalled utilizing partners to self-discover and following Youtubers and Twitch streamers that they said, “would teach about pleasure. A lot of them focused on consent.” These content creators also shared what to expect when starting hormones (hormone replacement therapy, HRT).

Digital publications and community platforms such as *Autostraddle* and *Salty* highlight underrepresented voices and experiences in queer communities, covering topics such as BDSM and kink, polyamory, sexual healing and trauma recovery, healthy relationships and other personal narratives. Participant 8 (non-binary, queer, 26, white) spoke about the information they received on such a site, “Autostraddle had a few pretty good articles in there linking you to different toy companies that work a lot with consent and mutual pleasure.” They also spoke of the impact of queer television in education and representation:

I think *The L-Word*, as problematic as it was in a lot of ways—I can’t reiterate that enough—there were still moments in there where they’re definitely discussing consent and discussing, again, mutual pleasure and all of the sorts of things that are not necessarily conveyed in mainstream sexual education or media... Right, ’cause *L-Word* was—I saw where I was like, “Oh, my gosh, she can actually have a relationship with somebody. That’s pretty cool.” ’Cause I never saw that portrayed anywhere. The only times there were ever queer characters on media at that time, a decade ago now, they were evil characters, or they were the problem or the ones that everybody was trying to get or kill or whatever. It wasn’t like, oh, this person’s just living their life, and they find this other person that they’re gonna be in a romantic relationship with.

The availability of diverse and reliable sex and relationship information online is vast, but when individuals are forced to self-educate on sex and relationships, there will inherently be those who are left behind whether from a lack of exposure to know the information exists, a lack of access, or simply a lack of interest.

Hands-on experience and education from sexual partners. Fifteen participants used trial and error of sorts where they could learn what they did and did not like and practiced and strengthened their confidence in engaging in sexual communication with their partners. Sexual experiences, with one-time or long-term partners, both positive and negative, provided participants with information and feedback. Participant 2 said, “there was a lot I figured out on my own just through partners that I had. I’ve had three long-term romantic partners in my life, and they taught me a lot just through being open and talking to them about it” (trans woman,

bisexual, 22, white). Participants' reflections showed that new partners and experiences could enlighten an individual to a preference they would have not previously considered. Participant 5 recalled the first time they had anal sex and how it opened their eyes to a source of pleasure they had not explored before. They shared, "I remember that they were gentle and kind with it. Then I realized oh wow, this feels amazing. Then I remember a week later practicing on myself with objects and stuff and thinking wow, imagining, and recreating that in my head" (trans woman, straight, 42, Mexican American). For Participant 13 (non-binary, pansexual, 43, Black), a sexual partner, and friend, helped them to view sex differently after prior sexual abuse. They shared the following story when asked about a particular sexual relationship that stood out as positively salient:

I can think of one straight off the bat was the first person I slept with by choice, and it took me about two years to get to that point with him. It was two years of solid flirting and visiting, and he was very gentle and very slow, and knew my history and was able to empathize with that and work with it and work through it with me...—that was my discovery of yes, sex can be a good thing.

Practice and positive feedback from partners after engaging in sexual communication appeared to reinforce the habit and strengthened communication skills. Participant 2 shared they felt comfortable disclosing sexual preferences and desires to partners but noted, "that's definitely a comfort level that has increased over time and it's one of those things that the more you do it and it's received well, the more confident you feel doing it in future times" (trans woman, bisexual, 22, white).

The queer community educates one another. Queer relationships and safe sex for queer folks were completely left out of participants' formalized sex education, so eleven participants recalled going to their queer friends and queer community centers to seek out

information. These queer friends and centers provided affirmation and information to participants to empower them to have healthy and safe relationships and sex.

Participant 5 (trans woman, straight, 42, Mexican American) said, “I more remember going to the LGBTQ bars when I was 17 and getting the free condoms and the little pamphlets and stuff that included how to put condoms on properly and things like that.” Participant 17 (trans woman, bisexual/queer, 27, Mixed-Latina) was affirmed by their queer community and shared, “a lot of those people [their queer community] helped me understand my own identity better. I think without that, I’d probably be a lot more anxious around sex and would probably avoid it more.” Participant 9 grew up an active member in the gay community in the NYC metropolitan area where older gay men educated them on safe sex, relationships, and LGBTQ history:

I’ve been sexually active starting at 18 or so. I always used condoms. I got tested after the first time I ever had sex, and it was very much because of growing up with these mostly men who survived through the plague years by chance and by community action like that, and so they drilled that the hell into me, so my school sex ed really just was like nothing compared to being in activist groups with these guys. (trans man/gender queer, queer, 25, white)

Participant 12 (non-binary, bisexual/queer, 32, white) grew up in Texas in the 2000’s, received abstinence-only sex education in school, but considered themselves lucky to have been taught about LGB individuals, pleasure, and consent from their church's sex education program. They came out during their early teenage years but lacked a queer community until their early adult years. When becoming involved in the queer and BDSM community, they learned more about consent, pleasure, and communication skills for sex. The BDSM community specifically taught them invaluable lessons about consent pleasure and self-advocacy:

In the BDSM scene, I was kind of, like, the baby, you know? I'm young and inexperienced, and have these more experienced people taking me under their wing and being, like, hey, don't do things that aren't fun for you. Don't do things 'cause you feel like you have to. Or don't feel like you have to be the fun, cool person with no limits, 'cause nobody's actually that person. It's just gonna make you get into a situation where you're not having any fun.

Access to the queer community affirmed many participants and normalized their sexuality and began the unraveling of the sexual shame participants learned as adolescence. Participant 18 (trans woman, straight, 26, Black) recalled being close to her biological mother and being able to ask her questions about relationships, sex, and consent, but it was not until they turned fifteen and started going to queer events and community gatherings that they began to understand the LGBTQ lifestyle and their place within it. They shared how her chosen family was influential in their development:

Your gay family, your gay mom and dad that's your parents. Those are the ones who bring you into their home if needed because a lot of the times I've had friends who got kicked out or something because of who they are. Your gay parents, those are the ones that bring you in and raise you as their child. They teach you the world, but not only the world with the gay scene...If they're a good parent, which I'm happy to have a good gay mom, so she definitely taught us and raised [us] to be more respectable and have more respect for ourselves than to just give ourselves away. Plus we were young; she wanted the most for us at the end of the day.

As adults, participants shared that queer friends and communities continued to educate one another as they shared their sexual experiences in open discussions about sex. Participant 15 (non-binary, lesbian, 24 Black) had a friend who worked in a sex shop with whom they regularly discussed sex and relationships. With this friend they:

Talk about sex a lot obviously. It's a very casual conversation about sex and polyamory and things like that...Then, sometimes I'll also, after those conversations, I'll journal about like, "Oh, like we talked about this. I'm interested in this, or I'm not interested in doing this," or "it made me think about this," or something like that. Maybe later on, I might talk to a partner or something and say like, "Oh, like I was thinking about this, this or this." We'll have a conversation about it.

For queer individuals growing up in traditionally conservative areas, college and/or moving away from home served as the catalyst for accessing queer community and queer sex and relationship education. For Participant 12 (non-binary, bisexual/queer, 32, white), "Going to college and meeting other LGBTQ people and going to the resource center on my university's

campus, that was probably the first time that I was hearing LGBTQ people talk about sex as LGBTQ people.” Participant 14 (cis woman, queer, 26, Black) spoke of the positive impact the queer community they encountered in college has on their sexuality and personal development:

Getting to college and finally having access to a broader queer community where people had the language to talk about some of the things that I was experiencing, and just for more or less normalized it. that’s when I really started to get the more positive messaging, and really started to kind of reframe for myself what it meant to have a lot of sexual energy, and kind of how to be the steward of that energy without kind of layering on a kind of moralized view or lens on that.

Participant 14 expanded on this “positive messaging” they received:

The radical part of it for me was the focus on pleasure. There was a very clear focus on pleasure and receiving pleasure, giving pleasure, embracing pleasure as a positive life affirming thing... I have a number of trans friends. I think probably the vast majority of us are queer. There was always the added lens of pleasure for different bodies, and what pleasure for bodies that are in transition, or that have already transitioned looks like and feels like, and how that’s different from how we live maybe in a normative lens think about what it means to pleasure certain genitalia. It was, I think, yes, a very kind of full, very embraced and loving conversation and education around pleasure specifically as kind of what are the primary purposes for sex or relationships.

Open and informative conversations, such as the one shared above, that normalize sex among a variety of bodies were reported as transformative and affirming in participants’ sexual and personal development as adolescents and emerging adults.

Conclusion: RQ1

The themes which arose around participant sex education experiences affirm what we know about the state of formalized sex education in the United States. The sex education messages reinforced heteronormativity, gendered scripts for sexuality, and overly associated sex with disease and pregnancy. Multiple participants recalled the years-long process it took for them to unlearn these messages of shame and abstinence and empower themselves with information and community which empowered them as sexual beings.

Sexual Communication Patterns (RQ2)

Research Question 2 explored the sexual communication behaviors and patterns of cis and trans women, trans men, and non-binary individuals. Themes arose regarding sexual communication content and sexual communication delivery. Regarding the content of sexual communication, participants recalled using sexual communication to: a) make sexual requests to ask if their partners want to try something new, b) communicate what language should be used to refer to their bodies and rules for engaging with their body, c) navigate changes to one's body and/or sexual desires following a transition (starting hormone replacement therapy, coming out as non-binary or queer, physically transitioning), and d) discuss sexual health. Regarding *how* participants communicated with partners about sexual topics, participants: a) used direct communication, through verbal and non-verbal requests and feedback to avoid miscommunication, and b) utilized computer mediated communication (CMC) to discuss sexual interests with partners.

Making requests and trying new things before sexual encounters. Seventeen participants utilized sexual communication before a sexual encounter to make specific requests and ask partners if they want to try something new in the bedroom. Making the request prior to a sexual encounter allowed the recipient of the request time to evaluate the request without the pressure of being in the sexual environment. Participant 1 (trans woman, bisexual, 22, white) said, “if it was something that seemed really new...like role-playing or BDSM-related...I would bring it up beforehand.”

Participants preferred to have these conversations prior to the sexual encounter because it was less threatening and intense to have set the ground rules and expectations beforehand. For Participant 14, having conversations about “big things” beforehand makes the actual sexual

encounter “more gracious because we’ve talked a little about it. We’ve flushed out some of the hesitation, some of the desires, and it may be easier to navigate that way” (cis woman, queer, 26, Black). Participant 20 (cis woman, heterosexual, 22, white) also preferred sexual communication before the encounter. They said, “In the moment, I don't think I'm very good at that [telling a partner what they do or don't want]” Stating a preference or making a request is also preferred prior to the encounter by Participant 21 (cis woman, bisexual, 28, Native American/Latina). They said, “I think if I ask for something new and I might feel a little shy or nervous about it, I tend to do it before we actually are in the physical encounter part of it. I might suggest it or maybe like, ‘Hey, what about this? What if I do this to you? I think this is kinda hot.’” Participant 16 (cis woman, bisexual/queer, 23, white) spoke of their motivation to have sexual communication prior to an encounter. They said:

Waiting until I was in the sexual encounter to talk about pleasure and needs is so much harder when you're in the moment than when you've already had that conversation when your clothes are on and you're not worried about all of the physical things that are happening, when you can really just have the conversation about these are things that I like. These are things that don't do it for me. What are things that you like? I think that taking that conversation out of the bedroom experience really was helpful for me. (cis woman, bisexual/queer, 23, white)

Initiating sexual communication prior to the encounter also may encourage feedback and communication during and after the encounter. According to Participant 13 (non-binary, pansexual, 43, white), these initial conversations, “prime the pump for more conversation during the encounter or afterwards...it really makes a world of difference.”

Navigating changes during transitions. Nine trans and non-binary participants used sexual communication to explain and navigate changes with their sexual partners during transitions. These transitions included: coming out as a different gender, starting HRT, and/or having gender affirming surgery. Communicating during these transitional phases was important for partners as

their self-image and/or physical presentation changed. Participants used sexual communication while navigating these changes to foster closeness and understanding within the partnership as they co-constructed new relational and sexual dynamics.

Sexual communication during these transitions helped partners to discuss their new sexual interests and desires and negotiate new relational rules for their partnership. Participant 6 (trans man, pansexual, 31, Caucasian and Latino) shared being with their wife of seven years through their transition. After coming out as a trans man they started to realize their sexual attraction to men. This realization was difficult for them and took them a few years to bring it up with their wife as they were concerned it would change the relationship dynamic. They also shared how starting HRT and identifying as non-monogamous required them to negotiate new norms in the relationship. They said:

We've had to have hard conversations about the fact that since starting testosterone and since going through different hormone changes, my sexual interests have completely widened and exploded. We were together for that whole time, but we were in a new relationship. Especially the first two or three years, right after getting married, we're having conversations about the fact that I wanted multiple sexual partners 'cause I had never been with any other person besides her while I looked the way that I do now. Obviously that's a big conversation to have with somebody who identifies as a monogamous individual... We eventually get to a point where either there's an agreement or there's not an agreement, but there's an understanding about at least where the other person's coming from.

Trans and non-binary participants used sexual communication with partners to set rules for what body parts they want touched and the language that should be used to refer to them. For example, after their transition, Participant 8's partner initiated the conversation asking them, "is it okay if I touch your boobs? What is that like?" ... "Oh, can I put my hand around your waist? Do you like that? Do you not like that?" (non-binary, queer, 25, white). Participant 9 (trans man/gender queer, queer, 25, white) shared the importance of their partners using gender-affirming language and its impact on their sexual enjoyment:

It took me a while to figure out and feel like the way I relate to my body is okay... I like to have a dick... but it was hard because with dykes and even with the trans people I was having sex with, very much a strap is a strap. I don't refer to it using that language. It's my dick. I think it's been a process of being comfortable with that and also being with another trans person who understands. That feels different honestly, and that maybe allows me to actually be turned on.

Discussions of HIV/STD status early in the sexual relationship. Nineteen participants recalled conversations about sexual health early in their sexual relationships to get on the same page about their sexual health and reproductive goals (i.e., pregnancy prevention). Participant 2 (trans woman, bisexual, 22, white) said, "I normally ask every partner that I'm with their positive and negative status, if they're on birth control, those kinds of things...I normally ask right before we start getting into things." Asking partners their status and last test date was common. Participant 8 (non-binary, queer, 26, white) shared, "Yeah, before anything happened, we were definitely talking about "When was the last time you had been tested?" All that happened before—I think after our first date." Similarly, Participant 6 (trans man, pansexual, 35, white) recalled, "When we first got together, we discussed our testing—the last time we had both got tested. We had that conversation probably within the first week or two of us beginning to be intimate together."

Feedback during sexual encounters. Fifteen participants recalled using sexual communication during a sexual encounter as a source of feedback. Partners checked in with one another during sex to offer or illicit consent and provide feedback. Participants who provided feedback to their partners during sex recalled doing so directly to avoid miscommunication or misinterpreting body language. This direct feedback was provided both verbally and non-verbally. Participant 12 (non-binary, bisexual/queer, 32, white) stated,

Yeah, I'm not, like, great with interpreting body language, so I don't try to make other people interpret my body language. Like, I will just verbally tell someone, "Oh, that feels weird, can you stop that," or, "Move over here," or something like that. Or, like, "Hey, I think I want to

try this. What do you think? That might be kind of fun." Like, I am pretty direct, like, generally. I guess that also translates to how I communicate about my preferences, actually.

Participant 20 (cis woman, heterosexual, 22, white) also used direct communication during the encounter and while they said they did not feel "super good about advocating for things I do want," they did feel comfortable telling a partner, "Oh, no, don't do that, do this" when a partner was doing something they did not like. Participant 13 (non-binary, lesbian, 24, Black) explained they preferred to give non-verbal feedback: "I end up sounding very clinical when I try to talk sexy. It doesn't go well for me, but with grabbing their hands and moving them or moving their body gently, not grabbing them, but moving suggestively and asking, 'Hey, do you wanna try further down?' or something like that."

Sexual communication online. Five participants recalled engaging in sexual communication via dating apps and texting with intimate partners to communicate what they wanted during a proposed future sexual encounter. CMC allowed partners to communicate their sexual preferences prior to the encounter. This communication allowed individuals to more safely and comfortably disclose sexual information, such as the anatomy one was working with, rules for engagement and which sex acts they were interested in trying with the partner. Participant 5 (trans woman, heterosexual, 42, Mexican American) preferred sexual CMC because communicating their likes and dislikes through text prior to the hook-up allowed them to focus on the physical intimacy. They said, "I definitely enjoy dirty talk during the acts, but I don't always want to have to teach somebody if that makes sense. I want them to know what they're doing and what they need to do." Participant 11 (non-binary, bisexual, 26, white) also preferred the directness of sexual communication on hook-up apps. On Grindr, they were able to tell potential partners right off the bat, "This is what I'm interested in. These are the kind of things that I'm looking for in a sexual relationship." Participant 14 (woman, queer, 26, Black) agreed,

saying, “texting still is the easiest [to disclose a sexual preference]. I do hope and aspire to one day be able to just say what I mean, but that day has not come yet. Texting or talking over the phone really, really helps.”

Conclusion: RQ2

Themes that arose around sexual communication content and delivery methodology suggest the importance of sexual communication in relationships to be better able to please a partner, understand them, and respect their gender and sexuality. Partners used sexual communication to set expectations, navigate changes with oneself, their partner, and the relationship, and advocate for their pleasure. New or potentially threatening information (whether from a potential face threat or from making a request that could be viewed as taboo) was sometimes communicated between partners prior to sexual encounters. Overall, participants preferred to use direct communication and seemed highly conscious of the delivery of their requests.

Motivations to reveal or conceal sexual preferences (RQ3)

Research question three unpacked the motivations in avoidance or disclosure of a sexual want or need through sexual communication. Participants who avoided sexual communication shared how a fear of being perceived negatively, as a *slut*, or as *bossy* kept them from speaking up. Feeling a moment was not appropriate or ideal to initiate communication about a want also prevented participants from engaging in sexual communication. Participants recalled how self-efficacy (confidence, prior experiences, and communication skills) impacted their willingness to engage in sexual communication. When participants discussed what prompted them to disclose their preferences and desires, they brought up relationship factors, such as comfort and length of knowing someone, as reasons they felt comfortable and safe to disclose a preference.

Avoidance: Internalized beliefs about gender and sexuality. Analyses of RQ1 revealed the ways in which sex education and socialization created stigma and shame around sexuality for women and queer participants. Seventeen participants recalled how these gendered scripts and norms for sexuality and desire directly impacted their sexual communication behaviors. Participants recalled waiting to disclose their sexual preferences until the relationship was further established because revealing and requesting too soon, as women, could cause them to be perceived as: “a slut” (Participant 5; trans woman, heterosexual, 42, Mexican American), “too much” (Participant 20; cis woman, heterosexual, 28, white), and “bossy” (Participant 16; cis woman, bisexual/queer, 23, white). There seemed to be the underlying belief that women who advocate for their sexual pleasure are overtly sexual, and thus, not ideal partners. Partner 4 (non-binary femme, bisexual, 21, Mexican American) unpacked how transphobia added additional stigma that caused her to avoid sexual communication early on in relationships:

For transwomen, there's that fine line where we're fetishized and used to experiment on. So even more so if I wanted to be taken seriously and I want it to blossom, I can't lay all my cards out with my sexuality and all that stuff... if they know all my fantasies or desires sexually too soon I could come across as—for lack of better words—a slut, that I won't be taken seriously, that I'll be looked down upon, or the relationship could turn just into a sexual one.

Participant 20 expressed fear around, “asking for too much” or “going overboard by continually asking for more of something” (cis woman, heterosexual, 22, white). Participant 16 (cis woman, bisexual/queer, 23, white) provided an analysis of why advocating for one’s sexual desires as a woman is complex:

I think it’s mostly making request as a woman. I think that the way that we see sex portrayed a lot of times growing up, the man makes the decisions and the woman gets pleasure from any decision that the man makes and I think that there is this continued effort to have agency in those situations, and I think sometimes for me, it’s about the line between oh, I’m enjoying this, but if this small thing changed, I’d really enjoy it, and I think that sometimes, it’s like well, is it worth the discomfort that I feel asking for that little bit more to get that little bit more? It’s a cost-benefit analysis.

Gender norms and scripts for sex also impacted trans and non-binary participants despite many of them living outside of the gender binary. For some, being a part of the LGBTQIA+ community made disclosing their sexual preferences feel taboo, like their preferences were not something someone of their gender or sexuality should want. For example, Participant 8 (non-binary, queer, 26, white) shared, “I enjoy penetration, but as a trans masc person there’s often stigmas around that. People will make fun of you. I really don’t enjoy being ridiculed, so I would sometimes keep those desires to myself in certain sexual relations.” For Participant 11 (non-binary, bisexual, 26, white) another motivation for avoiding sexual communication was a concern of how a request would impact their partner’s gender or sexuality or a fear that their partner would feel uncomfortable with a request out of an attempt to “protect” their gender. They shared,

It can be difficult to explore particularly a kink or fantasy relating to the functions of body parts or gendering. I worry sometimes if I were to ask my cis partner to emasculate me, that it would make him uncomfortable, that he would feel bad doing that because he worries about me feeling comfortable in my gender, and he wants to protect me from feeling bad. That kind of thing could harm me or trigger me in some way. With trans partners, I worry that they themselves might feel triggered by doing that sort of thing, that they might try to push past that discomfort or not talk to me about feeling weird about it or even just misinterpret what it is that I'm looking for from that and be uncomfortable clarifying.

Disclosure: A safe place to disclose. On the other hand, twelve participants recalled the trust, familiarity, and openness in their sexual relationships as a strong motivator in their sexual communication behaviors. Feeling safe with a partner and having prior positive experiences of discussing sexual preferences as examples made sexual communication less threatening. Participants' responses suggest strengthening sexual communication skill over time alongside growing relational closeness are co-related factors in sexual communication patterns. For

example, Participant 12, who reflected on their sexual relationships with cis straight men versus queer partners, said:

I think the advantage of being with someone for a really long time and both of you are trans is that if you're living in the kind, gentle version of the universe, you both learn to be really good about talking about what you want to do and don't do. I don't really have that kind of hesitation, 'cause I know that I won't be judged. (non-binary, bisexual/queer, 32, white)

Prior positive sexual communication encounters with a partner also motivated participants to engage in sexual communication about their preferences. Participant 12 further noted,

When you've built up the relationship history of trust-asking for things and having your request be either granted or gently declined- makes it easier to go out on a limb and asking for things you haven't asked for before.

This open communication can be “awkward at the beginning, but with time it's nice, because we make sure that we're doing what we want,” said Participant 22 (cis woman, heterosexual, 28, Hispanic and Latina). Time can also bring emotional security in the relationship, which positively motivated sexual communication according to Participant 16 (cis woman, bisexual/queer, 23, white). Their confidence in sexual communication was “definitely a comfort level that has increased over time and it's one of those things that the more you do it and it's received well, the more confident you feel doing it in future times.” Participant 14 (cis woman, queer, 26, Black) shared a similar conceptualization of their motivations to have sexual communication, “I think it has a lot to do with just safety and comfort with the person. If I feel like this person's gonna be open to whatever crazy thing I say, then I'm a lot more willing and excited to enter into that space.”

Avoidance: Outcome expectations. Five participants recalled avoiding sexual communication and disclosures due to uncertainty of how their partner would respond or how it would impact the sexual encounter. Outcome expectations refer to an individual's belief that a

set of actions will produce a given outcome (Afifi & Guerrero, 2000; Strauser & Keim, 2002) and is often a motivation for disclosing or avoidance. Avoidance was driven by uncertainty of how a partner would respond to sexual communication based on their conceptualization of their partners' sexual attitudes and beliefs, the potential face threat to their partner in making a sexual request. For example, Participant 10 who was in a monogamous long-term partnership said, "I know, when I don't [express a sexual desire], it's because I'm mostly concerned that he'll—it'll hit him in his pride." Participant 11 (trans masc/gender queer, pansexual, 40, white) shared at times avoided disclosing a preference because it might "be something that makes my partner uncomfortable in some way..." A partner that is not receptive towards sexual communication and trying new things negatively impacted the desire to bring up wants for Participant 12. They said:

You have a couple of conversations and you're, like, ooh, you're not down with this 101 level stuff, I'm not gonna bring up the 501. If you are already freaked out and uptight about what I consider to be really basic things, like, I'm not even gonna bring that up, 'cause I think you're gonna say no, and then it's gonna be a whole conversation, and I don't want to deal with it.
(non-binary, bisexual/queer, 32, white)

Uncertainty also drove avoidance for Participant 22 (cis woman, heterosexual, 28, Hispanic and Latina) who felt initiating sexual communication, through a request or stating a desire, could "ruin the moment" if their partner said no to the request.

The potential for rejection or judgment from a partner after initiating sexual communication also at times impacted participants' avoidance. Participant 21 (cis woman, bisexual, 28, Native American and Latina) shared, "The fear of rejection that somebody's gonna be like, "No, you're weird. Why did you ask for that?" was a sort of inner dialogue that kept her from making a sexual disclosure with a partner. Uncertainty of the impact of a sexual disclosure or initiation of sexual communication was a motivating factor in avoidance for individuals in both short-term and long-term relationships.

Avoidance: Self-efficacy in sexual communication. Self-efficacy is the belief one holds in their ability to use their skills, persona, and resources to “execute the behavior required to produce the outcomes” they desire (Bandura, 1977, p. 193). Self-efficacy, specifically confidence and sexual communication skills, impacted five participants' willingness to advocate for their sexual desires. Participant 22 (cis woman, heterosexual, 28, Hispanic and Latina) recalled times they avoided sexual communication because they simply did not know “how or when to bring it up.” Participant 21 said their willingness to engage in sexual communication depended on “how confident I’m feeling that day” (cis woman, bisexual, 28, Native American and Latina). Shame and self-doubt around one’s sexuality and physique negatively impacted willingness to advocate for a sexual want or need. Participant 13 shared, “I think it’s [sexual communication] uncomfortable just ’cause I’m not very comfortable with my body, and I struggle with understanding that other people are attracted to my body, and so, it’s hard for me to really get into it unless I’m in that moment. That’s, I would say, the toughest part, and it’s hard to get out of that sometimes” (non-binary, pansexual, 43, white). They also shared, “I have some shame around, and I do have some shame around sex. It makes that tough to ask for things.”

Being a victim of abuse was a particularly salient impact of negative self-efficacy in both advocating for oneself in general and in sexual scenarios. Participant 10 (trans masc/non-binary, pansexual, 40, white) shared being raised by a narcissistic parent who led them to believe they should care for others before themselves. This belief continued to impact their sexual communication patterns, but they shared they were aware of it and practiced sexual communication consciously. They said, “I have to go through the process of identifying it [a sexual desire], then think of how I wanna say it. Then, usually, I say it, and he goes, ‘Oh, okay.’ It was way bigger deal in my head than it ever was with him.” With their partner, Participant 10

was able to practice their sexual communication skills and improve their self-efficacy in communication. Sexual communication and sex itself was also impacted by experiences of abuse for Participant 13 (non-binary, pansexual, 43, white). They shared, “I was sexually abused as a child by a woman and by a man. It was tough to—this is old stuff, but I struggled with my sexuality when I was an adolescent just because I wasn’t sure what was real and what wasn’t. Now, I’m more confident in my sexuality itself, but I still struggle with the actual act of sex itself.”

Conclusion: RQ3

Research Question 3 explored the motivations participants had in their decisions to avoid or engage in sexual communication with their partners. Negative stereotypes about how women and queer people *should* enact their sexuality emerged as a factor participants felt impacted their sexual communication. Participants recalled how prior sexual communication experiences, confidence, and their mood during the encounter impacted whether they chose to engage in sexual communication or not, and how they handled it if they did. Having a partner who was receptive and perceived as safe was also a reason participants stated being comfortable having sexual communication with a partner.

Connecting the Findings Across the Research Questions

The emerging themes across Research Questions 1-3 speak to an interconnected web of interpersonal, relational, and systemic factors in sexual communication decision making and behaviors. This project focused on how cis and trans women, trans men, and non-binary individuals engaged in sexual communication with their partners but also inquired about how they perceived larger social and cultural forces as shaping this communication. Individuals recalled the reasons they did or did not engage in sexual communication, and their methods to do

so, with a partner on topics related to preferences, consent, and sexual health. These reasons included individual factors such as feelings of confidence or safety in the sexual encounter, their beliefs toward sexuality, their goals for the encounter, and their gender and sexuality. Yet, the findings from Research Question 1 on sex education and socialization demonstrated that individuals also recalled how their religious, ethnic, and cultural communities and formalized sex-education in school served as sources of socialization around their sexual attitudes and beliefs. Participants felt these messages received had a long-term impact on their sexuality, both enacting their sexual identities and accepting them, and their sexual relationships.

Additionally, recall that Participant 19 grew up in a “super conservative evangelical community” where sex before marriage was an “unforgivable sin.” They were socialized to believe sex was for your husband’s happiness and procreation and as a result, abstained from sex with their romantic partners. It was not until college, when they were able to study medicine and took a human sexuality class that they were given information about “pleasure, what it is to feel safe and comfortable in a sexual relationship” and anatomical information related to pleasure. Participant 19 shared a passion for gender equity, sexual autonomy and access to sexual health and pleasure information, but the socialization and messages they received as an adolescent continued to impact their sexuality and sexual relationships. In reflecting on their current feelings towards sex, they shared, “I don’t know if I’ll feel comfortable having sex for a while. I don’t even know if I’d feel comfortable having sex if I was married just because of all this baggage and all these things that have happened. I’m scared. I’m still hurting. I’m still figuring out. I’m still going to therapy about this...” This story is one of many presented here which highlights how participants perceive the impact of socialization and lived experiences on sexual

communication behaviors and the importance of considering the deeply rooted social and cultural factors that impact these behaviors.

Chapter 5: Discussion

The purpose of this study was to better understand the sexual communication patterns of a group of women, trans men, and non-binary individuals in the United States and the interpersonal, social, and systematic factors that they perceived impacted these sexual communication patterns. Qualitative inquiry was used to build out a baseline understanding of these behaviors and diverse sexual communication experiences that would not necessarily be represented in a statistical analysis of averages. This chapter provides an overview of the findings, organizes the themes within a socio-ecological model, delineates practical applications, and reviews future theoretical directions.

The first research question sought to better understand the sex education participants received as adolescents and the perceived impact these messages had on their sexual attitudes and beliefs and sexual communication patterns over time. Sex education and socialization around sex and gender was generally heteronormative and abstinence focused. Participants received information intended for cisgender heterosexual students that seemed to reinforce the notion that queerness was either invisible or should be kept as a silent matter. Most participants recalled being taught sexual abstinence was a moral choice and the only one which would protect them against HIV, STDs, and unwanted pregnancies. These messages left some participants with residual shame and internalized homophobia and transphobia from the ‘morals’ they were taught around sex and sexuality. For example, cis and trans women in the sample spoke to a fear of being perceived as bossy or overly sexual when they advocated for their sexual desires.

Participants turned to their peers, community, and online resources to educate themselves, in accurate and affirming ways, on relationships, queerness, pleasure, and self-care. Some sought

this information shortly after their curiosities arose; however, for others this information took years to reach due to shame and lack of exposure or access. For example, some queer participants recalled a delayed understanding of their gender or sexuality because they did not have the words or representation to understand and name their queerness. For others, being involved with a sex-positive community or college class which framed sex as a normal, positive experience spurred them to unpack their sexual shame and misinformation.

The second research question sought to better understand the sexual communication patterns and behaviors of participants. Participants were asked to recall their current and past sexual relationships and discuss the sexual communication that occurred. Themes around these behaviors included the use of sexual communication to make requests prior to a sexual encounter, provide feedback during an encounter, discuss sexual health with a current or potential sexual partner, and navigate changes to sexual desires, sex drive, and one's body during or following a gender transition. Many participants stated a preference to use sexual communication prior to an encounter to elicit feedback from a partner on trying a new activity together during sex. Participants felt communication outside of the sexual environment better allowed their partner to think over the request and their interest in it. Sexual communication during a sexual encounter tended to be used to provide direct feedback to a partner. These communications were direct and delivered verbally and non-verbally, such as moving a partner's hand, giving them instructions, or providing feedback if something did or did not feel good. Sexual communication through dating apps and texting was helpful to some participants to discuss their wants and needs in a platform they felt was less threatening. Participants also used sexual communication to share their sexual health history and status with their current and

potential partners during the initial stages of the relationship such as prior or after the first sexual encounter or within the first month of being sexually intimate.

The third and final research question asked participants to recall reasons they did or did not engage in sexual communication with one or more previous sexual partners. The most prevalent reason participants recalled for engaging in sexual communication (specifically advocating for their wants and needs) was having a sense of safety and security in the relationship which made the communication less threatening. It was also helpful if participants had previous sexual communication with a partner that had been received positively. Internalized gender norms and sexual shame came up as barriers to sexual communication for participants. Participants who felt they would be perceived negatively for making a sexual request or offering feedback to a partner stated they were not likely to initiate sexual communication.

The findings of this study suggest there are a multitude of layered factors based on an individual, their relationships, and the political and social environment. Mapping out these factors can help broaden our understanding of the motivating and debilitating factors in one's ability and choice to engage in sexual communication to successfully advocate for their wants and needs in physically intimate relationships. Towards this goal, the various themes that emerged are organized into a socio-ecological model next.

It is noteworthy that the orgasm gap, which was foundational in the grounding of this project and sampling methods, did not arise in the data. This may be related to the sample of individuals who were willing and open to discuss their sexual communication and intimate partners with a researcher—assuming they may be more open to sexual communication and sexuality than the general public. Participants did state, however, that sexual communication was something that

they felt directly impacted their intimate relationships and sexual pleasure and recalled how gender rules and norms impacted their sexual communication behaviors.

Applying the Socio-Ecological Model to Sexual Communication Behaviors

The findings of this study were layered and often interconnected as we look across the research questions from individual to social factors in sexual communication behaviors. The Socio-Ecological Model (SEM) (Bronfenbrenner, 1977) provides a framework for sense-making of patterns and behaviors and how they relate back to individuals, their communities, and systems of power and popular culture. The model outlines four layers, from the individual characteristics to external social norms (see Figure 1). Specifically, individual, or intrapersonal, factors consist of a person's attitudes, beliefs, knowledge, behaviors, fears, and their attributes such as gender, sexuality, race and ethnicity, age, income, and ability. Second, interpersonal factors consider how one's friends, families, and social networks impact their experiences and decision-making process. Third, community factors include community settings and institutions such healthcare providers, schools, or religious places of worship. Most broadly, societal factors include the policies, widely held beliefs and stereotypes that permeate communities and relationships, and systems and institutions of power that consciously and subconsciously impact individuals. These layers within the model are interactive amongst one another; such as, individuals creating their communities while being impacted by the norms and access within the community. The factors that arose in the current study regarding participants' sexual communication behaviors are organized into the model to aid in identifying areas for public health policy or programming intervention to improve outcomes in sexual and intimate relationships. Suggested interventions are discussed. The model is also helpful in unpacking the social and structural context that sexual communication occurs within. Communication events

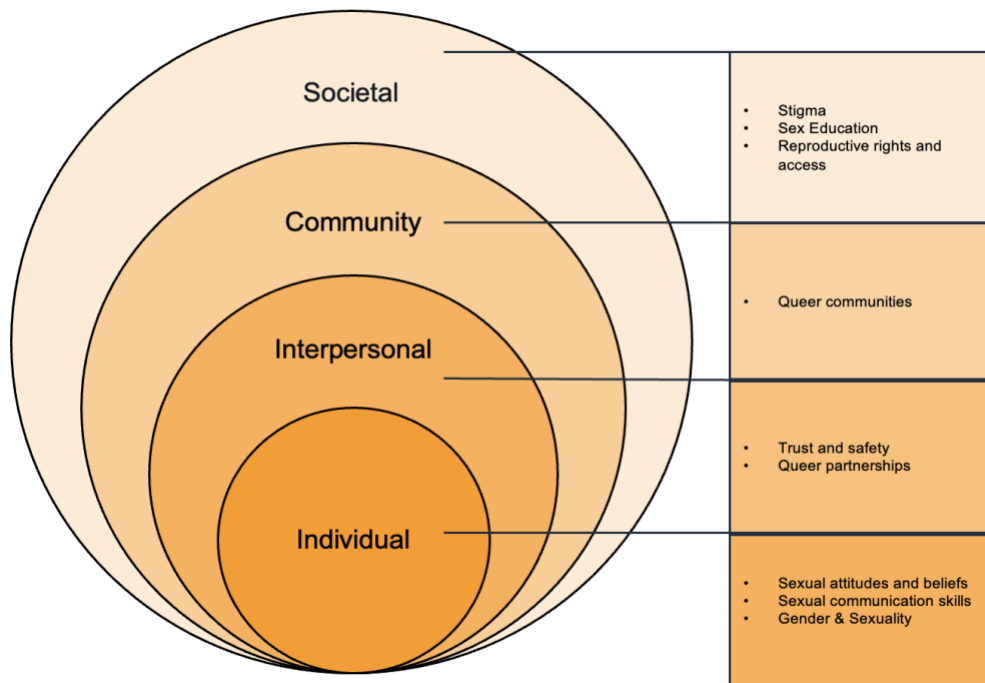
occur within these contexts and unpacking the power, access, and stigma at play can help broaden our understanding of how and why individuals avoid or engage in sexual communication.

SEM is a framework and theory that has been developed and utilized in public health spheres and social science research to investigate individual and environmental factors in individuals' decision-making processes and related outcomes (Chen et al., 2023; Dayton et al., 2022; Ivankova, 2018; Korom et al., 2023; Lisnyj et al., 2021; Michell et al., 2018; Pendergrass, 2017; Raneri & Wiemann, 2007; Schiavo, 2020; Snyder et al., 2021; Upreti et al., 2021). The model provides a useful lens to analyze and understand socially bound health behaviors and decision-making processes (Centers for Disease Control and Prevention, 2022). In health-related fields, social scientists and public health practitioners have used the model to identify barriers to access and positive outcomes among underserved populations and plan interventions for public health programming.

More specific to the current inquiry, socio-ecological models have also been used as an organizational structure and means of analysis to unpack barriers and identify protective factors in contexts such as: sexual and reproductive health (Hergenrather et al., 2021; Larsson et al., 2022; Ma, 2017; Restar et al., 2019; Souleymanov et al., 2022), intimate relationships (Cummings & Sandoval, 2013; Figueroa et al., 2022), outcomes for queer students (Johns et al., 2018), teen pregnancy (Tebb & Brindis, 2022), and sex education (Hubach et al., 2019; Kamaludin et al., 2022). Within sexual health and reproductive health contexts, individuals' knowledge of sexual health information, family and communal sexual attitudes and beliefs, and societal stigma and norms impact individuals' sexual health behaviors and outcomes (Kamaludin, et al. 2022; Restar et al., 2019; Tebb & Brindis, 2022).

Within the current data, individual factors related to sexual communication behaviors that arose were sexual attitudes and beliefs, sexual communication skills, and demographic factors such as gender and sexuality. In sexual communication, openness, trust, and length of relationship arose as relational factors in sexual communication. Queer communities, served as a source of education and socialization around sex and sexuality for participants. Societal factors that arose included gendered scripts for sexuality, access to reproductive care and information, access to medically accurate and inclusive sex education (and the public policies that inhibit or enable this access through sex education curricula). Some factors overlap among the levels of the model. For example, media can be a source of community (e.g., individuals who accessed LGBTQIA+ sex and relationship education information online) or a societal factor through popular media that reinforces gender norms at large. As such, factors within each layer are described including discussions of how the other layers appeared to impact them. Practical applications are also discussed within each.

Figure 1: Socio-ecological factors in sexual communication



Individual factors in sexual communication. Individual factors in sexual communication that emerged included one's sexual attitudes, their sexual communication skills, and their gender and sexuality. *Sexual attitudes* are the opinions and beliefs one holds regarding sex and sexuality including the importance of sex to human life and relationships, sexual behaviors they view as acceptable, and the role of gender equity and gender norms in sexuality and sexual encounters (Dikmen & Cankaya, 2020; Hendrick & Hendrick, 1987). Participants who held more stringent beliefs towards sexuality based on gender, such as the belief that women should not be overtly sexual, recalled a reluctance in initiating sexual communication. On the other hand, participants who openly discussed sex with their friends and partners stated they were comfortable advocating for their sexual wants with their partners. Abstinence-only sex education and socialization around sex through a morality lens seemed to have long-term impacts on individuals as these messages about right and wrong were consistently reinforced. Participants were able to identify these sexual attitudes, such as being perceived as a "slut" or "bossy," which were barriers to their sexual communication; these participants noted that while they were not their own beliefs, they still worried about them. This finding aligns with the previous work which found adherence to strict gender norms and negative thoughts towards sexuality negatively predicted one's sexual satisfaction in relationships (Oattes & Offman, 2007; Quina et al., 2000; Swank et al., 2013). Because many of the messages that led to fear and shame stemmed from sources including sex education in schools (e.g., factors at broader layers), public health interventions at the community level as well as policy change at the societal level have the potential to disrupt these negative sexual socialization processes and instead empower adolescents and adults to view sex and sexuality as normal parts of life.

Sexual communication skills are much like other communication skills with the additional layer of strategy and foresight required in discussing a topic that can be seen as taboo and risky. To be effective in sexual communication, one must have communication skills and a vocabulary and knowledge of sexual topics. The Theory of Motivated Information Management (TMIM) includes *efficacy* as a predictor variable in an individual's decision to seek or disclose information (Afifi & Weiner, 2004). In the context of sexual health communication, *communication efficacy*, one's ability to effectively communicate as well as their perception of their partner's ability to communicate is significantly associated with sexual communication avoidance or engagement (Afifi & Weiner, 2006). Participants who felt sexual communication was low-risk and frequently used it to navigate sexual encounters likely had higher sexual communication efficacy due to them having prior experiences to recall, more practice communicating, and potentially higher levels of information on sexual pleasure and anatomy due to having had more encounters and actively seeking information on their own (e.g., influences from the interpersonal layer). Individuals' intimate relationships and friendships alike have the potential to positively impact sexual communication skills as participants recalled discussing new ideas and ways of navigating relationships and sex with their social networks. Whether the communication is intended to navigate sex or just share experiences, it may serve as a counternarrative to societal socialization that sex should be private and taboo. Having these sex positive relationships, whether intimate or not, may help individuals unpack and unlearn the gendered and shame-based sexual attitudes discussed above. The role of self-efficacy in sexual communication emphasizes the importance of sex education and socialization, which empowers individuals with sexual scripts, accurate sexual, reproductive health, pleasure information, and a thorough understanding of consent.

Gender and sexuality. Gender identity and sexuality were related to individuals' sexual communication. The current data showed how broader layers (e.g., societal beliefs) appeared to impact not only these identities but what was appropriate or inappropriate to communicate. Female participants recalled being taught directly and indirectly how their gender identity as a woman should predict how they behave in sexual relationships. Sex education in schools taught female students that they should gatekeep sexual advances to prevent disease and unwanted pregnancies. This narrative of females as sexually lesser than males was reinforced in popular culture and the media. Participants recalled a point in their lives where they began to unpack this rhetoric and self-educate to empower their sexuality. For some queer females in the study, this happened in adolescence and early adulthood as they began to understand their queer identity and sought representation of other lesbian, trans, and bisexual individuals. For others it was meeting sex-positive friends or engaging in a sex positive community, such as a human sexuality course in college.

Participants spoke readily of their concerns in maintaining face when making sexual requests. Face (Goffman, 1967) consists of one's social image—the mask we present to the world and our desire to be perceived positively and accepted. There were concerns that expressing a sexual want would impact the ways a partner would view them and the relationship and how the request would impact the receiver of the communication. Gender played a role here as some female participants spoke directly to the ways their socialization as a woman caused them uncertainty and avoidance in sexual communication. That is not to say that other genders do not experience uncertainty or manage face in sexual communication, but participants directly recalled how gender expectations for women impacted their behavior. Participants recalled avoiding disclosing specific desires or wants because they worried about being perceived as

overtly sexual, too much, or greedy. These narratives women cited as reasons they avoided sexual communication speak to baseless cultural notions that women should exclusively enjoy sex as a relationship management tool or means to reproduction rather than as a source of pleasure. Importantly, this uncertainty around gendered sexual communication did not come up in the sexual communication experiences of female participants who were in WLW (women-loving-women) relationships.

Interpersonal factors in sexual communication.

Trust and safety. As discussed in RQ3, having a sexual relationship grounded in trust and safety was a reason participants chose to engage in sexual communication. Some recalled that having had one or more previous positive examples of sexual communication and a healthy pleasurable sexual relationship empowered them to communicate their wants and preferences to new partners. Relationships served as important sources of education, socialization, and affirmation for participants.

Knowing a partner had responded positively to sexual communication in the past positively motivated individuals to engage in more sexual communication with their partners. On the other hand, having a sexual partner who they were either uncertain about how they would respond to sexual communication or one who they had previously engaged in sexual communication with that did not go well, led participants to be more reluctant in communication. This suggests one's interpretation of a partner's sexual attitudes and beliefs also impacts the decision to communicate about sex with a partner. Within TMIM, Afifi and Weiner (2006) argue this is related to the perceptions of the other's (target's) efficacy in their ability to respond effectively as well as outcome assessment (i.e., predicted outcome). Relational closeness has been found to

mitigate anxiety in the outcome assessment stage (Kuang & Gettings, 2021), which aligns with the findings here.

Queer partnerships. Non-binary and trans participants spoke to a level of communicative labor they regularly carry when engaging in relationships. This consisted of educating their partners on their gender, their pronouns, and their bodies. For trans participants, having a partner who was also trans made sexual communication easier since they felt there was a baseline understanding and respect of their gender identity that existed rather than having to actively educate their cis partners. It is also possible that sexual communication is less stigmatized or face threatening in trans partnerships due to having an initial openness around gender and sexuality that is often required to disclose one's gender to another and educate a partner on the appropriate words and ways to interact with one's body.

Transitioning during a long-term partnership was also perceived as impacting sexual communication and related to having a partner who was cis or not. Trans individuals had to educate, and at times, hedge their gender with their cis partners to protect the partner's sense-making of their sexuality and gender. Having affirming partners who did the work to educate themselves seemed to positively impact the relationship for participants who transitioned in a long-term relationship.

Being trans and/or having a partner who was trans added an additional layer of uncertainty in some sexual communication scenarios. Having a trans partner led some participants to think more critically about the impact their sexual request might have on a partner due to the potential gender dysmorphia of the ask. This added layer of consideration is not necessarily harmful and is likely very positive at times in preventing potential harm to a partner, but participants stated this

uncertainty at times caused them to either delay or avoid sexual communication in some scenarios. Beres (2021) also found this reflexivity prior to sexual communication among queer and trans individuals was “motivated by a desire not to harm one another” and also “fostered connected and mutually pleasurable experiences” (p. 149).

Given the focus of this study, it is not surprising that many interpersonal factors emerged. Yet, the overlap among the themes demonstrates that the communication within relationships about sex is perceived to be impacted not only by the partners’ individual identities but also by the larger contextual factors such as community acceptance or societal norms.

Community factors in sexual communication

Queer communities were a source of information and affirmation for participants as they came out, sought information, and looked for liked-minded connections. These communities provided representation of alternative narratives and scripts for daily life and a future that were helpful to participants in sense-making around their relationship wants and goals. Seeing oneself represented and having the words to name their experience was a game-changer for participants of all ages. Having access to public figures and labels, such as “non-binary” and “asexual,” provided affirmation to queer participants. Having a label for oneself allowed participants to begin the process of coming-out and affirming their gender and sexuality, such as starting HRT, telling a life partner their new gender identity, and having sex in new ways that they found affirming.

Queer meeting places and community centers also provided tangible information and care to queer participants in the form of sex-education, counseling and sexual health care. These safe and affirming spaces are constantly under scrutiny and political fire because of the power they

hold. Participants recalled drag shows that helped them in their gender journeys, picking up flyers on sexual health and condoms at the queer community center as adolescents, and attending marches and festivals with their queer community. Queer participants who did not have access to these in-person communities and resources were able to use online platforms and media to get similar information, care, and community.

There were also instances of queer communities being barriers to ones coming out process and sexual communication behaviors due to stigma and ignorance. For some trans male and trans masculine participants, they received backlash from their lesbian communities after coming out as transgender. The rhetoric seemed to be that they fought so hard for their rights to be lesbian women that it was offensive to their activist communities they come out as otherwise.

Access to queer therapists, counselors, and supportive friends is beneficial for LGBTQIA+ individuals. Support received online is also a tool for queer adolescents who do not have access to a queer community or support system in their local community (Fish et al., 2020). Community centers, such as libraries can serve as safe spaces, community building locations, and information sources for queer individuals as well (Mehra & Braquet, 2011). College campuses can also play an influential role in providing community support through resource centers, inclusive pedagogy, openly LGBTQIA+ faculty and staff, and faculty and staff who are trained to support their queer students (Dentato et al., 2013).

Societal factors in sexual communication

Stigma, largely driven by societal beliefs, permeated through all levels of the model including: internalized beliefs about sex and sexuality, uncertainty in relationships around sexuality, gender norms in relationships, and policies and regulations at the state and national

level. Stigma around sexuality and sexual communication is instilled and reinforced in social and political ways. As such, societal factors are a fruitful place to consider regarding health interventions.

A prominent societal factor to emerge in the current data was sex education. Participants recalled receiving abstinence-only sex education curricula which had little to no information for LGBTQIA+ students. Attending a school with LGBTQIA+-inclusive sex education serves as a protective factor against bullying, suicidal behaviors, and depression among queer high school students (Proulx et al., 2019). Recall Participant 10 (trans masc/non-binary, pansexual, 40, white), whose child's sex and relationship education was the first place they learned about non-binary identities. Making access to representation and awareness of gender and sexual diversity in schools can be impactful to heterosexual and queer students with potentially life-long impacts. Normalizing people who have diverse genders and sexualities at a young age affirms queer students and can provide more inclusive, safe environments in the long-term where their heterosexual peers have been taught a basic level of understanding towards queer individuals. Passing legislation which creates standards for inclusive and medically accurate sex education in schools is one way to permeate societal beliefs and norms by creating a baseline of information accessible to students. Having these sorts of standards in schools would increase access to information to have safe and healthy relationships rather than waiting until college or early adulthood to self-educate, which was true for many of the participants here. Sex education curriculum, when tiered for age and maturity, could also impact sexual communication behaviors by shifting cultural scripts for sexuality and providing tangible scripts to students to engage in consensual and pleasurable sex. For example, sex education curricula for high schoolers could include role playing and scenarios regarding consent so students can learn how to ask and give

consent in sexual encounters. They can also include medically accurate information on male, female, and intersex sexual anatomy and pleasure points from a biological standpoint. These types of conversations and lessons may disrupt cultural scripts that portray sex as shameful and that one's sexual desire or ability to achieve pleasure is based on their sexual anatomy.

Indirect structural factors and context. Policy and cultural attacks on the LGBTQIA+ community and on reproductive rights and access likely impact sexual communication behaviors at large. While these policies did not directly come up in the data, it feels ethically responsible, given the continual attacks on these communities and their rights to discuss the potential implications on individuals relationships and sexual and reproductive autonomy.

At the policy level, fear and hate towards queer individuals has manifested as bills and policies which criminalize and seek to erase queer and transgender individuals. For example, the drag queen ban in Tennessee (Restrepo, 2023), state wide bans on gender affirming care for adolescents in six states currently (Them, 2023), and the 120+ bills that have been proposed in 2023 alone that restrict the overall rights of LGBTQIA+ individuals in the United States (American Civil Liberties Union, 2023). These types of broadly scoping policy and discrimination could have large implications for relationships, schools, and access to community for queer peoples. These sorts of stigma and attacks impact the livelihood, safety, and mental health of queer individuals.

Reproductive rights and access, particularly access to family planning such as abortion, has a direct impact on the reproductive outcomes of individuals. This stigma allows state and federal policy to reduce funding to places and organizations that provide sexual and reproductive care. This stigma and lack of access is inherently related to sexual communication between partners who might seek to get or avoid pregnancy as they have to navigate the possibility of a health

crisis where they cannot get the care they need if they were to become pregnant. It also conveys the subliminal message that non-cisgender males are not worthy of bodily autonomy nor seek the intellectual capacity to make decisions that are the best for themselves.

Interplaying factors across socio-ecological levels

The socio-ecological model presents itself as a nested model in understanding human behaviors and decision making, thus reflecting the interrelatedness of these levels and factors which may simultaneously co-create, disrupt, or uphold one another. Within the model presented here for sexual communication, areas of significant overlap included sex education, sexual attitudes, and relationships. At the systemic level, sex education curricula (and thus policy which governs the availability and type) is technically upheld by the community and their given beliefs and goals around relationships and sexuality. I say ‘technically’ here given the reality that voting on sex education policy and curricula is not available to all community members and not necessarily representative of the goals of the majority. These curricula then push back on the community, with long-term impacts on attitudes and beliefs towards sexuality and sexual health outcomes (Goldfarb & Lieberman, 2021). Communities and relationships also shape sex education that adolescents receive as parents, religious institutions, and friends provide a source of socialization and information around sex and relationships. For example, some participants recalled learning about their own body and pleasure from friends, queer communities, and college classes, while others were socialized to choose abstinence from sex as a form of morality from religion or a parent. Participants recalled the ways their sexual attitudes were formed, disrupted, and re-formed from the messages they received from their parents, the media, gender norms, queer communities, and sex education. It seems that as participants age, they are able to self-select the information and beliefs they consume regarding sexuality and relationships given

how participants recalled actively seeking out information via media, literature, and others. Gender norms, particularly those that enforce inequity and gender-based rules/expectations, impact and are represented in popular culture, literature, and policy. Negative gender norms, such as the belief that masculine presenting people are more sexual or that the purpose of sex for female presenting people is reproduction, were reported as impacting sexual communication patterns, intimate relationships, and family communication according to participants.

Targeted Interventions

Targeted interventions regarding education and attitudes towards sexuality and intimate relationships have the potential to create long-term positive changes which permeate the layers of the socio-ecological model. Sex education, community interventions, and policy are potential power houses in undoing stigma and informational shortcomings in the sphere of sexuality and relationships.

Educational interventions in sex and relationship education have been extensively studied and pedagogically targeted to reach the life-stage based needs of adolescents and young adults. Curricula intervenes and educates, based on developmental stages, to provide adolescents with the information they need as they progress and age. Some positive examples of curriculum-based interventions are the National Sexuality Education Standards (SIECUS, 2022), Austin ISD's Human Sexuality and Responsibility Curriculum (Austin ISD, 2022), and state-wide policy and programming in California, New York, and New Jersey (Guttmacher Institute, 2023). These curricula teach students about gender and sexual diversity as early as kindergarten, in ways that make sense to them, to create inclusive classrooms where all children and their families belong. Curricula (in sex education and academic curriculum) which represent LGBTQIA+ individuals and topics positively and without stigma have been shown to have long-term impacts on

reducing homophobic attitudes, reducing homophobic bullying, and promoting gender equity (Chi et al., 2013; Goldfarb & Lieberman, 2021). Comprehensive programs also provide adolescents with skills and scripts to navigate relationships including communication skills, such as feeling empowered and able to ask a partner to use a condom (Castro et al., 2018), education on consent and sexual assault prevention, and establishing healthy relationships (Guttmacher Institute, 2023). These curricula have additional long-term impacts, including lower rates of teen pregnancy (Kohler, 2008), reduction in negative sexual health outcomes (McCaffree & Matlack, 2001), greater gender equity (Hirst, 2013), communication efficacy in sexual encounters (Castro et al., 2018; McManus, 2020) and sexual violence prevention (Hubach et al., 2019; Schneider et al., 2018).

Community educational interventions, geared towards parents, have been successful in increasing parental comfort in discussing sexual topics and involvement in their children's sex education (Woody et al., 2007). The responsibility of sexual education largely falls on parents, but they are not necessarily equipped with the knowledge or communication skills themselves to have effective and accurate conversations about relationships, sex, and sexuality with their children (Noorman et al., 2022; Pop & Rusu, 2015). Initiatives geared towards parents have been successful in increasing parental comfort in discussing sexual topics and involvement in their children's sex education (Woody et al., 2007). Programs such as Advocates for Youth, Siecus, and Amaze have online resources and materials for parents to talk to their children about gender, sexuality, puberty, consent, and sex. A lack of information on LGBTQIA+ topics and identity, however, is a barrier to communication for parents (Newcomb et al., 2018). Local and virtual communities, such as PFLAG, TransFamilySOS, and programming at local LGBTQIA+ centers are available to support parents of queer adolescents. A study of 44 parents of queer youth stated

a strong enthusiasm towards online formatted programs such as the ones listed here (Newcomb et al., 2018). There is an opportunity for schools to educate parents on resources such as these that are available to them and to facilitate community and learning amongst other parents.

Future Theoretical Directions

The findings also suggested certain theoretical perspectives that would be beneficial in further exploring sexual communication, its predictors, and its outcomes-especially with queer samples which are not widely represented in the current literature landscape. Specifically, it would strengthen our understanding of efficacy in information management, gendered scripts for sexual pleasure in the instrumental pathway, and the role of face management in sexual communication decision making. The following section applies three information management theories/models to sexual communication and suggests implications and future directions based on the results of this study.

The instrumental pathway in sexual self-disclosures. Sexual communication may be more essential to women, in heterosexual relationships, to achieve sexual satisfaction (Avery et al., 2022; Klein et al., 2022; Wu & Zheng, 2021). As such, MacNeil and Byers' (2005) distinction between the instrumental and expressive goals regarding self-disclosure is important to continue to consider, especially in the populations of focus in the current study. Expressive goals include communicating emotion and intimacy, and instrumental goals focus on eliciting effective behaviors. Whereas the instrumental pathway in sexual communication has a direct correlation between self-disclosure and sexual satisfaction, relationship satisfaction serves as a moderating variable for the association among these variables in expressive pathway. Participants in the current study made connections between their access to sexual pleasure in a relationship and

their ability and efficacy to use sexual communication with a partner. MacNeil and Byers (2005) found these two are linked because the sexual disclosure of one's preferences, for women, improved their partner's understanding of how to please them. This study found precursors to the instrumental pathway, via sexual communication included self-efficacy, self-confidence, and interpretation of one's partner. Exploring additional precursors and mediating/moderating variables between sexual communication and sexual pleasure can further expand and explicate our understanding of the importance of sexual communication in cultivating pleasurable sexual relationships. Understanding the linkage between these two may better inform policy and educational interventions to counter patriarchal rhetoric around gendered expectations for sexuality and assertiveness. The dominance of the instrumental pathway in sexual communication emphasizes that sex is also about pleasure, not just a means of relationship maintenance, for non-cis males.

Face management came up consistently as a motivating factor or consideration in avoidance of sexual communication. Thus, face management and politeness theory (Brown & Levinson, 1987) or Identity Implications Theory (Wilson et al., 2009) might be helpful in examining how partners engage in sexual communication. Participants recalled avoiding making a request or offering feedback to a partner in an attempt to uphold their partner's ego and to avoid their partner feeling pressured to do something they otherwise would not do. These positive and negative face management tactics occurred in short and long-term sexual relationships, suggesting that some sexual communication may continue to be perceived as risky despite having engaged in successful sexual communication with that partner in the past. Perhaps internalized beliefs about what sexual intimacy *should* look like make requests to try new things feel particularly risky. Concerns about how they would be perceived also seemed to impact

participants' sexual communication behaviors. Adhering to stricter beliefs towards gender norms, such as the notion that a woman should not be sexually forward, may lessen the frequency in which individuals use sexual communication to advocate for their needs. This could potentially be accounted for by the power distance factor incorporated in politeness theory. Prior work found that individuals tend to use indirect communication when engaging in potentially taboo or risky conversations (Afifi & Weiner, 2006; Lawrance & Byers, 1995). However, the findings of this study suggests that in the context of sexual communication, disclosure strategies may follow different rules since the implications for indirectness around sexual communication can be high (i.e., more direct communication might be necessary). For example, participants recalled using direct communication when discussing sexual health and family planning or making a sexual request from a partner to avoid miscommunication. Regardless, with a topic constructed socially as taboo, face concerns and management strategies might unpack why and how partners communicate about sex.

The Theory of Motivated Information Management (Afifi & Weiner, 2006) has been implemented to understand disclosure or avoidance in relationships including issues pertinent to the current inquiry such as sexual health testing (Dillow & LaBelle, 2014) and romantic relationship history (Lancaster et al., 2016). The theory suggests that when experiencing uncertainty, individuals will seek information when they feel more efficacy in obtaining the information and when they anticipate more positive outcomes in requesting the information. All of these factors emerged in the current data suggesting that empirical tests of these associations could be conducted. Having data from the populations studied here would add to the understanding of sexual communication in marginalized relationships but also diversify the literature on TMIM and information-seeking more generally.

Goal based communication. Sexual communication may be further explored and unpacked as a goal-based phenomena as individuals negotiate with and educate intimate partners on their goals for a sexual encounter or relationship. Goal-driven interactions suggest that individuals are purposeful, and outcome-driven in all their communicative interactions (Berger & Palomares, 2011). Goals are “what people are trying to do,” (p. 65); they are the motivation behind mental plans and actions to achieve said goal (Dillard, 2015). Goal-Plans-Actions theory assumes interactions are purposeful; goals are routine and categorical and can help unpack behaviors (Dillard, 2015). Understanding the underlying goals of sexual communication may help to contextualize and further our understanding of the methods and motivations within sexual communication scenarios.

Limitations

This project has the potential to strengthen our understanding of sexual communication behaviors among underrepresented populations through rich qualitative inquiry. Qualitative inquiry was utilized to allow for emerging themes to arise given the understudied nature of this inquiry among a sample of queer and trans individuals. Participants co-creating knowledge as they reflected on their sexual communication behaviors and what they saw as impacting these allowed the findings to go beyond the researchers conceptualization of the phenomena.

Nevertheless, there are limitations that should be noted. First, the sampling method for this study being purposive and convenience-based may have yielded a sample which was generally more comfortable discussing topics of sex and sexuality given their interest and willingness to participate in the study. An individual who has never engaged in sexual communication or is uncomfortable with sex and sexuality may have been unlikely to self-select and participate thus potentially skewing the data towards those who are more adept at using sexual communication.

Individuals who were not cisgender men were encouraged to participate with the intention of representing voices whose relationships and sexuality are historically marginalized and policed, but that is not to say the themes that arose in this study are unique to marginalized populations. It would be worth considering how the themes presented here may be replicated and quantified among a larger and wider sample to identify group differences, casual relationships, and strength of the emerging themes here in sexual communication. That being said, marginalized stories deserve to be told and heard, and the participants in this study echoed joy and thankfulness in work like this being done.

The sample consisted of non-binary individuals, trans men, trans women, and cisgender women, but the data were analyzed as a whole, rather than being organized by group differences due to scope and sample size. Having a larger sample would allow for a strengthening of the emerging group differences that did arise and is a great next step or direction for research. Quantitative data could also be utilized to measure and assess group differences.

Utilizing self-reported data is inherently a limitation as it may be biased or inaccurate. Additionally, individuals tend to reflect on events that have a positive or negative valence and may present data in a way that allows them to be seen as socially desirable by the researcher (Metts et al., 1993). Analyzing sexual communication from the view point of two sexual partners would be helpful in understanding how sexual communication norms and behaviors are co-created. One set of non-monogamous, long-term partners did participate individually but their responses were not analyzed together. A potential alternative method would be for participants to complete a diary study in which they could report more depth and details in their sexual communication following their interactions. A study such as this could also ask participants to reflect on their feelings around the encounter and their underlying motivations to engage in the

communication. Future work could also be intervention-focused and utilize experimentation to test the impact of an educational intervention in sexual communication on sexual attitudes, beliefs, and communication behaviors.

Conclusion

This study is a necessary step in understanding sexual communication behaviors and intimate relationships among queer, trans, and non-binary individuals. The inter-relationships between interpersonal, relational, and societal factors provides a framework to better understand sexual communication behaviors and patterns as well as provides contexts for policy-makers and public health practitioners regarding sexual and relationship health initiatives. Semi-structured interviews of twenty-two participants were analyzed through thematic analysis. This resulted in a better understanding of individuals' sexual communication patterns and the variables which they perceived impacted their willingness and desire to engage in sexual communication. Future studies can use these findings to test adaptations to information management theories in the context of sexual communication, such as the inclusion of sexual communication skills in efficacy within TMIM or the complexity of face management in sexual communication among individuals with varying sexual attitudes and beliefs.

Appendix A: IRB Approval



Office of Research Support & Compliance
Institutional Review Board
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EXEMPT DETERMINATION

November 4, 2021

FWA # 00002030

Rene Dailey
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Dear Rene Dailey:

On 11/4/2021, the IRB reviewed the following submission:

Type of Review:	Initial Study
Special Determinations:	None
Title:	Communication and self-advocacy in sexual encounters: Exploring sexual communication and sexual pleasure
Investigator:	Rene Dailey
IRB ID:	STUDY00001974
Funding:	None
Grant ID:	None
IND, IDE, or HDE:	None
Approval Date:	11/4/2021
Documents Reviewed:	<ul style="list-style-type: none">• Interview Protocol , Category: Other;• Recruitment Flyer, Category: Recruitment Materials;• Updated Online Consent and Measurement , Category: Consent Form;• Updated Proposal, Category: IRB Protocol;

The IRB determined that this protocol meets the criteria for exemption from IRB review under 45 CFR 46.104 (2)(ii) Tests, surveys, interviews, or observation (low risk).

Appendix B: Recruitment Flyer

Paid Research Study



Communication and self-advocacy in sexual encounters: Exploring communication and sexual pleasure

The purpose of the study is to better understand how women and individuals with a minoritized gender use communication to achieve positive sexual encounters with short or long-term sexual relationships.

This study seeks to explore how communication can be used to overcome this gender inequity in accessing sexual pleasure.

The long-term goal of this study is to inform sex education curriculum and policy to improve education around sexual pleasure, sexual consent, and creating positive relationships.

- You will be compensated \$20 for your time

Location

- 45-60 minute online or call-in Zoom interview

Are you eligible?

- 18+ years old
- You are a cisgender woman, transgender woman or man, non-binary, agender, two-spirited or any minoritized gender expression
- You have been sexually active at least once in the past twelve months. Sexually active means you have consensually engaged in oral or penetrative sex with one or more other individuals
- Live in the United States

If you're unsure if you meet the requirements, email a member of the study team:

- Oshyn Sky, M.Ed. (They/Them)
- Ph.D. Candidate, Researcher
- Oshyn.sky@austin.utexas.edu

Sign-up for your 60-minute interview at <https://bit.ly/21sexcommsurvey1> or scan the QR Code below



The University of Texas at Austin
Moody College of Communication



Appendix C: Interview Guide

The overall intent of this interview is to better understand how women and minoritized individuals use communication to achieve positive sexual encounters with short or long-term sexual relationships. This study seeks to explore how communication can be used to overcome this gender inequity in accessing sexual pleasure.

The long-term goal of this study is to inform sex education curriculum and policy to improve education around sexual pleasure, sexual consent, and creating positive relationships.

The target population for these interviews are women and gender diverse individuals over the age of 18 who are currently or have been sexually active in the past 12 months.

The interview will ask about your sexual relationships and how communication was or was not used in these relationships. For example, we will ask how/if you or your partner(s) have discussed safe sex practices and if communication, verbally or non-verbally, was used to express sexual preferences and desires.

MATERIALS

- a laptop, paper, pens, interview guide, Zoom or Teams program

Welcome

1. Thank you for meeting with me.
2. This interview will last between 30 and 60 minutes. This study is for a dissertation in Communication Studies at The University of Texas. The goal is to better understand how women and minoritized gender individuals (non-cisgender men) individuals communicate their sexual preferences and goals to sexual partners. We will ask you to reflect on your current and/or past sexual relationships. If there are questions you are uncomfortable answering, we can skip them.
3. This interview is completely voluntary.
 - Audio recording: We will be audio recording this interview and taking notes. This helps me to remember what you say.
 - *Privacy/confidentiality*
 - We will use the audio recording to transcribe the interview. Once this is done, we will remove names or any identifying information, delete the audio recording. At that point, there will be no record of you participating in the interview. It is completely confidential. Only members of the research team here at the University of Texas will have access to the audio file.
 - *Withdrawal*
 - You are free to end this interview at any time. You will not be penalized in any way.
4. Do you have any questions before we begin?

Question 1 (Demographics):

1. What is your gender? /What pronouns do you use?
2. What is your sexual orientation?
3. How old are you?
4. What is your race/ethnicity?

5. Are you, or have you been, sexually active in the past 12 months? What gender were these sexual partners? Were these encounters with long-term partner(s), friends, or strangers?

Question 2 (Sex Ed): Describe the sex education that you receive as an adolescent.

Follow-up questions:

1. Where/who did you receive sex education messages from?
2. What did these conversations teach you about sexual pleasure?
3. (Probe) How did these lessons frame your beliefs about sex? (Based on q 1: Tell me more about how your community views sex?)
4. What would you like to have seen changed or added to the sex education you received?

Question 3 (Sexual Attitudes and Beliefs): How do you view sex and sexuality?

Probes:

1. What is the significance of sex in your life?
2. What is the role of sex in your relationships?
3. How important is sex to you?
4. What are your goals for sexual encounters?

Question 4 (Sexual Socialization): How do the different communities you are in view sex and sexuality? [For example, your social group versus your local community, religion, family, etc.]

Question 5 (Relationship Factors): Describe your most recent sexual relationship.

Follow-up questions:

1. What gender and sexuality did/does this partner identify with?
2. How satisfied were/are you with the relationship overall?
3. How satisfied were/are you with the sexual aspects of this relationship?
 - a. Why? [What made it satisfying?]
4. How does/did the sexual nature [sex life] of this relationship effect your overall satisfaction with the relationship?

Question 6 (Sex Comm): How do/did you let your most recent partner know what you wanted during sexual encounters?

Probes:

1. Did you do this verbally or nonverbally?
2. How did/do they respond?

Follow up questions:

1. How comfortable are/were you telling your/this partner your specific sexual preferences? For example, telling a partner how you liked to be touched.
2. What impacts your comfort level with your most recent partner in discussing these preferences?
3. When does this type of communication first occur? Who brings it up? Is this the same for all partners you have or is it partner specific?
4. Describe if/how you discuss safe sex with your partner.

5. What impacts your comfort level with your most recent partner in discussing safe sex?
6. When does this type of communication first occur? Who brings it up? Is this the same for all partners you have or is it partner specific?
7. Can you tell me about a time you wanted to communicate with your partner about a sexual desire or preferences but choose not to?

Question 7 (Pleasure): What makes a sexual relationship pleasurable?

Follow-up:

1. What makes a sexual encounter with a partner pleasurable?
2. Is this the same for all partners you have or is it partner specific?
3. How has this changed over the course of your life?

Is there anything you'd like to tell me that I didn't

Glossary of Gender Categories

Gender is an essential element to this study as it has consistently been found as related to sexual communication behaviors and sexual attitudes and beliefs. Gender is how an individual performs and experiences the world as male, female, both, and neither (Human Rights Campaign, 2021). Gender is “systematically unstable, constantly in flux, endlessly repeatable” (Banks et al., 2019, p. 9). Given the rich expansiveness of gender, assessing it as a binary in research brings ethical problems such as misrepresentation of data and potential psychological harm to participants. Binary measures of gender erase and marginalize transgender, non-binary, agender, and gender queer individuals (Frohard-Dourlent et al., 2017).

The following are working definitions of gender categories participants self-selected into.

- *Cisgender* individuals have a gender identity and expression that aligns with the sex they were assigned at birth.

- *Transgender* individuals do not identify with the sex they were assigned at birth.

Transgender can be thought of as an umbrella term that captures other non-cisgender identities, however this is not exclusive. For example, an individual who is nonbinary may or may not choose to identify as part of the Trans community.

- *Nonbinary* individuals have a gender identity or expression that is not entirely male or female (Bigeye, 2021).

- *Gender Queer/ Gender Non-Conforming* individuals do not identify with the cultural norms for masculinity and femininity.

- *Agender* individuals do not identify with a gender category. They may be gender neutral, without a gender, or have an undefinable gender.

- *Gender fluid* people “experience a gender identity that is not fixed, who may feel a mix of both genders, and/or more male on some days and more female on others” (Bigeye, 2021, p. 9)

- *Femme* is a term for a queer person who presents, some or all the time, in a manner or style that they perceived as feminine; they may be Transgender, Non-Binary, Cis, etc.

Individuals may layer this term with other gender expressions. For example, identifying as a non-binary femme.

Masc is also used as an expression of gender and may be used by a person of any gender to associate themselves with varying levels of masculinity or maleness in society.

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